

AFFIDAVIT OF BUSINESS TERMINATION

I, _____ of _____, located at
Taxpayer/Business Owner Name-Print Business Name

_____, Ashford, CT, with regard to said business or property
Physical Address of Business

do so certify that on _____, said business was
Date

Terminated / Sold /Moved to: _____.
New location of business

The signer is made aware that the penalty for making a false affidavit is a \$500.00 fine or imprisonment for one year or both.

Signature

Date

Printed Name

(_____)_____
Telephone Number

In addition, I grant permission to the Assessor of the Town of Ashford to share this information with the following (initial please):

_____ Town Clerk-for the purpose of canceling any Trade Name Certificate I may have for the above named business.

_____ Economic Development Commission for purposes of business promotion.

_____ DO NOT SHARE THIS INFORMATION - I WILL INFORM THE APPROPRIATE PARTIES OF MY BUSINESS TERMINATION. ***Please be advised that if you retain a trade name, you may be considered an active business & will need to declare annually.***