



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: _____

<u>OFFICE USE ONLY</u>	
Business Type/Category:	_____
Date: _____	Account No.: _____
Grand List Year: _____	Signature: _____

Date: _____

Account No.: _____

Signature: _____

[illegible]