

NEW BUSINESSES – PERSONAL PROPERTY

Date _____

City/Town/Village of: _____

Name of Business: _____

Mailing Address: _____
Street City State Zip

Property Address: _____
Street City State Zip

Name of Owner(s): _____

Date business began _____ Daytime phone number: () _____

Type of business: _____

Has this business operated under another name? _____

If yes, list the previous name _____

MANDATORY INFORMATION:

TID or TIF District _____ School District _____ Sanitary District _____