**QUESTIONNAIRE FOR NEW BUSINESS**

**PERSONAL PROPERTY**

Please complete the following questionnaire pertaining to your business in Clinton Township. This will ensure that we have the correct information and contacts to most accurately value your personal property. **Return this questionnaire as soon as possible to the attention of the ASSESSING DEPT. at the address or fax number listed below.**

Property Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Suite: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Business (DBA): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date your business started at this location:

Type of Business: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Owner name(s): Individual:

 Partnership: \_\_\_\_\_\_\_\_\_

 Corporation:

Mailing address:

Phone No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Approximate square footage of area you occupy:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**BOOKKEEPER/ACCOUNTANT INFORMATION:** If none, indicate N/A

Name and Phone Number:

**DO YOU HAVE ANY LEASED EQUIPMENT** (ex. Copy Machines, Telephones, Computers, Furniture)?

Yes\_\_\_\_\_ No\_\_\_\_\_\_ ***If yes,*** ***please attach a list of Lessor(s) name and address, description of equipment leased, year new & original cost.***

***DO YOU RENT ANY EQUIPMENT FROM THE LANDLORD? IF SO, PLEASE LIST TYPE, DESCRIPTION AND MODEL NUMBER:*** *\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

**DID YOU DO ANY LEASEHOLD IMPROVEMENTS/INTERIOR ALTERATIONS TO THE BUILDING?** **Y/N** (CIRCLE ONE).

*IF YES*, WERE THEY PAID BY THE **LANDLORD** OR **TENANT**? (CIRCLE ONE)

APPROXIMATE COST OF LEASEHOLDS/INTERIOR ALTERATIONS: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DO YOU SUB-LEASE SPACE IN YOUR OFFICE TO ANYONE ELSE?** Yes\_\_\_ No \_\_

If Yes, please indicate name of business & lessee:

**WERE YOU PREVIOUSLY IN BUSINESS AT ANOTHER LOCATION?** Yes\_\_\_ No\_\_\_\_

If Yes, please list previous addresses:

**BRING ANY PREVIOUSLY OWNED ASSETS WITH YOU TO THIS NEW** **LOCATION**? Yes\_\_\_\_ No\_\_\_\_ ***If yes, please attach a detailed list of previously owned assets.***

**DID YOU PURCHASE ANY OR ALL ASSETS FROM THE PREVIOUS OWNER OF THE BUSINESS AT THIS LOCATION?** Yes\_\_\_\_ No\_\_\_\_ ***If yes, please attach a list of these assets.***