



TOOELE CITY CORPORATION
90 NORTH MAIN STREET, SUITE 108
TOOELE, UTAH 84074
PHONE: 435-843-2110 FAX: 435-843-2119

**APPLICATION FOR SOLICITOR LICENSE
(Door-to Door)**

****FOR OFFICE USE ONLY****
Business License #: _____
of ID Badges: _____
Amount Paid: \$ _____
Date Paid: _____
Receipt #: _____

LOCAL SOLICITOR

BUSINESS NAME: _____ BUSINESS PHONE: _____

BUSINESS LOCATION: _____
(STREET) (CITY) (STATE) (ZIP)

MAILING ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

NAME OF OWNER: _____ PHONE: _____

E-MAIL: _____

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

NAME OF MANAGER: _____ PHONE: _____

ADDRESS: _____
(STREET) (CITY) (STATE) (ZIP)

NATURE OF BUSINESS: _____

**All Tooele City business licenses expire December 31st of each year.
Base license fee is \$40.00 plus \$10.00 for each ID badge.**

Checklist to include with this application:

- Applicant(s) (or business applying for license) must have proof of registration with the Department of Commerce either by the applicant or the entity which the applicant is representing.
- Each solicitor (*any person selling, offering for sale or taking orders for merchandise or services door to door within the City*) shall submit a copy of their current criminal history on file at the Utah Department of Public Safety Bureau of Criminal Identification (BCI).
- Each solicitor must have proof of a valid drivers license issued by any state, valid passport issued by the United States, valid ID card issued by any state, or a valid ID card issued by a branch of the United States Military.
- EACH SOLICITOR** must provide a photo for their badge (OR can be taken at Tooele City). The photo, BCI, valid ID & application can be e-mailed in its entirety to businesslicense@tooelecit.org
- EACH SOLICITOR** must COMPLETE the 2nd page of this application & include with application.

NOTE: We encourage copies of current Tax ID & Business Registration Information with the State of Utah

*****FOR OFFICE USE ONLY*****

BUSINESS LICENSING (signature) _____ DATE _____

APPROVED DENIED N/A

POLICE DEPARTMENT (signature) _____ DATE _____

APPROVED DENIED N/A

ZONING DEPARTMENT (signature) _____ DATE _____

APPROVED DENIED N/A

COMMENTS: _____

LEGAL DEPARTMENT (signature) _____ DATE _____

APPROVED DENIED N/A

COMMENTS: _____

Name of Solicitor: _____ Phone: _____

Former Name or aliases used: _____
(In last 10 years, if any)

Has the applicant been criminally convicted of felony homicide, physically abusing, sexually abusing, or exploiting a minor, sale or distribution of controlled substances, or sexual assault of any kind? YES NO

Are any criminal charges currently pending against the applicant for felony homicide, physically abusing, sexually abusing, or exploiting a minor, sale or distribution of controlled substances, or sexual assault of any kind? YES NO

Has the applicant been convicted of a felony within the last ten (10) years?
 YES NO

Has the applicant been incarcerated in a federal or state prison within the past five (5) years?
 YES NO

Has the applicant been criminally convicted of a misdemeanor within the past five (5) years involving a crime of moral turpitude, or violent or aggravated conduct involving persons or property? YES NO

Has a final civil judgment been entered against the applicant within the last five (5) years indicating that the applicant had either engaged in fraud, or international misrepresentation?
 YES NO

Is the applicant currently on parole or probation to any court, penal institution, or governmental entity, including being under house arrest or subject to a tracking device? YES NO

Does the applicant have an outstanding arrest warrant from any jurisdiction?
 YES NO

Is the applicant currently subject to a protective order based on physical or sexual abuse issued by a court of competent jurisdiction? YES NO