



**Springville City**  
**BUSINESS LICENSE DIVISION**  
 110 South Main, Springville, Utah 84663  
 (801) 489-2704  
 www.springville.org

**SOLICITOR APPLICATION**  
**For Certificate of Registration**

*Applications received after 4 p.m. will be processed the following business day*

FOR OFFICE USE ONLY	
Issued _____	Expires _____
Business. ID. No. _____	
Date Received _____	
25-Day License Fee	\$25
One Year License Fee	\$80
<input type="checkbox"/> Check <input type="checkbox"/> Cash <input type="checkbox"/> Charge <b>Total: \$</b> _____	

**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**      **SECTION III: Goods or Services Offered**

BCI Report less than 180 days old (Utah resident), or equivalent report from applicant's home state if not Utah resident

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**

<p>- I have been criminally convicted for:</p> <p>1) Felony homicide: _____ 2) Sexual assault of any kind: _____</p> <p>3) Physically abusing, sexually abusing, or exploiting a minor: _____</p> <p>4) Sale or distribution of controlled substance: _____</p> <p>- I have criminal charges currently <b>pending</b> for:</p> <p>1) Felony homicide: _____ 2) Sexual assault of any kind: _____</p> <p>3) Physically abusing, sexually abusing, or exploiting a minor: _____</p> <p>4) Sale or distribution of controlled substance: _____</p> <p>- I have had a criminal felony conviction within last 10 years: _____</p> <p>- I was incarcerated in federal or state prison in last 5 years: _____</p>	<p>- I was criminally convicted of a misdemeanor in last 5 years involving:</p> <p>1) A crime of moral turpitude: _____</p> <p>2) Violent or aggravated conduct with persons or property: _____</p> <p>- I have a Final Judgement entered against me in the last 5 years for:</p> <p>1) Engaging in fraud or intentional misrepresentation: _____</p> <p>2) A debt that was non-dischargeable in bankruptcy: _____</p> <p>- I am now on <b>parole/probation</b> to any court, penal institution, or govt. entity, including being under house arrest or subject to a tracking device: _____</p> <p>- I have an outstanding arrest warrant from any jurisdiction: _____</p> <p>- I am now subject to a protective order for physical or sexual abuse: _____</p>
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**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