



VERNAL CITY
REQUEST FOR EXEMPTION
FROM LICENSE FEES

DATE: _____

BUSINESS INFORMATION

Corporation Proprietorship Partnership Non-Profit Organization

Business or Organization Name/DBA: _____

Business Phone: _____

Physical Address: _____

Mailing Address if different: _____

Charitable/Benevolent Activity: _____

Please Explain Reason for Exemption: _____

Utah State **Sales Tax** Exemption Number: _____ - _____ STC
 (EXEMPTION CANNOT BE GRANTED WITHOUT THIS NUMBER)

APPLICANT INFORMATION

Name: _____

Phone: _____

Address: _____

Email: _____

APPLICANT AGREEMENT

I, hereby request the exemption from revenue fees. I agree to conduct said Business strictly in accordance with all Vernal City Codes governing such business and swear, under penalty of law. That the information contained herein is true and correct to the best of my knowledge, I understand that to falsify any information on this application is grounds for denial and/or revocation of an applicable license and issuance of any other penalties as provided by law.

Applicant Signature: _____

Date: _____

AFFIDAVIT

State of _____

County of _____

_____, being duly sworn (or affirmed), say that _____ is (or are) a benevolent or charitable institution named in the foregoing instrument, and that the Activity or thing contained therein is true to the best of _____ knowledge and belief.

_____ subscribed and sworn to before me this _____ day of _____,

 Notary Public

(SEAL)