



## CITY OF GRINNELL BUSINESS APPLICATION

### BUSINESS INFORMATION

Business Name:

TIN:  
(optional)

Effective Date of Service:

Business Address:

City:

State:

ZIP Code:

Mailing Address:

City:

State:

ZIP Code:

Email Address:

Phone:

Business Fax:

Business Cell:

### OWNER INFORMATION

Name:

Home Address:

How Long?

City:

State:

ZIP Code:

Email Address:

Home Phone:

Home Fax:

Personal Cell:

Owner's Signature

Date