

7. I VERIFY AND ATTEST THAT:

- a. The annual production of the small manufacturer/producer does not exceed the qualifying production limit;
- b. I understand that the approval of the application for a reduced markup will automatically expire at the end of each calendar year and must be reapplied for, and that if annual production increases above the qualifying limit, I will immediately notify the department and the full markup will be imposed on all of our products for sale in the State of Utah.
- c. The information contained herein and attached hereto is true and correct.

Dated this _____ day of _____, _____.

Applicant / Business Name

Authorized Signature

Name / Title *(please print)*

STATE OF: _____

COUNTY OF: _____

(or) COUNTRY OF: _____

Subscribed & sworn to before me this _____ day of _____, _____.

Notary Public *{& Seal}*