

BUSINESS ACCOUNT \*\* HIALEAH GARDENS WATER DEPARTMENT

BUSINESS NAME: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

OCCUPATIONAL LICENSE #: \_\_\_\_\_ EMPLOYER IDENTIFICATION # (EIN): \_\_\_\_\_

TODAY'S DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ DATE MOVED IN: \_\_\_\_/\_\_\_\_/\_\_\_\_

**BUSINESS OWNERS INFORMATION:**

OWNERS NAME: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

SOCIAL SECURITY NO.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DRIVERS LICENSE NO.: \_\_\_\_\_

**NAME AND ADDRESS OF PERSON WHO WILL MANAGE OR DIRECT THIS BUSINESS:**

NAME: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

I HEREBY CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF THE ABOVE INFORMATION IS TRUE, CORRECT AND COMPLETE.

SIGNATURE OF APPLICANT: \_\_\_\_\_

SO# \_\_\_\_\_