

**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 \_\_\_\_\_, 20

\_\_\_\_\_  
NOTARY PUBLIC

SEAL: