



BUSINESS PERSONAL PROPERTY QUESTIONNAIRE

NAME OF BUSINESS:		
D/B/A:		
LOCATION OF BUS.:		
MAILING ADDRESS:		
BUS. OWNER/S:		
BUS. PH#:		
DESCRIPTION OF BUS.:		IRS BUSINESS ACTIVITY CODE: (SIX DIGIT CODE, AKA NAISC CODE)
DATE BUS. BEGAN IN GROTON:		HOME-BASED BUS? Y/N
AUTHORIZED PERSON#1	AUTHORIZED PERSON#2	AUTHORIZED PERSON#3
ADDRESS:	ADDRESS	ADDRESS
MOBILE#	MOBILE#	MOILE#
EMAIL	EMAIL	EMAIL

SIGNATURE	PLEASE RETURN TO: TOWN OF GROTON ASSESSMENT ATTN: TISHA LADIA 45 FORT HILL RD GROTON, CT. 06340 PH# 860-441-6666 TLADIA@GROTON-CT.GOV
DATE	

Please let me know if any information needs updating, using this form. Thank you.