

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_____

State/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 form must be completed and returned to the Parowan City Office in order for me or the business I represent to legally and lawfully participate in business transactions in Parowan. *No license shall be granted without strict compliance with the provisions contained within Chapter 5.02.050 of the Municipal Code and failure to maintain and obey all local, County, State and/or Federal laws shall result upon immediate revocation/denial of the business license until compliance has been verified and supplied by the business or applicant in writing to Parowan City. The information contained in the application shall not be subject or available to the general public and shall be deemed confidential in nature except for the information contained in Section 5.02.050.*

Signed_____ Dated_____

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

PAROWAN CITY CORPORATION
PO BOX 576 • 35 EAST 100 NORTH
PAROWAN UT 84761