

LICENSE NUMBER: _____

CITY OF ST GEORGE
RENTAL DWELLING BUSINESS LICENSE RENEWAL
175 EAST 200 NORTH ST. GEORGE, UTAH 84770
(435) 627-4740
FOR THE PERIOD OF JULY 1, 2011 THRU JUNE 30, 2012

PLEASE MAIL THIS FORM AND CHECK PAYABLE FOR THE TOTAL FEES DUE TO THE CITY OF ST GEORGE

PLEASE COMPLETE THE INFORMATION TO RENEW THE RENTAL DWELLING BUSINESS LICENSE

PROPERTY OWNER/APPLICANT INFORMATION (PLEASE PRINT)

NAME OF APPLICANT: _____

RESIDENCE ADDRESS OF APPLICANT: _____

CITY: _____ STATE: _____ ZIP: _____

MAILING ADDRESS: (if different) _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

PLEASE LIST ALL RENTAL DWELLING UNIT(S): In complete rental dwelling unit information will not be accepted and returned. Please attach additional sheet if necessary.

PLEASE LIST THE LOCAL WASHINGTON COUNTY AGENT ACTING ON BEHALF OF THE OWNER:
THE LOCAL AGENT INFORMATION IS REQUIRED WHEN THE OWNER LIVES OUTSIDE OF WASHINGTON COUNTY.

LOCAL AGENT NAME: _____ PHONE: _____

LOCAL AGENT ADDRESS: _____

RENTAL DWELLING LICENSE FEE:	\$ <u>50.00</u>
LOCAL AGENT FEE: (\$10.00)	\$ _____
\$25.00 LATE CHARGE AFTER AUGUST 31	\$ <u>25.00</u>
(No Debit/Credit Cards accepted)	TOTAL FEES DUE \$ _____

I understand that falsifying any information on this application constitutes sufficient cause for rejection or revocation of my license. I also understand that the City License Officer may require additional information as permitted by the ordinance, and also agree to supply the same as part of this application. I understand this License will expire June 30th, and it is my responsibility to renew this License annually without notification from the City of St. George.

AUTHORIZED APPLICANT SIGNATURE: _____ DATE: _____