

PAROWAN CITY BUSINESS LICENSE APPLICATION

Business Name _____

Business Location _____

Business Mailing Address _____

Owner's Name _____

Owner's Mailing Address _____

Business Phone _____

Manager's Name _____

Manager's Phone _____

Fax # _____ Email Address _____

Nature of Business _____

Sales Tax # _____ EIN/Contractor's # _____

Total Number of Employees _____ Full Time _____ Part Time _____

PARTY TO NOTIFY IN CASE OF EMERGENCY _____

Phone # _____

I, _____, being the owner, partner or accountable office, understand that this renewal form must be completed and returned to the City Office of Parowan in order for me or the business I represent to legally and lawfully participate in business transactions in Parowan.

Signed _____

Dated _____

RETURN THIS FORM AND \$50.00 BUSINESS LICENSE FEE TO:

**PAROWAN CITY CORPORATION
PO BOX 576
PAROWAN UT 84761**