

Gunnison City
38 West Center, PO Box 790
Gunnison, UT 84634

Date Paid _____
Business _____
Receipt # _____

BUSINESS LICENSE APPLICATION -SPECIAL EVENT 2021

Business Name _____

Street Address _____ PO Box # _____

City _____ State _____ Zip Code _____

Email _____

Name of Owner _____ Phone # _____

Owner Street Address _____ PO Box # _____

City _____ State _____ Zip Code _____

Sales Tax # _____ Filing Annual _____ Monthly _____ Quarterly _____

Federal Tax ID# or Social Security # _____ State ID# _____

(Special Event Sales Tax numbers will be distributed)

Professional License # _____ (please attach copy)

LICENSE COSTS: Special Event \$50 _____

Business Description _____

* _____ Will you Require Power? _____ If yes, wattage needed? _____

* _____ A 10'x10' spot will be provided, please bring your own tables and canopies if needed.

*Please initial that you have read and acknowledge that you understand what is required.

I (we) hereby agree to conduct business in accordance with the laws and ordinances governing such business and swear, under penalty of law, the information contained herein is true.

Signature _____ Date _____