



City of Pevely

401 Main Street
Pevely, Missouri 63070

Account # _____

Applied for Merchant License _____

Commercial/Industrial Deposit \$200.00

Water/Sewer/Trash Deposit

Name of Business: _____

Address of Service: _____

Contact Name: _____

Phone Number: _____

Federal ID or SSN#: _____

Sales Tax ID#: _____

Applicant's Billing Information (if different from above):

Name: _____

Address: _____

City, State, Zip Code: _____

Type of Business: _____

of Employees: _____

Applicant's Signature _____

Applicant's Signature _____

FOR OFFICE USE ONLY

Executed: _____ day of _____ 20_____ .

Meter # _____ MXU # _____

Meter Size _____ EMB _____ B+1 _____ P+0 _____

Beginning Read _____