

**RENTAL DWELLING BUSINESS LICENSE CANCELLATION/TERMINATION APPLICATION**

**CITY OF ST GEORGE  
175 EAST 200 NORTH  
ST. GEORGE, UTAH 84790  
435-627-4740**

Please use this application **only** after having sold, transferred or otherwise disposed of the rental dwelling unit(s).

License Number: \_\_\_\_\_

Name of Applicant: \_\_\_\_\_

Residence Address of Applicant: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Address of Rental Dwelling  
Unit(s): \_\_\_\_\_

\_\_\_\_\_

Please list the name of the person(s) succeeding ownership or control of the rental dwelling unit(s): (only if applicable)

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
City State Zip

Phone Number: \_\_\_\_\_

Authorized Applicant  
Signature \_\_\_\_\_ Date \_\_\_\_\_