



TOWN OF NORTH HAVEN

18 Church Street
North Haven, CT 06473
(203) 239-5321

CANCELLATION OF TRADE NAME

[I was/ We were] conducting and transacting business in the Town of North Haven, CT under the FULL NAME OF: _____

TYPE OF BUSINESS: _____

BUSINESS ADDRESS: _____

TOWN, STATE, ZIP _____

DATE OF ORIGINAL FILING: _____ VOLUME: _____ PAGE: _____

[I /We] desire to terminate our trade name certification under the above name as of the date of filing this certificate.

PLEASE PRINT NAME:

PLEASE SIGN IN THE PRESENCE OF NOTARY:

Name: _____ Signature: _____

Name: _____ Signature: _____

Name: _____ Signature: _____

State of Connecticut)
County of) _____

Personally appeared _____,
_____, who subscribed and swore to the truth of the foregoing
certificate and acknowledged that he/she/they executed the same before me.

Town Clerk
Notary Public
Commissioner of Superior Court

