

**RESIDENTIAL SOLICITATION PERMIT APPLICATION**

**Vernal City 374 East Main**

**Vernal, Utah 84078**

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

**APPLICANT INFORMATION**

(Person who will be going door to door)

I have received and reviewed a copy of the Vernal City Residential Solicitation Ordinance:

\_\_\_\_\_  
Applicant Signature

1. Name \_\_\_\_\_

Former Names or Aliases used during the last ten (10) years.

2. Home Address \_\_\_\_\_

(Address to which notices should be sent)

3. Mailing Address \_\_\_\_\_

(If Different from Home Address)

3b. List of all States in which you have resided in for more than sixty (60) days during the last (10) years \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Telephone Number \_\_\_\_\_ Cell Number \_\_\_\_\_

5. Proof of Identity \_\_\_\_\_

**BUSINESS INFORMATION**

1. Name of Business \_\_\_\_\_ 2. Business License Number \_\_\_\_\_

3. Address \_\_\_\_\_ 4. Telephone Number \_\_\_\_\_

5. Description of Business Activity \_\_\_\_\_

5a. Description of goods or services sold \_\_\_\_\_

6. Proof of Registration With the Department of Commerce and Utah State Tax Commission  
(please attach copy)  
\_\_\_\_\_

7. Proof of Utah State Sales Tax # \_\_\_\_\_  
7b. BCI Background check \_\_\_\_\_ Received by Vernal City Yes \_\_\_ No \_\_\_
8. Please all states for which a BCI Check is required (560.070 G) \_\_\_\_\_  
\_\_\_\_\_
9. Have the applicant been criminally convicted of:
- A. Felony Homicide Yes \_\_\_\_\_ No \_\_\_\_\_
  - B. Physically abusing, sexually abusing or exploiting a minor Yes \_\_\_\_\_ No \_\_\_\_\_
  - C. The sale or distribution of a controlled substance Yes \_\_\_\_\_ No \_\_\_\_\_
  - D. Sexual assault of any kind Yes \_\_\_\_\_ No \_\_\_\_\_
10. Has the applicant been criminally convicted of a felony within the last five (5) years?  
Yes \_\_\_ No \_\_\_ If yes, explain why \_\_\_\_\_
11. Has the applicant been incarcerated in a federal or state prison within the past five (5) years? Yes \_\_\_ No \_\_\_ If yes, explain why \_\_\_\_\_
12. Has the applicant been criminally convicted of a misdemeanor within the past five (5) years involving a crime of:
- A. Moral turpitude Yes \_\_\_ No \_\_\_
  - B. Violent or aggravated conduct involving persons or property Yes \_\_\_ No \_\_\_
13. Has a final civil judgement been entered against the applicant within the last five (5) years indicating that:
- A. The applicant has either engaged in fraud, or intentional misrepresentation, or
  - B. That a debt of the applicant was nondischargeable in bankruptcy pursuant to 11 USC section 523 (a)(2),(a)(4),(a)(6),or (a)(19)? \_\_\_\_\_ Yes \_\_\_ No \_\_\_ If yes, please explain why \_\_\_\_\_
14. Does the applicant have an outstanding arrest warrant from any jurisdiction? Yes \_\_\_ No \_\_\_  
If yes, please explain why \_\_\_\_\_
15. Is the applicant currently on parole or probation with any court, penal institution, or governmental entity, including being under house arrest or subject to a tracking device, Yes \_\_\_ No \_\_\_ If yes, explain why \_\_\_\_\_  
\_\_\_\_\_

16. Are any criminal charges currently pending against the applicant for
- A. Felony homicide Yes \_\_\_ No \_\_\_
  - B. Physically abusing, sexually abusing, or exploiting a minor Yes \_\_\_ No \_\_\_
  - C. The sales or distribution of controlled substances Yes \_\_\_ No \_\_\_
  - D. Sexual assault of any kind Yes \_\_\_ No \_\_\_

17. Is the applicant currently subject to a protective order based on physical or sexual abuse issued by a court or competent jurisdiction? Yes \_\_\_ No \_\_\_ If yes, explain why

\_\_\_\_\_

18. Have you previously been denied a certificate by the City, or had a certificate revoked for grounds that still constitute a disqualifying status? Yes \_\_\_ No \_\_\_ If yes, explain why

\_\_\_\_\_

**HISTORY**

1. Have you operated any business activity requiring a business license? \_\_\_\_\_

If so,	Business Name	Address	Date of Operation
_____			
_____			

**REFERENCES**

- 1. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone Number \_\_\_\_\_
- 2. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone Number \_\_\_\_\_
- 3. Name \_\_\_\_\_ Address \_\_\_\_\_ Phone Number \_\_\_\_\_

**COMPLETE INFORMATION FOR I.D. INFORMATION CARD.**

DATE OF BIRTH \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_

COLOR OF HAIR \_\_\_\_\_ COLOR OF EYES \_\_\_\_\_

I hereby affirm that based on my present knowledge and belief, the information provided herein is complete, truthful and accurate.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_