



## Application Form Residential Solicitation Permit License

374 East Main St. Vernal, Utah 84078

[www.vernalcity.org](http://www.vernalcity.org)

Phone 435-789-2255

Fax 435-789-2256

<b>NAME OF BUSINESS:</b>		<b>DATE:</b>	
Business Address:		Business Phone:	
Business Activity:		Utah State Sales Tax Number (Business):	
<b>APPLICANT INFORMATION</b>			
True, Correct, and Legal Name:		Former Names or Aliases used during the last ten (10) years:	
Home Address:		Mailing Address:	
Daytime Phone:		Evening Phone:	
Date of Birth:		Email:	
<b><u>LIST ANY AND ALL ADDRESSES OF RESIDENCES IN THE LAST TEN (10) YEARS:</u></b>			
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<b>PLEASE LIST ALL STATES FOR WHICH A BCI CHECK IS REQUIRED:</b> _____			
_____			
<b><u>Proof of Identification:</u></b>			
<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	
<b>Complete information for ID information badge:</b> Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____			
<b>EMPLOYMENT:</b> (Place of employment for the past Ten (10) years)			
<b>BUSINESS NAME</b>	<b>ADDRESS</b>	<b>DATES</b>	

<b>BACKGROUND INFORMATION</b>		
<b>HAS THE APPLICANT BEEN CRIMINALLY CONVICTED OF:</b>		
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
<b>HAS THE APPLICANT BEEN CRIMINALLY CONVICTED OF A MISDEMEANOR WITHIN THE PAST FIVE (5) YEARS:</b>		
Moral Turpitude		<input type="checkbox"/> Yes <input type="checkbox"/> No
Violent of 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: _____		
_____		
_____		
<b>REFERENCES:</b>		
<b>NAME</b>	<b>ADDRESS</b>	<b>PHONE NUMBER</b>
1.		
2.		
3.		

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

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_