

# CHICOPEE ELECTRIC LIGHT

## Commercial / Industrial Application for Service



CHICOPEE ELECTRIC LIGHT

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This application is a legal contract between the applicant for utility service and the City of Chicopee Municipal Lighting Plant (CMLP).

(PLEASE PRINT CLEARLY)

Application # \_\_\_\_\_  
Today's Date \_\_\_\_\_ Date Service Requested \_\_\_\_\_ Taken by \_\_\_\_\_  
Name \_\_\_\_\_ SSI/FID# \_\_\_\_\_  
Telephone No \_\_\_\_\_ Year Founded \_\_\_\_\_ Business Description \_\_\_\_\_  
Service Location \_\_\_\_\_  
Mailing Address \_\_\_\_\_  
Previous / Current CMLP customer  No  Yes: If yes, at what address \_\_\_\_\_

If property is rented, name of owner \_\_\_\_\_  
Address \_\_\_\_\_  
If property is owned, name on property deed \_\_\_\_\_  
Type of Heat:  Gas  Oil  Electric  
Type of Hot Water:  Gas  Oil  Electric

Chief Financial Officer \_\_\_\_\_ Phone \_\_\_\_\_  
Chief Executive Officer \_\_\_\_\_ Phone \_\_\_\_\_  
President \_\_\_\_\_ Phone \_\_\_\_\_  
In case of an emergency please contact \_\_\_\_\_ Phone \_\_\_\_\_

### PLEASE COMPLETE THIS INFORMATION

SOLE PROPRIETOR / PARTNERSHIP: (If more than two partners, please attach)

First Owner's Name \_\_\_\_\_ SSI# \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Second Owner's Name \_\_\_\_\_ SSI# \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**CHECK ONE** OWNERSHIP:  Public  Private  Foreign  Non-Profit  
OWNERSHIP TYPE:  Corporation  Partnership  Sole Proprietor  S Corporation  
LOCATION TYPE:  Branch  Franchise  Division  Subsidiary  Single Location

Latest Year's Sales Volume \$ \_\_\_\_\_ Latest Year's Profit \$ \_\_\_\_\_ Net Worth \$ \_\_\_\_\_  
Number of Employees \_\_\_\_\_ Sales Tax Exempt:  No  Yes (Exemption Form Required)  
Exempt Basis:  Manufacturing  Less than 5 Employees  Non-profit

HOME OFFICE OR PARENT COMPANY (IF APPLICABLE)

Company Name \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_ State of Incorporation \_\_\_\_\_

