

NEW BUSINESS UTILITY ACCOUNT CONNECTION FORM

Please check appropriate line for your status

Renter \_\_\_\_\_ Owner \_\_\_\_\_

Please print to insure correct spelling of name

Service Address: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Contact Person Name: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_ Business Phone Number: \_\_\_\_\_

Email address: \_\_\_\_\_

Tax ID or SSN (whichever is applicable): \_\_\_\_\_

Are you tax-exempt on electricity? \_\_\_ yes \_\_\_ no If yes, a tax-exempt form needs to be filed.

Have you applied for Zoning Compliance permit? \_\_\_ yes \_\_\_ no\*

Have you registered your business with the City of Gladstone? \_\_\_ yes \_\_\_ no\*

*\*If you answered no to either of these questions, please see the Community Development Director.*

Description of business: \_\_\_\_\_ Opening date: \_\_\_\_\_

Does your business deal with special materials the Fire Department needs to be aware of? \_\_\_ yes \_\_\_ no

\_\_\_ Sole Proprietorship \_\_\_ Partnership \_\_\_ LLC \_\_\_ Corporation

Signature \_\_\_\_\_

Date \_\_\_\_\_

For office use only.

Date business registered: \_\_\_\_\_

Permits required: \_\_\_\_\_

Routed to: \_\_\_ Zoning \_\_\_ Public Safety \_\_\_ City Manager \_\_\_ City Clerk \_\_\_ Assessor