



James H. Elrod, MMAO, PPE, Assessor • Beth Schwartz, MMAO, PPE, Assistant Assessor

QUESTIONNAIRE FOR NEW BUSINESS PERSONAL PROPERTY

Please complete the following questionnaire pertaining to your business and return it as soon as possible to the attention of the ASSESSING DEPARTMENT at the address or fax number listed.

Property Address: _____ Suite: _____

Name of Business (DBA): _____

Date your business started at this location: _____

Type of Business: _____

Owner name(s): _____

Type of business: Individual, Partnership, Corporation (CIRCLE ONE)

Mailing address: _____

Phone number: _____

APPROX. SQUARE FOOTAGE OF AREA YOU OCCUPY/LEASE: _____

MONTHLY RENT \$ _____ **DATE LEASE STARTED:** _____

DATE LEASE WILL EXPIRE: _____ **OPTION TO RENEW?** Yes ___ No ___

- **DO YOU HAVE ANY LEASED EQUIPMENT?** (ex. copy machines, telephones, computers, furniture)
 Yes _____ No _____
 If Yes, please attach a list of all Lessor(s) with their name(s) and address(es) along with a description of equipment leased, year new and original cost of equipment.

- **DO YOU RENT ANY EQUIPMENT FROM THE LANDLORD?**
 Yes _____ No _____
 If Yes, please attach a list with type, description, and model number(s).

- **DID YOU DO ANY LEASEHOLD IMPROVEMENTS/INTERIOR ALTERATIONS TO THE BUILDING?**
 Yes _____ No _____
 If Yes, were they paid by the Landlord or Tenant? (CIRCLE ONE)
 Approximate cost of leasehold improvements/interior alterations: \$ _____

- **DO YOU SUB-LEASE SPACE IN YOUR OFFICE TO ANYONE ELSE?**
 Yes _____ No _____
 If Yes, please indicate name of business & lessee: _____

- **DO YOU OWN ANY OTHER BUSINESSES IN CLINTON TWP?**
 Yes _____ No _____
 If Yes, please list name of business & address: _____

- **DID YOU PREVIOUSLY OPERATE THE BUSINESS ELSEWHERE?**
 Yes _____ No _____
 If Yes, please list previous address: _____

- **DID YOU 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.