

**VERNAL CITY
REQUEST FOR EXEMPTION
FROM
BUSINESS LICENSE FEES**

BUSINESS OR ORGANIZATION INFORMATION

CORPORATION

PARTNERSHIP

PROPRIETORSHIP

NON-PROFIT ORGANIZATION

BUSINESS OR ORGANIZATION NAME _____

ACTIVITY _____

APPLICANT INFORMATION

NAME _____

ADDRESS _____

TELEPHONE NUMBER _____

I, HEREBY REQUEST THE FOLLOWING:

EXEMPTION: REVENUE FEE

MISFORTUNE
PHYSICAL INFIRMITIES

PLEASE FURNISH EVIDENCE THAT THE REQUESTED EXEMPTION IS BY REASON
OR MISFORTUNE OR PHYSICAL INFIRMITY.

EXEMPTION: REVENUE AND REGULATORY FEE

BENEVOLENT OR CHARITABLE INSTITUTION

PLEASE ATTACH A WRITTEN AFFIDAVIT TO SUPPORT EXEMPTION. AFFIDAVIT
MUST BE NOTARIZED STIPULATION THAT THE ACTIVITY FOR WHICH FEES ARE
TO BE WAIVED IS FOR BENEVOLENT OR CHARITABLE PURPOSES
(EXEMPTION CANNOT BE GRANTED WITHOUT REQUIRED AFFIDAVIT)

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 _____, 2

NOTARY PUBLIC

SEAL: