



Financial Services Department

102 Roadrunner Dr.
Sedona, AZ 86336
928-204-7185
wastewaterbilling@sedonaaz.gov

APPLICATION/AGREEMENT FOR COMMERCIAL WASTEWATER SERVICE

Communication from the City regarding this permit/license must comply with A.R.S. § 9-495

A \$30.00 account set-up fee will be charged on the first billing statement.

Section 1: BUSINESS INFORMATION

Business Name (Legal Name):		Doing Business as Name (DBA Name) if different from legal name:	
Physical Address of Business:			
Street Number	Street Name	City, State, Zip code	
		Sedona, AZ 86336 (Location must be within Sedona City Limits)	
Mailing Address (if different from physical location address and include care-of name if applicable):			
Street Number	Street Name	City	State Zip code
Email Address:			
Business Phone Number:		Cell Phone Number:	
Sedona Business License Number:		Federal ID Number:	

Section 2: BUSINESS OWNER AND CONTACT INFORMATION

Owners, Partners, Officer, Individuals or LLC Member(s) (Attach a separate sheet if more room is needed.)	1.)	Name:	Title:
		Home Address: Street Number Street Name	Cell Phone Number:
		City State Zip code	Email Address:
	2.)	Name:	Title:
		Home Address: Street Number Street Name	Cell Phone Number:
		City State Zip code	Email Address:
Statutory Agent Name:			Phone Number:

Section 3: BUSINESS NATURE AND PREMISES STATUS

Describe the nature of the business:

Do you own your business location? <input type="checkbox"/> Yes <input type="checkbox"/> No	If no, Landlord name:	Landlord Phone Number:
Move in date <u>OR</u> close of escrow date:	Escrow Company Name:	

By signing below, I hereby agree to pay all monthly wastewater fees for the above-described property. I further agree to provide timely notice of my intent to vacate the property.

Applicant Signature: _____ Date: _____