



Permit # _____

Permit Expires _____

Solicitor's License Application

Name of Applicant _____

Address _____ City _____ State _____ Zip _____

Telephone _____ Driver's License No. _____

Name of Organization/Company _____

Address _____ City _____ State _____ Zip _____

Telephone _____

Type of Organization: Corporation LLC LP Partnership Sole Proprietor Other

Supervisor's Name _____

Address _____ City _____ State _____ Zip _____

Sales Tax No. (If applicable) _____

Detailed description of goods, wares, merchandise or services: _____

This form is an application for a solicitor's license. The actual license will be issued only when all the requirements under the ordinance have been met. All information must be accurately completed or the issuance of the license will be delayed. It is a class "B" misdemeanor to solicit any business in Herriman City without a current solicitor's license. It is a class "B" misdemeanor to solicit any business in Herriman City without a current solicitor's license. I/We hereby agree to conduct business strictly in accordance with the laws and ordinances covering such business, and swear under penalty of law that the information contained herein is true. I/we hereby agree that I will obtain and submit a background security check with the Utah Bureau of Criminal Identification or other agency in connection with this application for a solicitor's license with Herriman City and that solicitation will not commence until this license has been approved and issued.

Signature _____ Date _____

The information in this application is governed by Utah State Government Records Access and Management Act (GRAMA). You are required to furnish the information on this form for the purpose of identification and to provide background information to properly assess your application and expedite processing. This information will be used only so far as necessary for evaluating your application. Failure to provide the information may result in the process taking longer or in some case, your application may be impossible to process.

For Herriman Use Only	Permit Fees
Date paid _____	\$10.00 for 10 days or less
Receipt No. _____	\$30.00 for Annual Permit
Amount Paid _____	

Solicitor's License Requirements

*This form must accompany the regulator Solicitor's License Application form

Attach any necessary supporting documents for each of the following items

1. Written Disclosure, affirmation that the applicant has received and reviewed the requirements of Herriman City Ordinance 3-6 E-1
2. Applicant's true, correct and legal name including any former names or aliases used in the last 10 years.
3. Applicant's telephone number, home address and mailing address if different.
4. If different from the applicant, the name, address and telephone number of the responsible person or entity.
5. Proof of identity bearing a photograph of applicant. May be a valid driver's license, valid passport, valid identification card, or valid U. S. military identification.
6. Proof of registration with Department of Commerce by applicant or the responsible person or entity for which the applicant will be soliciting.
7. Special Events Sales Tax Number for either the applicant, or for the responsible person or entity for which the applicant will be soliciting.
8. Goods or services offered by the applicant, including any commonly known, registered or trademarked names.
9. Whether the applicant holds any other licenses, permits, registrations or other qualifications required by federal or state law to promote, provide, or render advice regarding the offered goods or services.
10. Original BCI background check within 180 days. Must match the state on identification/license.
11. Responses to the following questions regarding "Disqualifying Status"
 - a. Has the applicant been criminally convicted of: felony homicide, physically abusing, sexually abusing, or exploiting a minor, the sale or distribution of controlled substances, or sexual assault of any kind? Yes ___ No ___
 - b. Are any criminal charges currently pending against the applicant for felony homicide, physically abusing, sexually abusing, or exploiting a minor, the sale or distribution of controlled substances, or sexual assault of any kind. Yes ___ No ___
 - c. Has the applicant been criminally convicted of a felony within the last ten (10) years? Yes ___ No ___
 - d. Has the applicant been incarcerated in a federal or state prison within the past five (5) years? Yes ___ No ___
 - e. 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 ___
 - f. 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 intentional misrepresentation, or that a debt of the applicant was non-dischargeable in bankruptcy pursuant to 11 U.S.C. § 523 (a)(2), (a)(4), (a)(6), or (a)(19)? Yes ___ No ___
 - g. 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 ___
 - h. Does the applicant have an outstanding arrest warrant from any jurisdiction? Yes ___ No ___
 - i. Is the applicant currently subject to a protective order based on physical or sexual abuse issued by a court of competent jurisdiction? Yes ___ No ___

Signature _____ Date _____