

**TOWN OF SIMSBURY TRADE NAME CANCELLATION/DEREGISTER
INSTRUCTIONS**

Complete the information below, and sign in front of a Notary. Mail or drop off the form to
Simsbury Town Clerk 933 Hopmeadow Street; Simsbury, CT 06070.

TRADE NAME

_____ **Insert name of trade name on blank line legibly**

YEAR TRADE NAME WAS OPENED _____

FILE NUMBER/BARCODE # _____

MOVED OUT OF TOWN, PLEASE STATE YOUR NEW ADDRESS BELOW

_____ **ADDRESS**

_____ **CITY**

_____ **STATE**

_____ **ZIP CODE**

DATE BUSINESS CLOSED IN SIMSBURY _____

Each person listed as an owner must sign with an original signature (no stamp, photocopy, or carbon copy). If owned by a corporate entity, must indicate the authorized title of the person signing for the entity.

_____ **SIGNATURE OF OWNER**

_____ **AUTHORIZED TITLE**

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**THE ORIGINAL OWNER(S) WHO SIGNED THE TRADE NAME APPLICATION
MUST SIGN IN ORDER TO CANCEL THE TRADE NAME.**

Subscribed and sworn to before me this _____ day of _____, _____.

SEAL

**Town Clerk - Notary Public – Justice of the Peace –
- Commissioner of the Superior Court**