



TOWN VIRGIN
 114 S. Mill Street
 PO Box 790008
 Virgin, UT 84779
 (435) 635-4695, fax 635-0265

TOWN USE ONLY
 Renewal/Application Fee: \$100.00
 (non-refundable)
 Date Paid/Received: _____
 Check #: _____ Staff Initials: _____

Business License Application

The Town of Virgin reserves the right to accept or reject all applications for a business license within the town limits of Virgin, Utah.

Please check if you are NO LONGER IN BUSINESS: Date Business was discontinued: _____

Check one:
 Commercial
 Home Occupation

Check one:
 New application: \$100.00 fee.
 Renewal: \$50.00 annual fee.

Do you have a Conditional Use Permit (CUP) issued on this business location? Yes No

If a CUP was issued, is the business function still the same? Yes No If no, please attach an explanation.

Have you registered your business name with the State of Utah? Yes No (If new applicant, attach copy) -For assistance in establishing and registering you business structure and name, contact Division of Corporations and Commercial Code at (801)530-4849

Federal Tax ID # or SS#: _____ (If new applicant, attach copy of IRS form SS-4 found at irs.gov)

Utah State Sales Tax #: _____ (*If new applicant, attach a copy of Sales Tax License from Utah State Tax Commission) Obtain your Tax Commission Numbers. If you have any questions, contact the State Tax Commission at 1-800-662-4335. When conducting business in Virgin, please make sure the Sales Tax is coded to the Town of Virgin.

Professional License # & Date of Issuance & Expiration: _____
 Contractors and other state licensees, such as cosmetology or barbering, among others, must submit a copy of their current State License along with their Home Occupation Business License Application.

Health Permit # & Date of Issuance & Expiration: _____ (Attach copies if needed.)
 Any business preparing food must have a Permit to Operate and/or annual Health Permit from the Southwest Public Health Department. You may contact them at 435-686-2580. Health Department requirements such as inspection certificate and food handler's permits, must accompany this application.

Business Name: _____ Business Phone: _____

Business Address: _____

Business Mailing: _____

Type of Business: _____

Owner Name: _____ Owner Phone: _____

Owner Address: _____

Owner Mailing: _____

Owner Signature: _____ Date: _____

Mayor Signature: _____ Date: _____

Town Clerk Signature: _____ Date: _____