



City and Town Clerk  
888 Washington Blvd  
Stamford, CT 06901  
(203) 977-4054

**DISSOLUTION OF TRADE NAME**

**Form must be notarized**

Filing Fee: None  
\$3.00 per certified copy

The undersigned hereby certify that the following Trade Name Certificate is hereby dissolved.

**Trade Name:** \_\_\_\_\_ **File #:** \_\_\_\_\_

**Date of Dissolution:** \_\_\_\_\_ **Business Type:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
(Print the physical address of the business including zip code from original filing) **P.O. BOX NOT ACCEPTED**

*By: (All principals who signed original trade name certificate must sign the dissolution statement)*

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Residence Address:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Residence Address:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

**Residence Address:** \_\_\_\_\_

STATE OF \_\_\_\_\_ ss.: (CITY/TOWN) \_\_\_\_\_  
COUNTY OF \_\_\_\_\_

On this the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, before me \_\_\_\_\_ the undersigned officer, personally appeared \_\_\_\_\_ known to me (or satisfactorily proven) to be the person(s) whose name subscribed to the within instrument and acknowledged that he/she/they executed the same for the purposes therein contained.

In witness whereof I have hereunto set my hand. \_\_\_\_\_  
Signature of Notary Public/Commissioner of Superior Court

The above and foregoing is a true copy of the original certificate on file in the office of the Town Clerk of the City of Stamford

Attest: \_\_\_\_\_  
Town Clerk