Springville City
BUSINESS LICENSE DIVISION

50 South Main, Springville, Utah 84663
Ph: (801) 489-2718 ♦ Fax: (801) 491-7813

SOLICITOR APPLICATION
For Certificate of Registration

FOR OFFICE USE ONLY

Issued_____ Expires_____

Business. ID. No._____

Date Received _____

Temporary Certificate Fee …….. $ 25.00

Annual Certificate additional fee …….. $55.00

Renewal Fee …….. $80.00

☐ Check ☐ Cash ☐ Charge **Total:** $_____

SECTION I: Business Information - *Please type or print clearly. Complete all lines – enter N/A if an item is not applicable.*

A. True/Correct Legal Name of Solicitor: _____ **Contact Phone No.** _____

B. All former names/aliases used by Applicant in last 10 years: _____

C. Business Entity / DBA: _____ **Commerce Entity No.** _____

D. Applicant - Date of Birth: _____ **Applicant State Driver License/ID Card No.** _____ **State:** _____

Utah State Special Event Sales Tax No. (call 801-297-6303): _____ **Home Ph. No.** _____

E. Applicant Home Address: _____
Street City State Zip

Applicant Mailing Address: _____
Street City State Zip

F. If different from Applicant, Responsible Party Name: _____ **Ph. No.** _____

Address: _____
Street/PO Box City State Zip

G. Address for Notices: _____
Street/PO Box City State Zip

SECTION II: Items required with application

- ☐ **BCI Report less than 180 days old**
- ☐ **Proof of Identification (one of the following):**
  - ☐ Valid State-issued Driver License or Identification Card
  - ☐ Valid Passport issued by U.S.A. or any Foreign Country
  - ☐ Valid U.S.A. Military Identification Card
- ☐ **Waiver for City Enforcement Purposes (sign Section VI)**
- ☐ **Any Licenses / permits… required to transact this business**

SECTION III: Goods or Services Offered

SECTION IV: Written Disclosures

I have received and reviewed the disclosure information required by Springville City Municipal Code Section 7-6-108, included with the entire Solicitor Code.

APPLICANT SIGNATURE_____ **DATE**_____

SECTION V: Disqualifying Status Questions - Affirm or Deny Each of the Following Statements *

*** ANY AFFIRMATIVE RESPONSE IN SECTION V OF THIS APPLICATION RENDERS THE APPLICANT DISQUALIFIED FROM CERTIFICATION ***

- I have been criminally convicted for:
- **1)** Felony homicide: _____ **2)** Sexual assault of any kind: _____
- **3)** Physically abusing, sexually abusing, or exploiting a minor: _____
- **4)** Sale or distribution of controlled substance: _____

- I have criminal charges currently pending for:
- **1)** Felony homicide: _____ **2)** Sexual assault of any kind: _____
- **3)** Physically abusing, sexually abusing, or exploiting a minor: _____
- **4)** Sale or distribution of controlled substance: _____

- I have had a criminal felony conviction within last 10 years: _____

- I was incarcerated in federal or state prison in last 5 years: _____

- I was criminally convicted of a misdemeanor in last 5 years involving:
- **1)** A crime of moral turpitude: _____
- **2)** Violent or aggravated conduct with persons or property: _____

- I have a Final Judgement entered against me in the last 5 years for:
- **1)** Engaging in fraud or intentional misrepresentation:
- **2)** A debt that was non-dischargeable in bankruptcy: _____

- I am now on parole/probation to any court, penal institution, or govt. entity, including being under house arrest or subject to a tracking device: _____

- I have an outstanding arrest warrant from any jurisdiction: _____

- I am now subject to a protective order for physical or sexual abuse: _____

SECTION VI: Waiver Statement and Applicant Acknowledgement of Written Disclosures and Disqualifying Status

I, the undersigned, do hereby verify, under penalty of perjury, that the information provided herewith is complete, truthful and accurate to the best of my knowledge and belief. I do hereby agree to allow Springville City to obtain a name/date BCI background check and to conduct an investigation to verify the truthfulness of the information submitted by me, including, but not limited to those disclosed with this application form. I agree to conduct business in complete accordance with all laws, ordinances, and regulations governing operation of such business. I acknowledge that soliciting without a valid certificate in plain view may result in revocation of such and/or citation. I understand that once the certificate of registration is issued, it becomes invalid if any of the application information changes, and a new application will be required to update the information on record.

_____ _____ _____ _____
Signature of Applicant Date Approval of City Business License Officer Date