Account No:	
Business Activity:_	
Fee:	



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) 636-3161.

PLEASE TYPE OR PRINT LEGIBLY.

FLEASE TIFE OK FRINT LEGIBLT.						
	Applicant Information					
Name of Applicant (include former names/aliases used during last 10 years):						
Home Address of Applicant:		Suite/Apt No:				
City:	State:	Zip Code:				
Telephone: ()	Birth Date:	Drivers License No. (include state):				
Mailing Address (if different):	City:	State:	Zip Code:			
	Employer Information					
Employer's Name:						
Employer's Address:	Employer's Address:		Suite/Apt No:			
City:	State:	Zip Code:				
Employer's Telephone:	State Sales Tax I.D. No. (Include copy or proof of exemption):	Federal Tax I.D. No. (Include copy):				
Type of Organization: Corporation Partnership Sole Proprietorship LLC Other: (Include copy of name registration with the State of Utah)						
Detailed Description of Goods or Services (include any commonly known, registered, or trademarked names):						
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 No 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 Yes No	1.	Have you been criminally convicted of: felony homicide? physically abusing, sexually abusing, or explothe sale or distribution of controlled substance sexual assault of any kind?	loiting a minor? ces?				
Yes No Yes No Yes No Yes No Yes No	2.	Are any criminal charges currently pending agreelony homicide? physically abusing, sexually abusing, or exploit the sale or distribution of controlled substance sexual assault of any kind?	oiting a minor?				
Yes 🗌 No 🗌	3.	Have you been criminally convicted of a felon	ny within the last 10 years?				
Yes 🗌 No 🗌	4.	Have you been incarcerated in a federal or sta	tate prison within the past 5 years?				
Yes	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 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 🗌	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.							
hereby agree to condu	uct busi	the disclosure information as set forth in Chapteness strictly in accordance with the laws and ordewledge and belief, the information provided herein	rdinances covering such business, and swear, u				
Applicant's Signature a	ınd Title		-				
Date			-				
Annrovale		Office Use Only					
Approvals: Business Licensing:		Fire:	Inspection:				
Police:		P & Z:	Other:				
Date Approved:							