

Salem City Corporation

Solicitor - New Business License Application



30 West 100 South, Salem, Utah 84653
 (801) 423-2770
www.salemcity.org

The application for a solicitor business license must be filled out completely and submitted for review. It is **strongly** advised that all business license applications be submitted well in advance of all deadlines. All business licenses must be reviewed and approved by the appropriate City Departments prior to operation of the business. State law requires all business names be registered with the Utah Department of Commerce.

Applicant's Information				
Legal Name:		Home Phone Number:		Date of Birth:
Former Names or Aliases Used During the Last Ten (10) Years:		Cell Phone Number:		
Home Address:		City:	State:	Zip Code:
Mailing Address if Different from Home:		City:	State:	Zip Code:
Title or Agent (as applicable):		Driver License Number:		Social Security Number:
Responsible Person or Entity (if different from the applicant):		Address of Responsible Person:		State & Zip:
The address by which all notices to the applicant are to be sent:		City, State & Zip		
Email:				
Business Information				
Business Name:		Business Property Address:		
Business Mailing Address:		Business Phone Number:		Tax ID Number:
City:	State:	Zip Code:	Department of Commerce Entity Number:	
Proof of Identity and Registration				
Check and Provide	<input type="checkbox"/> Valid Driver's License or Other Approved Identification <input type="checkbox"/> Proof of Registration with Department of Commerce <input type="checkbox"/> Special Events Sales Tax Number _____ <input type="checkbox"/> Marketing Information* ¹ <input type="checkbox"/> BCI Report Copy (compiled within the previous 180 days) or Signed Waiver to Allow City to Obtain a Name/Date of Birth BCI Report* ²			
*1	<p>*¹List the goods or services offered by the applicant, including any commonly known, registered or trademarked names.</p> <p>_____</p> <p>List any other licenses, permits, registrations, or other qualifications required by federal or state law to promote, provide, or render advice regarding the offered goods or services.</p> <p>_____</p>			
*2	<p>*²Waiver: Applicant agrees to allow the city to obtain a name/date of birth BCI report on application for purposed of enforcement of Chapter 6 of the Salem, Utah, City Code. (\$25 Fee)</p> <p>Signature: _____</p>			

Affirm or Deny each of the following statements – Circle Yes or No

- Yes / No Has the applicant been criminally convicted of: a) felony homicide, b) physically abusing, sexually abusing, or exploiting a minor, c) the sale or distribution of controlled substances, or d) sexual assault of any kind.
- Yes / No Are any criminal charges currently pending against the applicant for: a) felony homicide, b) physically abusing, sexually abusing, or exploiting a minor, c) the sale or distribution of controlled substances, or d) sexual assault of any kind.
- Yes / No Has the applicant been criminally convicted of a felony within the last ten (10) years.
- Yes / No Has the applicant been incarcerated in a federal or state prison within the past five (5) years.
- Yes / No Has the applicant been criminally convicted of a misdemeanor within the past five (5) years involving a crime of: a) moral turpitude, or b) violent or aggravated conduct involving persons or property.
- Yes / No Has a final civil judgment been entered against the applicant within the last five (5) years indicating that: a) the applicant had either engaged in fraud, or intentional misrepresentation, or b) that a debt of the applicant was nondischargeable in bankruptcy pursuant to 11 USC section 523(a)(2), (a)(4), (a)(6), or (a)(19).
- Yes / No Is the applicant 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 Does the applicant have an outstanding arrest warrant from any jurisdiction.
- Yes / No Is the applicant currently subject to protective order based on physical or sexual abuse issued by a court of competent jurisdiction.

Applicant's Signature - By signing this application, you testify the information provided is complete and accurate

Signature: _____

Date of Application: _____

Application Review & Certification (for City use only)

DATE: _____		License Fee: _____
<input type="checkbox"/> Police: _____	_____	BCI Fee: _____
<input type="checkbox"/> Business License Admin: _____	_____	Payment Date: _____
Temporary Certificate Issuance Date: _____		SL-Number: _____
Annual Certificate Approved: Yes / No Written Notice Date Sent: _____		