



## CITY OF GRINNELL BUSINESS APPLICATION

### BUSINESS INFORMATION

Business Name:

TIN:  
(optional)

Effective Date of Service:

Service Address:

Mailing Address:

City:

State:

ZIP Code:

Email Address:

Business Phone:

Alternate #:

### OWNER INFORMATION

Name:

Home Address:

How Long?

City:

State:

ZIP Code:

Email Address:

Contact #:

Alternate #:

Owner's Signature

Date

Email completed form to [smealey@grinnelliowa.gov](mailto:smealey@grinnelliowa.gov) or deliver to City of Grinnell 520 4<sup>th</sup> Ave Grinnell, IA 50112