



SOLICITOR APPLICATION

FOR CERTIFICATE OF REGISTRATION

Community & Economic Development Dept • 1979 W 1900 S • Syracuse, UT 84075
Phone: (801) 614-9626 • Email: hdavies@syracuseut.com

LICENSE #

Date of Application: _____

Start Date: _____

BUSINESS INFORMATION:

Business Name: _____ DBA Name: _____

Business Address: _____ City: _____ County: _____ State: _____ Zip: _____

Business Mailing Address: _____ City: _____ State: _____ Zip: _____

Contact Person Name: _____ Contact Phone#: _____ Email: _____

Business State Sales Tax #: _____ Dept. of Commerce Business Name Registration #: _____

APPLICANT INFORMATION:

Applicant's Full Legal Name (first, middle, last): _____

Applicant's Date of Birth: _____ Driver License#: _____ State: _____ Other ID: _____

All Former Names/Aliases Used by Applicant in Last 10 Years: _____

Applicant's Home Address: _____ City: _____ State: _____ Zip: _____

Applicant's Phone #: _____

MARKETING INFORMATION:

Describe *in Detail* the Goods and/or Services Offered: _____

Hours and Days of Solicitation: ☐ Mon ☐ Tues ☐ Wed ☐ Thurs ☐ Fri ☐ Sat ☐ Sun; _____ ☐ AM ☐ PM to _____ ☐ AM ☐ PM

Are there any licenses or permits required to transact this business: ☐ Yes ☐ No If YES, Please provide a copy of license and/or permit.

ITEMS REQUIRED TO BE SUBMITTED WITH APPLICATION:

☐ **Utah Criminal History Record performed by Utah BCI** bci.utah.gov
(less than 180 days old or from previous State if lived in Utah less than 6 months)

☐ **Recent Photo of Applicant (Emailed to Business License Clerk)**
Portrait/passport style jpg photo, see below for sample

☐ **Proof of Identification (one of the following):**

a) Valid State-issued Driver License or Identification Card

b) Valid Passport issued by the United States

c) Valid U.S.A. Military Identification Card

☐ **Proof of State Sales Tax or Special events Sales Tax #**

QUALIFYING STATUS QUESTIONS:

Affirm or Deny Each Statement. Any affirmation response in this section renders the applicant disqualified from certification.

- I have been criminally convicted for: a) Felony homicide: ☐ Yes ☐ No b) Sexual offense of any kind: ☐ Yes ☐ No
c) Physically/sexually abusing or exploiting an adult or minor: ☐ Yes ☐ No d) Sale/distribution of controlled substances: ☐ Yes ☐ No
- I have criminal charges currently pending for: a) Felony homicide: ☐ Yes ☐ No b) Sexual offense of any kind: ☐ Yes ☐ No
c) Physically/sexually abusing or exploiting an adult or minor: ☐ Yes ☐ No d) Sale/distribution of controlled substances: ☐ Yes ☐ No
- I have had a criminal felony conviction within the last ten (10) years: ☐ Yes ☐ No
- I have been incarcerated in a federal or state prison within the past five (5) years: ☐ Yes ☐ No
- I have been criminally convicted of a misdemeanor within the past five (5) years involving a crime of:
a) Violent or aggravated conduct involving persons or property: ☐ Yes ☐ No b) Moral turpitude: ☐ Yes ☐ No
- I have, within the last five (5) years, had a final civil judgement or subject of an administrative order issued in any state for:
a) Engaged in/admission of fraud or intentional misrepresentation: ☐ Yes ☐ No b) Engaged in willful or malicious activity: ☐ Yes ☐ No
- I am currently on parole or probation to any court, penal institution, or governmental entity, including being under house arrest or subject to a tracking device: ☐ Yes ☐ No
- I have an outstanding arrest warrant from any jurisdiction: ☐ Yes ☐ No
- I am currently subject to a protective order based on physical or sexual abuse: ☐ Yes ☐ No
- I have had two (2) or more convictions of, or any combination of the following: Trespass, trespassery voyeurism, any property crimes, or any violation of Syracuse Municipal Code: ☐ Yes ☐ No

COMPLIANCE STATEMENTS:

By reading and checking each compliance statement below you agree to comply with the Syracuse City Ordinance governing Solicitors.

- ☐ The applicant's submission of the application authorizes the City to verify information submitted with the completed application including:
 - a. The applicant's address
 - b. The applicant's and/or responsible person or entity's state tax identification and special use tax numbers, if any
 - c. The validity of the applicant's proof of identity
- ☐ The City may consult any publicly available sources for information on the applicant, including but not limited to, databases for any outstanding warrants, protective orders, or civil judgments.
- ☐ Establishing proof of identity is required before registration is allowed.
- ☐ To the extent permitted by state and/or federal law, the applicant's BCI background check shall remain a confidential, protected, private record not available for public inspection.
- ☐ The City will maintain copies of the applicant's application form, proof of identity, and identification badge. These copies will become public records available for inspection on demand at the City offices whether or not a certificate is denied, granted, or renewed.
- ☐ **Application review, approval and identification badge completed within three to five (3-5) business days from when application is submitted.**
- ☐ A Certificate shall be valid for one (1) year from the date of issuance and shall expire at midnight on the anniversary date of issuance.
- ☐ The Certificate & ID Badge shall be carried by the registered solicitor *at all times* while soliciting in the City.
- ☐ A registered solicitor desiring to solicit sales with different: (a) goods or services; or (b) responsible person or entity from those listed on the originally submitted application shall submit a written change request to the licensing officer.
- ☐ **Every person soliciting or advocating has a legal obligation to check each residence for any "No Soliciting" sign or placard or any other notice or sign notifying a solicitor not to solicit on the premises.**
- ☐ It shall be unlawful for any person to solicit at a residence before 9:00a.m. or after 9:00p.m. Mountain Standard Time.
- ☐ Any person who violates any term or provision of Chapter 5.30 Door-to-Door Solicitation shall be guilty of a Class "B" misdemeanor.

APPLICANT'S AGREEMENT

I am aware that this application does not authorize me to perform solicitation until approved by the Syracuse City Community and Economic Development Department and a license has been issued. Once issued, no business license shall be transferred from one person to another, nor from one location to another.

I, the undersigned, do hereby agree to solicit strictly in accordance with all Syracuse City codes governing such activities, and swear under penalty of law that the information contained herein is true and correct to the best of my knowledge. I understand that to falsify any information on this application is grounds for denial and/or revocation of this license and other penalties as provided by law.

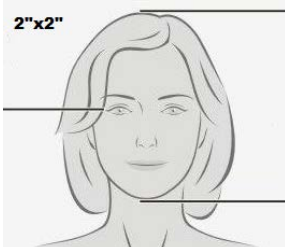
If you are signing this application electronically, you agree that your electronic signature is the legal equivalent of your manual signature. You also agree that no certification or any verification is necessary to validate your e-signature.

SIGNATURE: _____ DATE: _____

OFFICE USE ONLY

Revised 2/9/17

PHOTO ID HERE



Sample ID Photo
(Email jpeg)

APPROVAL

Approved: _____ Denied: _____
Date: _____ Approved By: _____
Issued: _____ Expires: _____
Receipt #: _____ License #: _____
Received By: _____ Date: _____
Amount: _____
Type of Payment: ☐ Cash ☐ Check # _____ ☐ Credit Card