

APPLICATION FOR SMALL BUSINESSES/HOUSES OF WORSHIP

Date: _____

Account Number: _____

Name of business/house of worship: _____

Property Address for pickup: _____

Billing Address(if different): _____

Business Telephone Number: _____

Representative Telephone Number: _____

Applicant _____ Witness _____

Owner/business officer/church representative: _____

Witness: _____

Public Works Director comments from investigation: _____

Approved

Rejected

Public Works Superintendent Signature: _____

Billing Clerk who updated the account: _____