



**CITY OF PELLA**  
**825 BROADWAY ST.**  
**PELLA, IA 50219**  
**641-628-4173**

**APPLICATION FOR SERVICE – COMMERCIAL**

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

Service Location: \_\_\_\_\_ Phone #: \_\_\_\_\_

Date Service to start: \_\_\_\_\_

Name of Person Responsible for bill payment: \_\_\_\_\_  
(Last Name) (First Name) (Middle Initial)

Sole Proprietorship  Partnership  Corporation

Owner of Business: \_\_\_\_\_

Owner's Address: \_\_\_\_\_

If Corporation, list officers: \_\_\_\_\_

If Partnership, list partners: \_\_\_\_\_

\_\_\_\_\_

Owner of building: \_\_\_\_\_

Type of business: \_\_\_\_\_

Mailing Address if different from service address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Current Date: \_\_\_\_\_ Provide picture ID: (copy id on back of application)