



2017 LaVerkin City Business License Application

Business License # _____

NAME OF BUSINESS _____

STREET ADDRESS _____

MAILING ADDRESS _____

PHONE _____ BUSINESS ACTIVITY _____

CONTRACTOR LICENSE # _____ SALES TAX # _____

Would you like your email address or business info posted on the LaVerkin City website? Email: _____

Do you have a website? _____ Would you like a link on the LaVerkin City website? _____

Is this a sexually oriented business? Yes _____ No _____ Please provide link information _____

TYPE OF LICENSE

____ New Business
 ____ Renewal
 ____ Change of Location
 ____ Change of Owner

ORGANIZATION

____ Individual
 ____ Partnership
 ____ Corporation
 ____ LLC

SIGN

____ New
 ____ Existing
 ____ No Sign

NAMES AND ADDRESSES OF OWNERS, PARTNERS OR CORPORATE OFFICERS

<u>Full Name</u>	<u>Home Address</u>	<u>Phone</u>	<u>Date of Birth</u>
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1. _____

2. _____

MANAGER _____

Estimated Gross Receipts for the preceding year \$ _____

Class License Fee Due \$ _____
 Relocation _____
 Employees _____
 Sign Fee _____
 Penalty _____
 Total Due _____

Commercial License Fees:
 First Year \$ 100.00
 Renewal \$ 45.00
Home Occupation Fees:
 First Year \$ 65.00
 Renewal \$ 45.00

Other Fees:
 Sign Fee (if applicable) as required per ordinance
 Mid-Year Relocation \$ 15.00
 # Part-time employees \$ 6.00 each
 # Full-time employees \$ 12.00 each

I hereby certify that the statements contained herein are true and correct to the best of my knowledge and that the falsification of any information contained herein constitutes sufficient cause for rejection of this application or revocation of any license previously granted. I also understand that the City License Assessor and/or Collector may require additional information as permitted by the LaVerkin City Code of Revised Ordinances, and I agree to supply this same upon request as part of this application.

_____ Applicant Signature	_____ Date
_____ Building Inspector	_____ Date
_____ Ash Creek Special Service District	_____ Date
_____ Police Chief	_____ Date
_____ City Administration	_____ Date

Businesses involving food preparation need to contact the Southwest Utah Public Health Department 62 S. 400 E. - St. George (435-986-2580) for an inspection and provide documentation that the inspection has been completed.