

# **TOWN OF SIMSBURY - ASSESSOR'S OFFICE**

933 HOPMEADOW STREET, SIMSBURY CT 06070

Phone (860) 658-3251 FAX (860) 658-3285

## **NEW BUSINESS PERSONAL PROPERTY QUESTIONNAIRE**

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

DBA NAME \_\_\_\_\_

E-MAIL \_\_\_\_\_ PHONE \_\_\_\_\_

WEBSITE ADDRESS \_\_\_\_\_

DATE STARTED IN SIMSBURY \_\_\_\_\_ # OF EMPLOYEES \_\_\_\_\_

DESCRIPTION OF BUSINESS \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

BUSINESS MAILING ADDRESS (if different) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

NAME OF OWNER(S) \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

WHERE DO YOU PREFER TO HAVE CORRESPONDENCE SENT?

BUSINESS LOCATION [ ☐ ] BUSINESS MAILING ADDRESS [ ☐ ] HOME ADDRESS [ ☐ ]

WHAT IS THE SQUARE FOOTAGE OF THE SPACE YOUR BUSINESS OCCUPIES (NOT APPLICABLE TO HOME BASED BUSINESSES)? \_\_\_\_\_

OWN [ ☐ ] RENT/LEASE [ ☐ ]

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

PRINT NAME/TITLE: \_\_\_\_\_