



**OFFICE USE ONLY**

Service Deposit: \_\_\_\_\_

Date Paid: \_\_\_\_\_

Zoning Permit: \_\_\_\_\_

Bus License: \_\_\_\_\_

Fire Inspection: \_\_\_\_\_

**TOWN OF CLOVER**

**COMMERCIAL APPLICATION**

Today's Date: \_\_\_\_\_

PLEASE PRINT

SERVICE ADDRESS TO BE CONNECTED \_\_\_\_\_

DATE TO BE CONNECTED \_\_\_\_\_

Applicants Name: \_\_\_\_\_

Business Name: \_\_\_\_\_

Social Security: \_\_\_\_\_ Federal ID#: \_\_\_\_\_

Billing Address if different than service address: \_\_\_\_\_

Responsible Party: \_\_\_\_\_ Title: \_\_\_\_\_

Type of Business: \_\_\_\_\_

Have you had previous service with the Town of Clover? Yes or No If yes, where \_\_\_\_\_

Business Telephone # \_\_\_\_\_ Fax #: \_\_\_\_\_

Emergency Contact #: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Landlord's Name and Tel. #: \_\_\_\_\_

<b>Commercial Garbage Services: Circle One</b>	<b>Dumpster Size:</b>	<b>2</b>	<b>4</b>	<b>6</b>	<b>8</b>	
	<b>Automatic Commercial Charge</b>					<b>\$25.00</b>

**Please note: By signing this application for utility water service, the applicant agrees to pay all costs of collection of the applicant's unpaid bills. The Town of Clover has the right pursuant to the South Carolina Setoff Debt Collection Act to collect any sum due and owed by the applicant through offset of the applicant's state income tax refund. If the Town of Clover chooses to pursue debts owed by the applicant through the Setoff Debt Collection Act, the applicant agrees to pay all fees and costs incurred through the setoff process, including fees charged by the Department of Revenue, the South Carolina Association of Counties, the Municipal Association of South Carolina, and/or the Town of Clover. If the Town of Clover chooses to pursue debts in a manner other than setoff, the applicant agrees to pay the costs and fees associated with the selected manner as well.**

**Signature of Applicant** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_