



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

## SOLICITORS LICENSE APPLICATION

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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 Page Address \_\_\_\_\_ DOPL# \_\_\_\_\_

Service or item being sold \_\_\_\_\_

Business Owner's Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Fax \_\_\_\_\_ Email \_\_\_\_\_

Are you a US Citizen? Yes No      Have you ever been convicted of a felony? Yes No

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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[www.lindoncity.org](http://www.lindoncity.org)