CORINNE CITY
2420 N 4000 W
Corinne, UT 84307
435-744-5566 ~ corinnecitycorp@yahoo.com

SOLICITOR LICENSE APPLICATION
For Certificate of Registration

SECTION I: Business Information – *Please type or print clearly. Complete all lines – enter n/a if an item is not applicable.*

A. True/Correct Legal Name of Solicitor: _____ Contact Phone:_____

B. All former names/aliases used by Applicant in last 10 years: _____

C. Date of Birth: _____ State Driver License/ID Card No:_____ State:_____

SSN: _____ Special Event Sales Tax No (call 801-297-6303): _____

D. Home Address:_____ Home Phone:_____
Street City State Zip

Mailing Address:_____
Street/PO Box City State Zip

E. Business Entity/ DBA:_____ Registration No:_____

F. Responsible Party Name, if different from Applicant:_____ Phone:_____

Address:_____
Street/PO Box City State Zip

G. Address for Notices:_____
Street/PO Box City State Zip

SECTION II: Items required with application

☐ BCI Report less than 180 days old

☐ Photograph for Solicitor Badge

☐ Proof of Identification (one of the following):
- ☐ Valid State-issued Driver License or Identification Card
- ☐ Valid Passport issued by the United States
- ☐ Valid U.S.A. Military Identification Card

☐ Any Licenses/permits required to transact this business.

SECTION III: Goods or Services Offered

SECTION IV: Written Disclosures

I have received and reviewed the disclosure information required by Corinne City Ordinance.

Applicant Signature:_____

Date:_____

FOR OFFICE USE ONLY

Amount Paid: _____ Date Paid: _____

License No: _____ Completed By: _____

SECTION V: Disqualifying Status Questions – *Please answer Yes or No on each question.*

ANY NEGATIVE RESPONSE IN SECTION V OF THIS APPLICATION RENDERS THE APPLICANT DISQUALIFIED FROM CERTIFICATION

1. I have been criminally convicted of:

Yes No a. Felony homicide
Yes No b. Physically abusing, sexually abusing, or exploiting a minor
Yes No c. The sale or distribution of controlled substances
Yes No d. Sexual assault of any kind

2. I have criminal charges currently pending against me for:

Yes No a. Felony homicide
Yes No b. Physically abusing, sexually abusing, or exploiting a minor
Yes No c. The sale or distribution of controlled substances
Yes No d. Sexual assault of any kind

3. I have been criminally convicted of a felony within the last ten (10) years.

Yes No

4. I have been incarcerated in a federal or state prison within the past (5) years.

Yes No

5. I have been criminally convicted of a misdemeanor within the past (5) years involving a crime of:

Yes No a. Moral turpitude
Yes No b. Violent or aggravated conduct involving persons or property.

6. I have a final civil judgment entered against me within the last five (5) years, indicating that:

Yes No a. I have either engaged in fraud or intentional misrepresentation
Yes No b. that a debt of mine was non-dischargeable in bankruptcy pursuant to 11 U.S.C. § 523(a)(2), (a)(4), (a)(6), or (a)(19)

7. I am currently on parole or probation to any court, penal institution, or governmental entity, including being under house arrest or subject to a tracking devise.

Yes No

8. I have an outstanding arrest warrant from any jurisdiction.

Yes No

9. I am currently subject to a protective order based on physical or sexual abuse issued by a court of competent juris diction.

Yes No

SECTION VI: Waiver Statement and Applicant Acknowledgement of Written Disclosures and Disqualifying Status

I, the undersigned, do hereby verify, under penalty of perjury, that the information provided herewith is complete, truthful and accurate to the best of my knowledge and belief. I do hereby agree to allow the City to obtain a name/date of birth BCI background check for enforcement purposes of American Fork City Ordinance.

Applicant's Signature: _____ Date: _____

Approval of City Business License Officer: _____ Date: _____