



2022 La Verkin City Business License Application

Business License # \_\_\_\_\_

NAME OF BUSINESS \_\_\_\_\_

STREET ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

PHONE \_\_\_\_\_ BUSINESS ACTIVITY \_\_\_\_\_

CONTRACTOR LICENSE # \_\_\_\_\_ SALES TAX # \_\_\_\_\_

TRANSIENT ROOM TAX # \_\_\_\_\_

Would you like your business info posted on the La Verkin City website? \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_

Is this a sexually oriented business? Yes \_\_\_\_\_ No \_\_\_\_\_

TYPE OF LICENSE

\_\_\_\_\_ New Business  
\_\_\_\_\_ Renewal  
\_\_\_\_\_ Change of Location

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>
1. _____	_____	_____	_____
2. _____	_____	_____	_____

MANAGER \_\_\_\_\_

Class License Fee Due \$ \_\_\_\_\_  
Relocation \_\_\_\_\_  
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

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 620 S. 400 E. - St. George (435-673-3528) for an inspection and provide documentation that the inspection has been completed.