



SOLICITOR'S PERMIT APPLICATION PACKET

The following information must accompany this application:

1. An original or copy of the applicant's criminal background check, dated no older than 180 days prior to the date of application, from the Utah Department of Public Safety Bureau of Criminal Identification; or verification by the Utah Department of Public Safety Bureau of Criminal Identification that no criminal history is found on the applicant.
 - A. To obtain a criminal background check, please contact the Utah Department of Public Safety, Bureau of Criminal Identification at 801-965-4445 or visit their website at <http://publicsafety.utah.gov/bci/>
2. Special Event Sales Tax Number (To obtain this number please contact 801-297-6303).
 - A. The Application shall provide a special events sales tax number for either the Applicant, or for the Responsible Person or Entity for which Applicant will be soliciting.
3. Proof of Registration with the Utah State Department of Commerce.
 - A. The Applicant shall provide that either the Applicant, or the Responsible Person or Entity, has registered with the Utah State Department of Commerce.
4. Proof of identification (one of the following)
 - A. A valid driver's license or identification card issued by any state.
 - B. A valid Passport issued by the United States
 - C. A valid identification issued by a branch of the United States Military.
5. Marketing Information: The goods or service offered including any commonly known registered or trademarked names. A copy of 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.



Milford City

PO Box 69
26 South 100 West
Milford, Utah 84751

Form 79 Solicitor's License Application

This application must be completed by the supervisor, manager and/or owner

Date of Application _____

Applicant/General Information

Legal Name of Applicant _____

Former Name or Aliases (used within last 10 Years) _____

Mailing Address _____ Physical Address _____

City _____ State _____ Zip _____

Phone Number (_____) _____ Cell Number (_____) _____

SSN _____ Date of Birth _____

Description of vehicle(s) used _____ License Plate #(s) _____

Hours of Operation: Restricted to 9:00 a.m. and 9:00 p.m.

Length of Time Desired for Sales (i.e. # of Days/Months) _____

Number of Employees Soliciting (Badges are required for all solicitors) _____

Detail Description of Goods, Wares, Merchandise or Services _____

Organization/Company Information

Name of Organization/Company _____

Mailing Address _____ Physical Address _____

City _____ State _____ Zip _____

Phone Number (_____) _____ Fax _____

Supervisor's Name _____

Address _____ Phone Number (_____) _____

Applicant Information

Written Disclosures

1. The Applicants submission of the Application authorizes the City to verify information submitted with the Completed Application including:
 - A. the Applicants address;
 - B. the Applicants and/or Responsible Person or Entity's state tax identification and special use tax numbers, if any;
 - C. the validity of the Applicants Proof of Identity;
2. The City may consult any publically available sources for information on the Applicant, including but not limited, to databases for any outstanding warrants, protective orders, or civil judgments.
3. Establishing Proof of Identity is required before Registration is allowed;
4. Identification of the fee amount that must be submitted by Applicant with a Completed Application;
5. The Applicant must submit a BCI background check with a Completed Application;
6. To the extent permitted by State and/or federal law, the Applicants BCI background check shall remain a confidential, protected, private record not available for public inspection;
7. The City will maintain copies of the Applicants Application Form, Proof of Identity, and Identification Badge. These copies will become public records available for inspection on demand at the City offices whether or not a Certificate is denied, granted, or renewed.
8. The criteria for Disqualifying Status, denial, or suspension of a Certificate under the provisions of this Chapter.
9. That a request for a temporary Certificate will be granted or denied the same business day that a completed Application is submitted.

Duties of Solicitors

1. Every person Soliciting or Advocating shall check each Residence for any "No Soliciting" sign or placard or any other notice or sign notifying a solicitor not to solicit on the premises, such as, but not limited to, "No Solicitation" signs. If such sign or placard is posted such Solicitor shall desist from any efforts to solicit at the Residence or dwelling and shall immediately depart from such property. Possession of a Certificate of Registration does not in any way relieve any solicitor of this duty.
2. It is a violation of this Chapter for any person Soliciting or Advocating to knock on the door, ring the doorbell, or in any other manner attempt to attract the attention of an occupant of a Residence that bears a No Solicitation sign or similar sign or placard for the purpose of engaging in or attempting to engage in Advocating, a Home Solicitation Sale, Door-to-Door Soliciting, or Soliciting.
3. It is a violation of this Chapter for any Solicitor through ruse, deception, or fraudulent concealment of a purpose to Solicit, to take action calculated to secure an audience with an occupant at a Residence.
4. Any Solicitor who is at any time asked by an occupant of a Residence or dwelling to leave shall immediately and peacefully depart.
5. The Solicitor shall not intentionally or recklessly make any physical contact with, or touch another person without the person's consent;
6. The Solicitor shall not follow a person into a Residence without their explicit consent;
7. The Solicitor shall not continue repeated Soliciting after a person and/or Competent Individual has communicated clearly and unequivocally their lack of interest in the subject, Goods or Services of the Solicitor;
8. The Solicitor shall not use obscene language or gestures.

This application form must be completed by EACH Employee

Date of Application _____

Applicant/General Information

Legal Name of Applicant _____

Former Name or Aliases (used within last 10 Years) _____

Mailing Address _____ Physical Address _____

City _____ State _____ Zip _____

Phone Number (_____) _____ Cell Number (_____) _____

SSN _____ Date of Birth _____

Description of vehicle(s) used _____ License Plate #(s) _____

Please affirm or deny each of the following questions:

Has the Applicant been Criminally Convicted of:

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. a felony homicide |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. physically abusing, sexually abusing or exploiting a minor |
| <input type="checkbox"/> | <input type="checkbox"/> | 3. the sale or distribution of a controlled substance |
| <input type="checkbox"/> | <input type="checkbox"/> | 4. sexual assault of any kind |
| <input type="checkbox"/> | <input type="checkbox"/> | 5. a felony within the last (10) years |
| <input type="checkbox"/> | <input type="checkbox"/> | 6. incarceration in federal or state prison within the past (5) years |
| <input type="checkbox"/> | <input type="checkbox"/> | 7. a misdemeanor within the past five (5) years involving a crime of moral turpitude, or violent or aggravated conduct involving persons or property. |

Are any criminal charges currently pending against the applicant for:

Yes No

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. a felony homicide |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. physically abusing, sexually abusing or exploiting a minor |
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