



City of Warrenton

200 West Booneslick

Warrenton, MO 63383

Phone: 636-456-3535 Fax: 636-456-8135

www.warrenton-mo.org

City of Warrenton Requirements for Commercial Water & Sewer Service

For a Corporation, please provide the following:

- Commercial Application – Must be signed by Director or Officer of the company
- Valid Driver's License (Deposit will be double if not provided)
- List of Directors & Officers of the company
- Legal Document that will show the company name & Federal I.D. number

For a Non-Corporation, please provide the following:

- Commercial Application
- Valid Driver's License

Requirements for Corporations and Non-Corporations:

- Sales Tax Form
 - Tax Exempt Form (if applicable): Missouri Sales Tax & Use Exemption
 - Manufacturing Tax Form (if applicable): Form 149- Sales Tax Exemption Certificate
- Deposit
 - The deposit amount will be based on existing deposits for like businesses within the City as determined by the Utility Billing Clerk and Finance Manager. The deposit is refunded after 2 years as long as there have been no more than 3 late payments in a consecutive 24 month period.
- Trash
 - The City of Warrenton does not provide trash service for commercial customers. You will need to provide your own service.

All forms and the deposit will need to be received and approved before the service can be established. If service is disconnected at the property, a scheduled appointment will need to be made with the Public Works department. Someone will need to be present at the property for service to be turned on.



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Sales Tax Form

Please check one corresponding box reflecting the predominant use. Sign below and return to the City of Warrenton, Finance Department.

<u>Non Taxable Domestic</u>	<u>Taxable</u>
Household	Rental – House/Apartment
House Well	Commercial
Cabin	Farming Barn
	Dairy Barn
	Farm Well
	Other – Please Specify

The above information, to the best of my knowledge, is complete, correct, and true. If electricity, water, or gas purchased results in a sales tax liability due to a use other than state above, I assume such responsibility for remitting such tax due directly to the Director of Revenue.

Signature: _____

Date: _____

Return this form to the City of Warrenton, Finance Department at 200 W Booneslick, Warrenton, MO 63383 or you will be charged sales tax on the water usage.



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Commercial

Please Complete all checked or highlighted areas on the enclosed forms, along with a copy of your Driver's License, and return it with your deposit in the amount of: _____

Commercial Applications must be signed by a Director or Officer of the company with a valid Driver's License. If no driver's license is provided, the deposit will be double.

Please Include the following:

- List of Directors & Officers of the Company
- Legal Document that shows the company name and Federal I.D. Number

Please ensure that all required information is provided, otherwise your request cannot be processed.



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Commercial Application for Utility Service

Business Name: _____

Service Address: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Date of Service: _____ Business Phone Number: _____

Type of Business: _____ Tax Exempt #: _____

Contact Person for Billing: _____

Phone Number: _____

The undersigned hereby applies for water & sewer service from the City of Warrenton for his/her premises, and hereby agrees to pay the service charges for water and sewer services as fixed by the City of Warrenton. In the event of failure to pay for these services the City shall have the right to discontinue services, at its election and the undersigned agrees to be bound by the rules, regulations, and ordinances of the City of Warrenton for the control of its utility systems. Applicant further agrees to pay any and all past due balances from previous accounts, attorney fees, and reasonable collection costs for unpaid service charges, whether incurred by filing a law suit or otherwise.

Applicant's Signature: _____

(Must be signed by a director or officer of the company).

Date: _____

CITY HALL USE ONLY

Account #: _____ Deposit Receipt #: _____

Begin Reading: _____ Deposit Amount: _____

Date Deposit Paid: _____

Service ON () or Service OFF ()

Turn on Time: _____