

**BUSINESS OPPORTUNITY TRADEMARK EXCLUSION CLAIM**  
**FORM CT-BOIA-EX (Effective 9/30/2025)**

Pursuant to [Section 36b-61\(2\)\(D\) of Chapter 672c](#) of the Connecticut General Statutes, the Connecticut Business Opportunity Investment Act (the "Act"), the undersigned does hereby notify the Banking Commissioner of the State of Connecticut that it proposes to claim an exclusion under the Act. The seller represents that the business opportunity being offered includes the sale of a marketing program made in conjunction with the licensing of a federally registered trademark or a federally registered service mark, and that the seller will provide the Commissioner with a copy of the trademark or service mark registration upon request.

**The Department will post exclusionary claims to its [online licensing portal](#) but cannot approve or validate an exclusionary claim on which the Seller bears the burden of proof.**

Seller Name: \_\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_

Seller State of Formation: \_\_\_\_\_

Registration Nos. of Primary Word Marks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_Is the Seller the Holder of the Mark(s)? ☐ Yes ☐ NoIf no, have the Mark(s) been assigned to the Seller? ☐ Yes ☐ NoIf no, has the holder of the Mark(s) granted Seller a license to use the marks and sublicense their use to franchisees/purchasers? ☐ Yes ☐ No

Through its execution of this Exclusion Claim, the Seller certifies that the statements made herein are true, accurate and complete.

Name of Seller: \_\_\_\_\_

Authorized signatory name: \_\_\_\_\_

Authorized signatory title: \_\_\_\_\_

\_\_\_\_\_  
Signature\_\_\_\_\_  
Date

**File electronically via e-mail to [Heidi.lawrence@ct.gov](mailto:Heidi.lawrence@ct.gov) or [dob.sec-reg@ct.gov](mailto:dob.sec-reg@ct.gov).**