

CITY OF ST. GEORGE
175 East 200 North
St. George, Utah 84770
APPLICATION FOR BUSINESS LICENSE
(Lessee Sub-License)

Event Name _____ Date _____

Name of Business _____ Business Phone _____

Name of Applicant _____ Home Phone _____

Residence Address _____

Mailing Address (If Different) _____

Temporary Special Event Sales Tax Number _____

Applicants Drivers License Number State _____ Number _____

Location of Sales Point (booth or stall, if numbered) _____

Product or Service Sold _____

Name of Sales Person if Not Applicant _____

If Corporation or Partnership, Give Names and Address of Officers or General Partners

LICENSE FEE PAYABLE:

Five (5) Day License Fee	(\$5.00)	\$ _____
Thirty (30) Day License Fee	(\$10.00)	\$ _____
TOTAL		\$ _____

I understand that falsifying any information on this application constitutes sufficient cause for rejection or revocation of my license. I also understand that the City License Officer may require additional information as permitted by the ordinance, and I also agree to supply the same part of this application.

Application Completed by (please print) _____ Title _____

Authorized Applicant Signature _____ Date _____

Office Use Only

Date Received _____ Receipt Number _____ Business L.O. _____