



Business License Fee \$ 40.00

Receipt # _____
Date Paid _____

Lindon City
100 North State Street
Lindon City, UT 84042
801-785-5043

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 # _____

Federal ID # or Social Security #

If you do not pay Sales Tax write N/A

DBA Number

Web Page Address _____ DOPL # _____

Professional License Number

Service or items you are selling:

Owner's Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

Are you a US Citizen Y N

Have you ever been convicted of a felony Y

N

Applicant's Immediate Supervisor

Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Email _____

I understand and agree to comply with all the requirements of Title 17.04.440 Home Occupation Requirements as applicable. Home Occupations are non-transferable. I understand and agree to comply with all requirements of Title 5 Business Regulations. I understand that all business shall not commence at this location without first obtaining a business license and all required inspections by the City Building Official, Fire Official, Zoning Official, and/or County Health Officials. These inspections must be completed and the building approved by these officials for business activities.

Additionally, I understand and hereby acknowledge that closure of a business license account operating within a nonconforming building and/or on a nonconforming parcel for a period of more than 180 days will forfeit any rights a property owner may have

to utilize such building or structure in a similar manner. To determine if your business is a nonconforming use, call the Lindon City Community Development Office at 785-7687.

Signature _____ **Date** _____