



Solicitor License

20 North Main Alpine, UT 84004 • 801-756-6347 (Phone) • 801-756-1189 (Fax) • www.alpinecity.org

BEFORE applying with Alpine City, you need to register your business with the State of Utah

The fastest and easiest way to register your business with the State of Utah is to go to the OneStop Online Business Registration at www.business.utah.gov/registration.html. By using this system you can register your business with the Utah state Tax Commission, the Utah Labor Commission, the Utah Department of Commerce, the Utah Department of Workforce Services and the Utah Department of Environmental Quality. After completing the online registration process, you will receive all of the necessary licenses and account numbers for your business. You will receive all of the information necessary to go to your local municipality to apply for a business license.

Please call (801) 530-4849 if you have any questions.

DOCUMENTS REQUIRED FOR OBTAINING A SOLICITOR'S LICENSE:

1. Completed and signed application
2. Proof of Identity (one of the following):
 - a. Valid driver's license issued by any State
 - b. Valid passport issued by the United States
 - c. Valid identification card issued by any State
 - d. Valid identification card issued by a branch of the US Military
3. Proof of Registration with Department of Commerce
4. Special Events Sales Tax Number
5. Marketing Information
6. BCI Background Check. The applicant shall provide:
 - a. An original or copy of a BCI background check as defined in 000-003 current within 180 days; and
 - b. A signed copy of a Waiver whereby an applicant agrees to allow the City to obtain a name/date of birth, BCI background check on applicant for purposes of enforcing Alpine City Ordinance No. 2006-15
7. Signed Disclosure Document

If you have questions or need assistance in completing this application, please contact Charmayne Warnock at 801-756-6347 x 4

DISCLOSURE DOCUMENT:

1. 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
2. The City may consult any publicly available source for information on the Applicant, including but not limited to, data bases for any outstanding warrants, protective orders or civil judgments.
3. Establishing proof of identity is required before registration is allowed
4. Identification of the fee amount must be submitted by the Applicant with a completed application
5. The Applicant must submit a BCI background check with a completed application
6. 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
7. 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
8. The criteria for disqualifying status, denial, or suspension of a Certificate are outlined under the provisions of Alpine City Ordinance No. 2006-15
9. A request for a temporary Certificate will be granted or denied by same business day that a completed application is submitted.

I certify that I have received and read the above Disclosure Document.

Signed _____ Date _____



Application for a Solicitor License

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APPLICANT

Legal name, including former names or aliases used during the last 10 years:

Phone Number: _____ Cell Phone: _____

Home Address: _____ City _____ State _____

Mailing Address: _____ City _____ State _____

RESPONSIBLE PERSON OR ENTITY

Legal name, including former names or aliases used during the last 10 years:

Phone Number: _____ Cell Phone: _____

Home Address: _____ City _____ State _____

Mailing Address: _____ City _____ State _____

Address to which all notices to Applicant shall be sent if different from above:

Street _____ City _____ State _____

QUESTIONS REGARDING DISQUALIFYING STATUS

1. Have you been criminally convicted of:

a. Felony homicide	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Physically abusing, sexually abusing or exploiting a minor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. The sale or distribution of a controlled substance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Sexual assault of any kind	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2. Are any criminal charges currently pending against you for:

a. Felony homicide	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b. Physically abusing, sexually abusing or exploiting a minor	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c. The sale or distribution of a controlled substance	<input type="checkbox"/> Yes	<input type="checkbox"/> No
d. Sexual assault of any kind	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3. Have you been convicted of a felony within the last ten years? Yes No

4. Has the applicant been incarcerated in a federal or state prison within the past 5 years: Yes No

5. Have you been criminally convicted of a misdemeanor within the past five years involving a crime of moral turpitude, or violent or aggravated conduct involving

persons or property?

Yes No

17. Have you had a Final Civil Judgment entered against you within the last five years that:

a. You have engaged in fraud or intentional misrepresentation

Yes No

b. A debt was non-dischargeable in bankruptcy pursuant to 11 USC 523(a)(2), (a) (4), (a)(6), or (a)(19);

Yes No

18. Are you 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

19. Do you have an outstanding arrest warrant from any jurisdiction?

Yes No

20. Are you currently subject to a protective order based on physical or sexual abuse issued by a court of competent jurisdiction?

Yes No

I certify, under penalty of perjury, that the foregoing information is based on present knowledge and belief, and is complete, truthful and accurate.

Signature _____ Date: _____

Application fee - \$15.00 per solicitor.

FOR CITY USE ONLY

Date Paid: _____ Amount Paid: _____ Receipt #: _____

Payment Method: _____ License Number Issued: _____
(Reference #)