

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.
- One (1) digital photograph 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

ALL ITEMS MUST BE EMAILED TO KGUILL@SOUTHWEBERCITY.COM SOLICITORS LICENSE IS VALID FOR 1 YEAR FROM ISSUANCE DATE

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 #	Approval Date		
BUSINESS INFORMATION			
Name of Business:			
Business Address (Local):			
Phone:		City/State/Zip	
Mailing Address:			
Street Address or F	P.O. Box Number	City/State/Zip	
State Tax # Federal Tax #			
Description of type of goods/services to be sold, AGENT INFORMATION:	C C		
Name:			
Address:			
Street Address Phone:		City/State/Zip	
Email Address:			
EMPLOYEE INFORMATION:			
Name of Applicant:			
Address:			
Phone:			
Date of Birth:			
Driver's License #:		Exp. Date:	

□ Yes, I have received, reviewed, & understand the information relating to this application – including South Weber City Ordinances, Title 3 Business & License Regulations, Chapter 8 Residential Solicitation.

DISCLOSURE STATEMENT:

(Employee to Complete)

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

	Yes	No
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?		
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)?		
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?		
Do you have an outstanding arrest warrant from any jurisdiction?		
Are you currently subject to a protective order based on physical or sexual abuse issued by a court of competent jurisdiction?		

EMPLOYEE AFFIDAVIT

State of Utah) County of _____)

I, _______, being duly sworn, depose and say I am the employee involved in this application, to which all statements and answers contained herein and in the attached exhibits, thoroughly and to the best of my ability, along with all statements and information are in all respects true and correct, to the best of my knowledge and belief.

Dated this ______, _____,

Signed: ______

Subscribed and Sworn before me this _____ day of _____, 20____.

Notary Public:_____