

**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 \_\_\_\_\_