



Lehi City
 153 N. 100 E. – Lehi, Utah 84043
 (801) 768-7100 x 2254
 www.lehi-ut.gov

APPLICATION FOR SOLICITOR'S BUSINESS LICENSE

Application Date: _____

Business License Number: _____

APPLICANT INFORMATION - Please type or print

Legal Name of Applicant:			
Former Names or Aliases (use by Applicant in last 10 years):			
Home Address of Applicant:			
City:	State:	Zip Code:	Telephone:
Local Address (if different from above):			
E-mail Address:			

ORGANIZATION / COMPANY INFORMATION

Organization/Company Name:			
Mailing Address:			
City:	State:	Zip Code:	Telephone:

APPLICANT'S IMMEDIATE SUPERVISOR INFORMATION

Supervisor Name:			
Address:			
City:	State:	Zip Code:	Telephone:

COMMODITIES OR SERVICES INFORMATION

Detailed Description of product sold or service(s) provided:	
Utah State Special Event Sales Tax No. (call 801-297-6303):	
State License No. (if applicable)	Utah State Registration No. (required)

I understand that by submitting this application, I authorize Lehi City to verify the information and may consult any publically available sources for information for verification. I also understand that this license may be revoked due to violation of the provisions of the Lehi City Code. I clearly understand and am fully aware of the regulations and restrictions for door to door solicitation in the City of Lehi. I do hereby agree to abide by these regulations and restrictions.

I understand that a license, permit or Certificate of Registration may not be transferred to another person or entity.

Signature _____ Print Name _____ Date _____

FOR OFFICE USE ONLY

- BCI Report less than 180 days old
- Proof of Identification (one of the following)
 - Valid driver's license or identification card issued by any state
 - Valid passport issued by the United States
 - Valid ID card issued by a branch of the US military
- Any licenses/permits required to transact this business

Date Paid _____ Amt Paid: _____ Receipt Number: _____

Please circle Yes or No to the following questions:

PERSONAL HISTORY		
Have you ever been criminally convicted of felony homicide?	Yes	No
Have you ever been criminally convicted of physically abusing a minor?	Yes	No
Have you ever been criminally convicted of sexually abusing a minor?	Yes	No
Have you ever been criminally convicted of exploiting a minor?	Yes	No
Have you ever been criminally convicted of the sale or distribution of controlled substances?	Yes	No
Have you ever been criminally convicted of sexual assault of any kind?	Yes	No
Are there any criminal charges currently pending against you for felony homicide?	Yes	No
Are there any criminal charges currently pending against you for physically abusing a minor?	Yes	No
Are there any criminal charges currently pending against you for sexually abusing a minor?	Yes	No
Are there any criminal charges currently pending against you for exploiting a minor?	Yes	No
Are there any criminal charges currently pending against you for the sale or distribution of controlled substances?	Yes	No
Are there any criminal charges currently pending against you for sexual assault of any kind?	Yes	No
Have you been criminally convicted of a felony within the last ten (10) years?	Yes	No
Have you been incarcerated in a federal or state prison within the past five (5) years?	Yes	No
Have you been convicted of a misdemeanor with the past (5) years involving a crime of moral turpitude?	Yes	No
Have you been convicted of a misdemeanor with the past (5) years involving a crime of violent or aggravated conduct involving persons or property?	Yes	No
Has a final civil judgment been entered against you within the last five (5) years indicating that you have engaged in fraud?	Yes	No
Has a final civil judgment been entered against you within the last five (5) years indicating that you have engaged in misrepresentation?	Yes	No
Has a final civil judgment been entered against you within the last five (5) years indicating that a debt was non-dischargeable in bankruptcy pursuant to 11 U.S.C.?	Yes	No
Are you currently on parole or probation by any court or penal institution or governmental entity, including being under house arrest or subject to a tracking device?	Yes	No
Please list by whom		
Do you have an outstanding arrest warrant from any jurisdiction?	Yes	No
Are you currently subject to a protective order based on physical or sexual abuse issued by a court of competent jurisdiction?	Yes	No

I, the undersigned, do hereby swear under penalty of perjury, that the information I have provided herewith is complete, truthful and accurate to the best of my knowledge and belief.

Signature

Print Name

Date