



Springville City

BUSINESS LICENSING DEPARTMENT
 110 South Main, Springville, Utah 84663
 Phone: 801-489-2718 Fax: 801-489-2716

ITINERANT MERCHANT APPLICATION

Applicant		Drivers License #/State	
Phone	Date of Birth	State Sales Tax #	
Local Address (Where Your Stand Will Be)			
Street:		City:	State: Zip:
Permanent Address (Home)			
Street:		City:	State: Zip:
Height	Weight	Eye Color	Hair Color Race
Nature of Business and Goods To Be Sold		Goods Produced/Grown by Applicant	
		Yes () No ()	
Name of Employer		Phone	Proof of Credentials Establishing Relationship Between Applicant and Employer:
			Yes () No ()
Employers Address			
Street:		City:	State: Zip:
Vehicle To Be Used			
Yr/Make:		Color:	License Plate # and State:
Name on Vehicle Registration			
Any previous convictions/violations – felony/misdemeanor/city ordinances? Yes () No ()			
If yes, nature of conviction/violation: _____ . Punishment, if any _____			
I hereby give approval for a background check by the Springville Police Department.			
X _____ Signature		_____ Print Name	
ITEMS REQUIRED WITH APPLICATION <input type="checkbox"/> \$60.00 <input type="checkbox"/> Copy of current BCI background Check for applicant and each employee (if applicable). We must see the original. <input type="checkbox"/> Valid Springville City Temporary Use Permit <input type="checkbox"/> Proof of Identity After the application has been accepted and approved, you will be issued a Temporary Business License and an Identification Badge.		OFFICE USE ONLY City License # _____ Approved: _____ Denied: _____ Notes: _____ _____ DATE: _____ X _____ Springville Chief of Police	