



BUSINESS LICENSING
 110 SOUTH MAIN STREET
 SPRINGVILLE, UT 84663
 OFFICE 801.491.7811
www.springville.org

ITINERANT MERCHANT APPLICATION

Applicant Name		Entity # (DBA)		Drivers License # / State	
Phone ()		Date of Birth		State Sales Tax # (Temporary # for Springville City)	
Business Email			Employer Email		
Local Address (Where Your Stand Will Be)					
Street:		City:		State:	Zip:
Applicant 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"/> \$68.00 (GL # 2101) <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 with payment of bond fees <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		