



374 East Main St.
 Vernal, Utah 84078
 Business License #:
 (435) 781-7107
 Fax: (435) 789-2256

RESIDENTIAL SOLICITATION LICENSE APPLICATION

Date: _____
Paid: _____ C/CC/CK
License #: _____

NAME OF BUSINESS:	DATE:
Business Address:	Business Phone:
Business Activity:	Utah State Sales Tax Number (Business):

APPLICANT INFORMATION	
True, Correct, and Legal Name:	Former Names or Aliases used during the last ten (10) years:
Home Address:	Mailing Address if different:
Daytime/Evening Phone:	Email:

COMPLETE INFORMATION FOR ID BADGE:
Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Date of Birth: _____

<u>Proof of Identification</u>
<input type="checkbox"/> Valid Driver's License Issued by Any State <input type="checkbox"/> Valid Identification Card Issued by Any State <input type="checkbox"/> Valid Passport Issued by the US Military <input type="checkbox"/> Valid Identification Issued by a Branch of the US

PLEASE LIST ALL STATES FOR WHICH A BCI CHECK IS REQUIRED: _____
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<u>LIST ANY AND ALL ADDRESSES OF RESIDENCES IN THE LAST TEN (10) YEARS:</u>
_____ ----- _____

EMPLOYMENT: (Place of employment for the past Ten (10) years)		
BUSINESS NAME	ADDRESS	DATES

REFERENCE: (Please List One Local Reference)	
Name:	Phone Number:

BACKGROUND INFORMATION	
HAS THE APPLICANT BEEN CRIMINALLY CONVICTED OF:	
Felony Homicide	<input type="checkbox"/> Yes <input type="checkbox"/> No
Physically Abusing, sexually abusing, or exploiting a minor	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sexual assault of any kind	<input type="checkbox"/> Yes <input type="checkbox"/> No
The sale or distribution of a controlled substance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unlawful possession, use, sale, distribution or manufacture of an explosive or weapon	<input type="checkbox"/> Yes <input type="checkbox"/> No
Are any of the above criminal charges currently pending? If so, please explain:	
Has the applicant been criminally convicted of a felony within the last ten (10) years	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the applicant been incarcerated in federal or state prison within the past ten (10) years	<input type="checkbox"/> Yes <input type="checkbox"/> No
HAS THE APPLICANT BEEN CRIMINALLY CONVICTED OF A MISDEMEANOR WITHIN THE PAST FIVE (5) YEARS:	
Moral Turpitude	<input type="checkbox"/> Yes <input type="checkbox"/> No
Violent or aggravated conduct involving person or property	<input type="checkbox"/> Yes <input type="checkbox"/> No
The applicant has either engaged in fraud or intentional misrepresentation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Unlawful possession, use, sale, distribution or manufacture of an explosive or weapon	<input type="checkbox"/> Yes <input type="checkbox"/> No
Reckless driving, driving while under the influence of alcohol or controlled substance with the intent to drive	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has a final Civil Judgement been entered against the applicant	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the applicant currently subject to a protective order based on physical or sexual abuse issued by a court of competent jurisdiction	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the applicant currently on parole or probation to any court, penal institution, governmental entity, including being under house arrest or subject to a tracking device	<input type="checkbox"/> Yes <input type="checkbox"/> No
Is the applicant currently subject to a protective order based on physical or sexual abuse issued by a court or competent jurisdiction	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does the applicant have any outstanding arrest warrant from any jurisdiction	<input type="checkbox"/> Yes <input type="checkbox"/> No
Please list all States in which the applicant has been criminally convicted during his or her lifetime: _____ _____	

I HEREBY AFFIRM THAT BASED ON MY PRESENT KNOWLEDGE AND BELIEF, THE INFORMATION PROVIDED HEREIN IS COMPLETE, TRUTHFUL AND ACCURATE.

SIGNATURE: _____ **DATE:** _____

ADMINISTRATIVE ACTION (for office use only)	
Police Department Signature:	Date:
Business License Clerk Signature:	Date:
Notes	