



STATE OF CONNECTICUT  
**DEPARTMENT OF REVENUE SERVICES**  
**Tax Permit**



mL603

Rev. 08/21

CT Tax Registration No.: 014119994-001  
 Letter ID: L0006707807  
 Date Issued: February 20, 2024

EDWARD BRZOSTEK  
 371 HALLADAY DR  
 WEST SUFFIELD CT 06093-2030



mL603

Dear Taxpayer,

Attached is your Sales & Use tax permit. Please display it conspicuously for your customers to see. Any permit previously issued by the Connecticut Department of Revenue Services (DRS) for the specific location noted on this permit is now void and should be destroyed.

Any change in ownership or form of organization requires a new permit. If your business is sold, transferred, or discontinued, return this permit at once to:

Department of Revenue Services  
 450 Columbus Blvd.  
 Suite 1  
 Hartford, CT 06103

Enter the last day of business and the name of the successor, if applicable, on the back of the permit. Sign the permit as indicated.

Business and individual taxpayers can use **myconneCT** to file a variety of tax returns, update account information, and make payments online.

**This Tax Permit is valid for two years.**

**You may not assign or transfer this permit. Display this permit conspicuously for your customers to see.**

Department of Revenue Services  
 State of Connecticut  
 450 Columbus Blvd.  
 Suite 1  
 Hartford, CT 06103

**Sales & Use  
 Tax Permit**



The person named below is licensed under the Sales & Use Tax Act.  
 This permit is good **only** for the named permittee and at the location shown.  
 If there is any change in ownership, the permit is null and void.

Use only at this location:  
 BRZOSTEK, EDWARD  
 371 HALLADAY DR  
 WEST SUFFIELD CT 06093-2030

Date Issued	Expiration Date	Business Start Date	Connecticut Tax Registration Number
02/20/2024	01/31/2026	02/19/2024	014119994-001

EDWARD BRZOSTEK  
 371 HALLADAY DR  
 WEST SUFFIELD CT 06093-2030

Mark D. Boughton  
 Commissioner of Revenue Services

**This license may not be transferred or assigned.**

**Important**

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Hartford, CT 06103

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Last day of business:

Name of successor:

Authorized signature: