



Fee	\$40	
Receipt #	_____	
Date Paid	_____	
Check	Cash	Credit

SOLICITORS LICENSE APPLICATION

Solicitors Name _____

Name of Company Representing _____

Local Address (if any) _____

Home Address of Solicitor _____

Mailing Address (if different than above) _____

Phone _____ Fax _____ Email _____

FEIN # _____ Sales Tax # _____ State Entity # _____

Website Address _____ DOPL# _____

Service or item being sold _____

Business Owner's Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Fax _____ Email _____

Are you legally authorized to work in the US? Y N Have you been convicted of a felony? Y N

Applicant's Immediate Supervisor

Name _____ Phone _____

Address _____ City _____ State _____ Zip _____

Fax _____ Email _____

I understand and agree to comply with all the requirements of Title 5.40 of the Lindon City Code - Residential Solicitation. I understand and agree to comply with all requirements of Title 5 of the Lindon City Code - Business Regulations. Solicitor licenses are non-transferable.

Signature _____ Date _____

Lindon City
100 North State Street
Lindon, UT 84042

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