

City of Mt. Vernon
319 E. Dallas
P.O. Box 70
Mount Vernon, MO 65712
(417) 466-2122

APPLICATION FOR COMMERCIAL UTILITIES

Business Name _____

Address of Business _____

Description of Business
Or Goods & Services Sold _____

OWNER: _____ RENTER: _____ LANDLORD'S NAME: _____

Effective Date Requested for services to be transferred to your name _____

Name in which Utility Bill is to appear _____

Mailing Address: _____

Business Phone Number: _____ Email Address: _____

Owner or Manager of business: _____

Date of Birth: _____ Social Security Number: _____ - _____ - _____ or Federal Tax Identification Number: _____

Missouri State Sales Tax Identification Number: _____

Emergency contact: _____ Home Phone: _____

Cell Phone: _____

Zoning District in which business is located _____

Estimated Water Usage _____ Gallons/Month _____ Electrical Needs _____
(Voltage / Amperage / 1Ø or 3Ø)

Approval By:

Code Enforcement Officer Signature

Date

Director of Public Works Signature

Date

*******WE REQUIRE A COPY OF THE DRIVER'S LICENSE OF ALL*****
BUSINESS OWNERS**

Has the person(s) in charge of business ever had utility service with the City of Mt. Vernon before? _____Yes _____No

In What Name(s)? _____ What Dates? _____

Did we give you a privacy policy form along with the application? Yes _____ No _____ Initial _____

Your Deposit with the City of Mt. Vernon will be: _____

I have read the above information. I understand and accept the terms. I understand that utilities will not be transferred until application is completed to the satisfaction of the City. I understand my acceptance is inducement for the City of Mt. Vernon, Missouri to furnish me utilities.

Applicants Signature: _____

Date: _____

Employees Signature: _____

Date: _____