

CITY OF WEST HAVEN



NEW BUSINESS SIGN OFF SHEET

355 Main Street, West Haven 06516 | Telephone: 203-937-3500

If you are starting a new business, purchasing an existing business or operating a home business, you are complete the form below:

Business Name: _____

Location Address of business: _____, West Haven, CT 06516

Mailing address of owner if different than address of business: _____

Email of business owner: _____ Telephone # of owner: ____ - ____ - ____

Type of Business: _____

All Departments MUST sign and date in the box to the left.

	1. Zoning (first floor): to make sure that business is allowed in that zone.
	2. Assessor (first floor): Personal Property Tax Declaration-All businesses are required to file a personal property tax return (due by November 1), failure to file will result in a 25% penalty.
	3. Health Department (second floor), a license is required if your business is one of the following types of business: All food establishments * markets * convenience stores *hair & nail salons *barber shops * daycare centers * public pools.
	4. Town Clerk (first floor): for a Trade Name doing business as Certificate.
	5. Local Fire Marshall: Center, West or Allingtown.
	6. Building Department (first floor)-Certificate of Occupancy and Inspections.

**This completed form must be returned to the Zoning Officer.
A copy of this document will be provided to the Police Department record room.**

More information can be found at: [HTTP://WWW.CITYOFWESTHAVEN.COM](http://www.cityofwesthaven.com)