

Washington Terrace City
5249 S. 400 E
Washington Terrace, Utah 84405
(801) 393-8681 FAX 393-1921
www.wt.govoffice.com

OFFICE USE ONLY

Approved _____ Denied _____ Date _____
 By _____ Mayor's Approval _____
 Receipt# _____ License# _____
 Date Issued _____
 Fire Inspection Y N Date Completed _____
 Building Inspection Y N Date completed _____

SOLICITOR LICENSE

Business Licensing is governed and conducted in accordance with the Washington Terrace Municipal Code Title 5, "Business Licensing".

Business Name _____ Business Phone _____

Business Address _____ City _____ State _____ Zip Code _____

Mailing Address _____ City _____ State _____ Zip Code _____
 (if different than above)

State Contractor's # _____ State Tax ID# _____

EIN # _____ Type of Organization _____

Property Owner's Name _____ Property Owner's Phone _____
 (if different than applicant)

Property Owner's Address _____

APPLICANT CONTACT INFORMATION

Applicant/Agent _____ Date of Birth _____

Social Security # _____ Phone Number _____

Applicant Address _____ City _____ State _____ Zip Code _____

Emergency Phone Number _____

DESCRIPTION OF BUSINESS :

FEE \$108.00 All Licenses will be issued within 30 days of completion of application and fee.

Solicitor's Application will be accompanied by the following:

- In-person verification by the licensing officer using any of the following which bear a photograph of the Applicant: a valid US passport, A valid identification card issued by any state, a valid identification issued by a branch of the United States military.
- Proof of registration with the Department of Commerce (UTAH)
- Marketing information
- BCI backround check

Please answer the following:

1. Have you ever been convicted of:
Felony homicide Y_____ N_____
Physically abusing, sexually abusing, or exploiting a minor Y_____ N_____
The sale or distribution of controlled substances Y_____ N_____
Sexual assault of any kind Y_____ N_____
2. Are any criminal charges currently pending against you for
Felony homicide Y_____ N_____
Physically abusing, sexually abusing, or exploiting a minor Y_____ N_____
The sale or distribution of controlled substances Y_____ N_____
Sexual assault of any kind Y_____ N_____
3. Have you been criminally convicted of a felony in the last 10 years? Y_____ N_____
4. Have you been incarcerated in a federal or state prison within the last 5 years? Y_____ N_____
5. Have you been criminally convicted of a misdemeanor within the past 5 years involving:
Moral turpitude Y_____ N_____
Violent or aggravated conduct involving persons or property Y_____ N_____
6. Has a final civil judgment been entered against you within the last 5 years indicating that:
Applicant had either engaged in fraud, or intentional misrepresentation Y_____ N_____
A debt of applicant was no-dischargeable in bankruptcy pursuant to 11 U.S.C> 523 (a)(2), (a)(4), (a)(6) or (a)(9) Y_____ N_____
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 Y_____ N_____
8. Do you have any outstanding arrest warrants from any jurisdiction? Y_____ N_____
9. Are you currently subject to a protective order based on physical or sexual abuse issued by a court of competent jurisdiction Y_____ N_____

WRITTEN DISCLOSURE:

This disclosure is notifying the applicant of the following:

1. Applicant's submission of the application authorizes the City to verify information submitted with the completed application including: Applicant's address, Applicant's and/or responsible person or entity's state tax identification, and special use tax numbers, Validity of applicant's proof of identity.
2. The City may research any publically available sources of information on the applicant, including but not limited to databases for any outstanding warrants, protective orders or civil judgments.
3. Establish a valid proof of identity before registration is made.
4. Payment of the applicable fee amount must be submitted by applicant with the completed application.
5. Applicant must submit a BCI background check with application.
6. The applicant's BCI background check shall remain in a confidential, protected, private record not available for public inspection.
7. The City will maintain copies of the application, proof of identity and certificate. They will become public records available for inspection on demand at the City office whether or not a license is denied, granted or renewed.
8. Applicant shall provide any additional supporting documentation relating to the criteria pertaining to disqualifying status

I (We), _____, hereby agree to conduct business strictly in Accordance with the laws and ordinances covering such business and swear under penalty of law that the Information herein is true.

Date

Signature