



BUSINESS UTILITIES APPLICATION

Service Start Date

License Number

Business/Company Name

Business/Company Address City State Zip

Mailing Address (if different from Business Address) City State Zip

Phone Number

Secondary Phone Number

Name of Legal Owners of Business

Type of Business/Company

Sales Tax ID Number Issued by State of Missouri (If applicable): _____

I/We agree to abide by the Clever City Ordinances/Regulations pertaining to utility services: that all the above information is true and accurate: and that I/We are responsible for all billings until services are discontinued.

Signature: _____ **Signature:** _____

Date: _____ **Date:** _____

Deposit: Owner (**Proof of Purchase**) \$100.00 _____ Renter \$120.00 _____