

BUSINESS ENTERPRISES PROGRAM (BEP)
Personal Property Declaration

<u>Provide this information</u>	<u>Completed</u>
Today's Date	
Business Name	
Business Number	
Operator Name	

Please provide a list of all personal property used for your business the information requested is in the table below. You may attach additional items on a separate sheet if you require more space.

Item	Description	Quantity	Serial #	Manufacturer	Color

I have voluntarily brought the above item(s) to my place of business. I recognize that the State of Minnesota assumes no responsibility for these items or for any damage thereto by state employees, patients, residents or inmates, except as provided by law.

I, as the Operator of the above stated business, will update this list as necessary.

Operator Signature: _____ **Date:** _____