



CITY OF SARATOGA SPRINGS  
SOLICITATION LICENSE APPLICATION

1307 North Commerce Drive, Suite 200, Saratoga Springs, Utah 84045  
(801) 766-9793 ext. 196 ♦ www.saratogaspringscity.com

<i>For Office Use Only:</i>		
Application Approved By:	Date:	License No.:
Amount Paid:	Receipt No.:	

**SECTION I: Applicant Information**

Applicant Name: \_\_\_\_\_

Applicant Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Applicant Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ SSN: \_\_\_\_\_

Driver License/ID Card No.: \_\_\_\_\_ State: \_\_\_\_\_

**SECTION II: Business Information**

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Email: \_\_\_\_\_

Description of product(s) sold or service(s) provided:

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

Previous employment/businesses:

- (1) \_\_\_\_\_
- (2) \_\_\_\_\_
- (3) \_\_\_\_\_
- (4) \_\_\_\_\_

**SECTION III: Items Required With Application**

BCI Report less than 180 days old

Please attach

Proof of Identification

One of the following:

- Valid Driver License/ID Card
- Valid US Passport
- Valid US Military ID Card

Any licenses/permits required to transact this business

Please attach

**SECTION IV: Disqualifying Status Questions**

I have:

(1) been criminally convicted of:

- Felony homicide  Yes  No
- Physically or sexually abusing, or exploiting a minor  Yes  No
- The sale or distribution of controlled substances  Yes  No
- Sexual assault of any kind  Yes  No

(2) criminal charges currently pending against me for:

- Felony homicide  Yes  No
- Physically or sexually abusing, or exploiting a minor  Yes  No
- The sale or distribution of controlled substances  Yes  No
- Sexual assault of any kind  Yes  No

(3) been criminally convicted of a felony with the last (10) years.

Yes  No

(4) been incarcerated in a federal or state prison within the past (5) years.

Yes  No

- (5) been criminally convicted of a misdemeanor within the past 5 years involving a crime of:
- |   |                              |                             |
|---|------------------------------|-----------------------------|
| Fraud, dishonesty, or misrepresentation                     | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Violent or aggravated conduct involving persons or property | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Domestic violence   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
- (6) a final civil judgment entered against me within the last (5) years, indicating that:
- |  |                              |                             |
|--|------------------------------|-----------------------------|
| I have engaged in fraud, dishonesty or intentional misrepresentation | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
|--|------------------------------|-----------------------------|
- (7) an outstanding arrest warrant from any jurisdiction.  Yes  No
- (8) I am 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
- (9) I am currently subject to a protective order based on physical or sexual abuse issued by a court of competent jurisdiction.  Yes  No

**SECTION V: Solicitor's License Fees**

New Solicitation License Fee: \$100.00 per year, \$35.00 for each employee

**SECTION VI: Applicant Agreement**

I, the undersigned, do hereby verify, under penalty of perjury, that the information provided herewith is complete, truthful, and accurate to the best of my knowledge and belief. I do hereby agree to allow the City to review a name/date of birth BCI background check. I agree to conduct business in complete accordance with all laws, ordinances, and regulations governing operation of such business. I acknowledge that soliciting without a valid certificate in plain view may result in revocation of such and/or citation. In understand that once the certificate of registration is issued, it becomes invalid if any of the application information changes and a new application will be required to update the information on record.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Printed Name: \_\_\_\_\_