

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 _____

REQUIRED INFORMATION:

TID or TIF District **School District** **Sanitary District.** _____