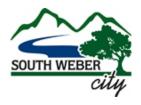


South Weber City 1600 East South Weber Drive South Weber, Utah 84405 Phone: 801-479-3177 • Fax: 801-479-0066

PROCEDURE FOR OBTAINING A SOLICTORS **BUSINESS LICENSE IN SOUTH WEBER CITY**

EACH EMPLOYEE MUST SUBMIT THE FOLLOWING:

Application for Solicitors Business License
Notarized Waiver & Disclosure Statement
Criminal History Record Review for business owner (s) and each adult (18 years and older) employee selling within City limits. Record is to be obtained from:
Department of Public Safety
Utah Bureau of Criminal Identification
3888 West 5400 South
Salt Lake City, Utah 84114-8280
Phone: (801) 965-4445
Proof of Identity (one of the following: a valid driver's license or identification card issued by any state a valid passport issued by the United States, a valid identification card issued by any branch of the United States Military).
List of all other municipalities, along with addresses and phone numbers, in which business has been engaged in within the last six (6) months.
If selling fresh vegetables, fruits, or other foodstuff, a statement by a reputable physician in the state of Utah, dated not more than ten (10) days prior to submission of the application, certifying the applicant to be free of infectious, contagious, or communicable diseases.
Proof that business has been registered with the Utah State Department of Commerce.
A copy of any other applicable licenses, permits, registrations, or other qualifications required by Federal and/or State law to promote, provide, or render advice regarding the offered goods or services.
Two (2) photographs of each employee selling within the City, taken within six (6) months of the application, showing the face, head, and shoulders in a clear and distinguishing manner
Fee: See Current Fee Schedule



Solicitation.

APPLICATION FOR SOLICTORS BUSINESS LICENSE

South Weber City 1600 East South Weber Drive South Weber, Utah 84405 Phone: 801-479-3177 • Fax: 801-479-0066

SWC BUSINESS LICENSE #

		
Business Address (Local):		
Phone:Street Address	Fax:	City/State/Zip
Mailing Address:		
Street Address or P.O. Bo	ox Number	City/State/Zip
State Tax #		
Federal Tax #		
Description of type of goods/services to be sold, inc	luding brand name:	
AGENT INFORMATION:		
Name:		
Name:Street Address		City/State/Zip
Name:Street Address Phone:	Fax:	City/State/Zip
Name: Address: Street Address Phone: Email Address:	Fax:	City/State/Zip
Name: Address: Street Address Phone: Email Address: EMPLOYEE INFORMATION:	Fax:	City/State/Zip
Name: Address: Phone: Email Address: EMPLOYEE INFORMATION: Name of Applicant:	Fax:	City/State/Zip
Name:	_ Fax:	City/State/Zip
Name:	_ Fax:	City/State/Zip
Name:	_ Fax:	City/State/Zip

DISCLOSURE STATEMENT: (Employee to Complete)

Yes

No

Please initial the appropriate box in response to each of the following statements:

	Have you ever been criminally convicted of: (i) felony homicide, (ii) physically abusing, sexually abusing, or exploiting a minor, (iii) the sale or distribution of controlled substances, or		
	(iv) sexual assault of any kind?		
	Are any criminal charges currently pending for (i) felony homicide, (ii) physically abusing,		
	sexually abusing, or exploiting a minor, (iii) the sale or distribution of controlled substances, or		
	(iv) sexual assault of any kind?		
	Have you been criminally convicted of a felony within the last ten (10) years?		
	Have you been incarcerated in a federal or state prison within the past five (5) years?	<u> </u>	
	Have you been criminally convicted of a misdemeanor within the past five (5) years involving a		
	crime of (i) moral turpitude, or (ii) violent or aggravated conduct involving persons or property?		
	Has a Final Civil Judgment been entered against you within the last five (5) years		
	indicating that: (i) you had either engaged in fraud, or intentional misrepresentation, or		
	(ii) that a debt was non-dischargeable in bankruptcy pursuant to 11 U.S.C. §		
	523(a)(2), (a)(4), (a)(6), or (a)(19)?	<u> </u>	
	Are you currently on parole or probation to any court, penal institution, or governmental		
	entity, including being under house arrest or subject to a tracking device?	<u> </u>	
	Do you have an outstanding arrest warrant from any jurisdiction?	<u> </u>	
	Are you currently subject to a protective order based on physical or sexual abuse issued by a court of competent jurisdiction?		
I.	, to hereby agree to allow South Weber City to obtain a name	e, date of	birth
,	Employee	,	
Busine	of Criminal Identification background check for the purposes of enforcement of South Wess & License Regulations, Chapter 8 Residential Solicitation.	ebel City	Code The 3,
Signed	:: Date:		
	EMPLOYEE AFFIDAVIT		
State of	EUtah)		
County	of)		
I,	, being duly sworn, depose and say I am the employee involved in	this applic	ation, to which al
	Employee		
stateme	nts and answers contained herein and in the attached exhibits, thoroughly and to the best of my abil	nty, along	with all
stateme	nts and information are in all respects true and correct, to the best of my knowledge and belief.		
D . 1.1			
Dated th	his,		
Signed:	Employee		
	Employee		
Subscri	bed and Sworn before me this day of, 20		

Date Received	: License #:	
Amount Paid: _	Receipt #:	
Issued by:	City Recorder	
Recorded by:	Business License Administrator	
Comments:	-	