

City of Roosevelt
BUSINESS LICENSE DIVISION
 255 South State, Roosevelt, Utah 84066
 Ph: 435-722-5001 ♦ Fax: 435-722-5000
 www.rooseveltcity.com

SOLICITOR APPLICATION
For Certificate of Registration

FOR OFFICE USE ONLY	
Issued _____	Expires _____
Business ID. No. _____	
Code _____ n/a _____	Receipt No. _____
Date Received _____	
Solicitor Application Fee	\$ 100.00
OR Transfer/Renewal Fee	50.00
<input type="checkbox"/> Check <input type="checkbox"/> Cash	Total: \$ _____

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):** _____

E. Applicant **Home** Address: _____ **Home Ph. No.** _____
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
<input type="checkbox"/> BCI Report less than 180 days old <input type="checkbox"/> Proof of Identification (one of the following): <input type="checkbox"/> Valid State-issued Driver License or Identification Card <input type="checkbox"/> Valid Passport issued by the United States <input type="checkbox"/> Valid U.S.A. Military Identification Card <input type="checkbox"/> Waiver for City Enforcement Purposes (sign Section VI) <input type="checkbox"/> Any Licenses / permits... required to transact this business	SECTION IV: Written Disclosures I have received and reviewed the disclosure information required by Roosevelt City Residential Solicitation Ordinance No 2007-332 APPLICANT SIGNATURE _____ DATE _____

SECTION V: Disqualifying Status Questions - Affirm or Deny Each of the Following Statements *

*** ANY NEGATIVE 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 pending 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 parole/probation 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 the City to obtain a name/date of birth BCI background check for enforcement purposes of Roosevelt City Residential Solicitation Ordinance No2007-322. 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 Roosevelt Police Chief

Date

CITY COUNCIL APPROVAL: _____ Date Approved: _____