



Account Number: _____
Business Activity: _____

SOLICITOR'S LICENSE APPLICATION

Bring all completed and properly signed forms (including attachments as necessary) along with applicable licensing fees to: Price City Business Licensing, P.O. Box 893, 185 East Main, Price, UT 84501. For questions call (435) 636-3183.

PLEASE TYPE OR PRINT LEGIBLY.

Applicant Information			
Name of Applicant <i>(include former names/aliases used during last 10 years):</i>			
Home Address of Applicant:		Suite/Apt No:	
City:	State:	Zip Code:	
Telephone: ()	Birth Date:	Drivers License No. <i>(include state):</i>	
Mailing Address <i>(if different):</i>	City:	State:	Zip Code:
Employer Information			
Employer's Name:			
Employer's Address:		Suite/Apt No:	
City:	State:	Zip Code:	
Employer's Telephone: ()	State Sales Tax I.D. No. <i>(Include copy or proof of exemption):</i>	Federal Tax I.D. No. <i>(Include copy):</i>	
Type of Organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> LLC <input type="checkbox"/> Other: <i>(Include copy of name registration with the State of Utah)</i>			
Detailed Description of Goods or Services <i>(include any commonly known, registered, or trademarked names):</i>			
Do you hold any other licenses, permits, registrations, or other qualifications required by federal or state law to promote, provide, or render advice regarding the offered goods or services? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, please explain.			
Dates Business To Be Conducted:			
I have read the Solicitor Ordinance. (Please initial)			

Please answer the following questions.

- Yes No
- Yes No
- Yes No
- Yes No
1. Have you been criminally convicted of:
felony homicide?
physically abusing, sexually abusing, or exploiting a minor?
the sale or distribution of controlled substances?
sexual assault of any kind?
- Yes No
- Yes No
- Yes No
- Yes No
2. Are any criminal charges currently pending against you for:
felony homicide?
physically abusing, sexually abusing, or exploiting a minor?
the sale or distribution of controlled substances?
sexual assault of any kind?
- Yes No
3. Have you been criminally convicted of a felony within the last 10 years?
- Yes No
4. Have you been incarcerated in a federal or state prison within the past 5 years?
- Yes No
5. Have you been criminally convicted of a misdemeanor within the last 5 years involving a crime of:
moral turpitude?
violent or aggravated conduct involving persons or property?
- Yes No
- Yes No
6. Has a final civil judgment been entered against you within the last 5 years indicating that:
you had either engaged in fraud, or intentional misrepresentation?
you had a debt that was non-dischargeable in bankruptcy pursuant to 11 U.S.C. § 523(a)(2), (a)(4), (a)(6), or (a)(19)?
- Yes No
- Yes No
7. Are you currently on parole or probation to any court, penal institution, or governmental entity including being under house arrest or subject to a tracking device?
- Yes No
8. Do you have an outstanding arrest warrant from any jurisdiction?
- Yes No
9. Are you currently subject to a protective order based on physical or sexual abuse issued by a court of competent jurisdiction?

This form is an application for a Solicitor's License. The actual license will be issued only when all requirements under the ordinance have been met. All information must be accurately completed or the issuance of a license will be delayed.

I have received and reviewed the disclosure information as set forth in Chapter 11-12 of the Price City Business License Code. I hereby agree to conduct business strictly in accordance with the laws and ordinances covering such business, and swear, under penalty of perjury, that to my knowledge and belief, the information provided herein is complete, truthful, and accurate.

Applicant's Signature and Title

Date

Office Use Only

Approvals:

Business Licensing: _____

Fire: _____

Inspection: _____

Police: _____

P & Z: _____

Other: _____

Date Approved: _____