



State of Utah
 DEPARTMENT OF COMMERCE
 DIVISION OF CONSUMER PROTECTION

NOTICE OF EXEMPTION
 pursuant to the
BUSINESS OPPORTUNITY DISCLOSURE ACT

Annual Notice of Exemption fee: \$100.00 (Non-refundable)

 Applicant's Name

 Date of Application

OFFICE USE ONLY	
Permit Number:	_____
Date Issued:	_____
Date Expires:	_____
Receipt Number:	_____

Please indicate whether this is an initial or renewal notice of exemption:

- INITIAL NOTICE OF EXEMPTION RENEWAL NOTICE OF EXEMPTION

If you have any questions, please contact the Division at (801) 530-6601.

Please return the completed notice of exemption form and fee to:

Department of Commerce
 Division of Consumer Protection
 160 East 300 South
 SM Box 146704
 Salt Lake City, Utah 84114-6704

Please make application fee check or money order payable to **State of Utah**.

COMPLETE REVERSE SIDE — SIGNATURE REQUIRED

NOTICE OF EXEMPTION

The applicant submits this form pursuant to UCA § 13-15-4.5 and states as follows:

1. Applicant's name is: _____
2. The name of the Applicant's Franchise is: _____
3. The name under which the Applicant intends to or does transact business, if different than the name of the franchise, is: _____
4. Applicant's principal business address is: _____
Street

City State Zip Code
5. Applicant's Federal Employer Identification number is: _____
6. Applicant's contact person is:

Name

Street City State Zip Code

Telephone Number Facsimile Number

7. The Applicant states that it is in substantial compliance with the requirements of the Federal Trade Commission rule found at Title 16, Chapter I, subchapter d, Trade Regulation Rules, Part 436, Disclosure Requirements and Prohibitions Concerning Franchising and Business Opportunity Ventures.

DATED: _____

APPLICANT:

BY _____
ITS

NOTE: Form must be completely filled out or it will not be accepted.