

Mapleton City Corporation

125 West Community Center Way (400 North)

Mapleton, UT 84664

Phone: (801) 489-5655 Web: www.mapleton.org

Fax: (801) 489-5657



City License # _____
Expiration Date: _____

SOLICITOR/ITINERANT LICENSE APPLICATION

Legal Name of Solicitor/Applicant		Drivers License #/State	
Contact Phone Number	Date of Birth	State Sales Tax #	
Applicant Home Address			
Street:	City:	State:	Zip:
Applicant Mailing Address			
Street:	City:	State:	Zip:
Height	Weight	Eye Color	Hair Color
Race			
Nature of Business and Goods To Be Sold			
Name of Employer/Business Entity/DBA: (If Applicable)		Phone	Proof of Credentials Establishing Relationship Between Applicant and Employer Yes () No ()
Employers Address			
Street:	City:	State:	Zip:
Vehicle To Be Used			
Yr/Make:	Color:	License Plate # and State:	

<p>Items & application fees required:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of current BCI background check for applicant and each employee (if applicable) We must see the original <input type="checkbox"/> Proof of Identity <input type="checkbox"/> Payment • \$25 per day per person – (Maximum fee of \$300 per year) • \$25 per day per person for groups of 4 or more – (Maximum fee of \$1,000 per year) <p>Solicitor Fee \$25 x _____ day(s) = \$ _____</p> <p>Group of 4 or more \$25 x _____ day(s) = \$ _____</p> <p>License Fee Total \$ _____</p>	<p>If applicant is employed by another person, firm or corporation, the applicant must provide documents showing that the person, firm or corporation for which the applicant proposes to do business is authorized to do business in the State of Utah</p> <p>If applicant is selling foods or food items applicant must comply in all respects with the rules and regulations of the Utah State Board of health and/or Utah County Health Department and obtain a current and active sales tax number having been issued by the State of Utah to the applicant to do business within the State of Utah</p> <p>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 agree to conduct business in complete accordance with all laws, ordinances, and regulations governing operation of such business. I acknowledge that soliciting without a valid certificate in plain view may result in revocation of such and/or citation. I understand that once the certificate of registration is issued, it becomes invalid if any of the application information changes, and a new application will be required to update the information on record.</p> <p>X _____</p> <p style="text-align: center;">Signature Please Print Name</p>
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<p>* Affirm or Deny Each of the Following Statements – Y or N*</p> <p>*ANY AFFIRMATIVE RESPONSE IN THIS SECTION RENDERS THE APPLICANT DISQUALIFIED FROM CERTIFICATION*</p>	
<p>I have been criminally convicted for:</p> <p>Felony homicide: ___ Sexual assault of any kind: ___</p> <p>Physically, sexually abusing or exploiting a minor: ___</p> <p>Sale or distribution of controlled substance: ___</p> <p>I have criminal charges currently pending for:</p> <p>Felony homicide: ___ Sexual assault of any kind ___</p> <p>Physically or sexually abusing or exploiting a minor: ___</p> <p>Sale or distribution of controlled substance: ___</p> <p>I have had a criminal felony conviction within last 10 years: ___</p> <p>I was incarcerated in federal or state prison in last 5 years: ___</p>	<p>I was criminally convicted of a misdemeanor in the last 5 years involving:</p> <p>A crime of moral turpitude: ___</p> <p>Violent or aggravated conduct with persons or property: ___</p> <p>I have a Final Judgment entered against me in the last 5 years for:</p> <p>Engaging in fraud or intentional misrepresentation: ___</p> <p>A debt that was non-dischargeable in bankruptcy: ___</p> <p>I am now on parole/probation to any court, penal institution, or govt. entity, including being under house arrest or subject to a tracking device: ___</p> <p>I have an outstanding arrest warrant from any jurisdiction: ___</p> <p>I am now subject to a protective order for physical or sexual abuse: ___</p>
<p>Approved _____</p> <p>Yes / No _____</p>	<p>Community Development Approval: _____ Date: _____</p> <p>Police Department Approval: _____ Date: _____</p> <p>Comments _____</p>

