



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



mL603

Rev. 08/21

CT Tax Registration No.: 066940016-001  
 Letter ID: L0002698723  
 Date Issued: September 30, 2022

DUDRA SHERI  
 AISLING HOUSE M G  
 107 HATFIELD HILL RD  
 BETHANY CT 06524-3526



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.

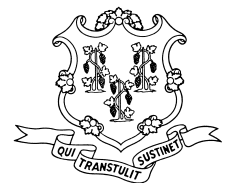
Business and individual taxpayers can use **myconneCT** to file a variety of tax returns, update account information, and make payments online.

**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:  
 DUDRA SHERI  
 AISLING HOUSE M G  
 107 HATFIELD HILL RD  
 BETHANY CT 06524-3526

Date Issued	Expiration Date	Business Start Date	Connecticut Tax Registration Number
09/30/2022	10/31/2024	11/01/2015	066940016-001

DUDRA SHERI  
 AISLING HOUSE M G  
 107 HATFIELD HILL RD  
 BETHANY CT 06524-3526

Mark D. Boughton  
 Commissioner of Revenue Services

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

**Important**

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Suite 1  
Hartford, CT 06103

Enter the last day of business and the name of the successor if applicable. Sign the permit below.

Last day of business:

Name of successor:

Authorized signature: