



City and Town Clerk  
 Registrar of Vital Statistics  
 888 Washington Boulevard  
 Stamford, CT 06901  
 (203) 977-4054

To be completed by Town Clerk Dept.  
**DO NOT WRITE**

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RECEIVED & FILED \_\_\_\_\_

@ \_\_\_\_\_ FILE # \_\_\_\_\_

The fee to file a trade name is \$8.00 which includes one certified copy

**\* Make check or money order payable to the City of Stamford**

**CERTIFICATE OF REGISTRATION OF TRADE NAME**

Please check off one:  NEW  AMEND  CANCEL

The undersigned hereby certify that (I, We,) (am, are) conducting business in said Town of Stamford, Connecticut, under the full trade name of:

\_\_\_\_\_  
 (Print business name above)

\_\_\_\_\_  
 (Print a **BRIEF** description of business)

\_\_\_\_\_  
 (Print the address of the business including zip code)

The full name of every person conducting and transacting said business, together with the resident address of each of said persons is as follows:

**PRINT NAME**

**SIGNATURE**

Name: \_\_\_\_\_ (Phone Number) \_\_\_\_\_

Street Address: \_\_\_\_\_

State of Connecticut )  
 ) SS: Stamford, CT \_\_\_\_\_  
 County of Fairfield )

Personally appeared \_\_\_\_\_

Who subscribed the foregoing certificate, and acknowledged that (he, she, they) executed the same before me.

Attest: \_\_\_\_\_  
 (Town Clerk)

\_\_\_\_\_  
 Notary Public  
 Commission Expires: \_\_\_\_\_