



ASSESSMENT DEPT  
800 BLOOMFIELD AVE  
BLOOMFIELD, CT 06002  
(860) 769-3530

### NEW BUSINESS PERSONAL PROPERTY AFFIDAVIT

NAME OF BUSINESS \_\_\_\_\_

D/B/A \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

DATE STARTED \_\_\_\_\_ HOW MANY EMPLOYEES \_\_\_\_\_

EMAIL \_\_\_\_\_

TYPE OF BUSINESS \_\_\_\_\_

BUSINESS LOCATION \_\_\_\_\_

FORMER LOCATION (IF ANY) \_\_\_\_\_

NAME OF OWNERS(S) \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY, STATE & ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_

INDIVIDUAL [ ] PARTNERSHIP [ ] CORPORATION [ ] LLC [ ]

CORPORATE ADDRESS (IF DIFFERENT) \_\_\_\_\_

WHERE DO YOU PREFER TO HAVE TAX STATEMENTS AND BILLS SENT?

BUSINESS ADDRESS [ ] CORPORATION [ ] HOME ADDRESS [ ]

WHAT IS THE MONTHLY RENT FOR THE PREMISES YOU OCCUPY?

\_\_\_\_\_ OWNERS [ ]

WHAT IS THE SQUARE FOOTAGE OF THE SPACE YOUR BUSINESS OCCUPIES?

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## OFFICE USE ONLY

Business Type/Category: \_\_\_\_\_

**Date:** \_\_\_\_\_

**Account No.:** \_\_\_\_\_

**Grand List Year:** \_\_\_\_\_

**Signature:** \_\_\_\_\_