



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

**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: \_\_\_\_\_