



SOLICITOR APPLICATION
Certificate of Registration

For each individual engaging in non-exempted residential solicitation within Pleasant Grove City limits

FOR OFFICE USE ONLY
Issued \_\_\_\_\_ Expires \_\_\_\_\_
Business Identification Number \_\_\_\_\_
Date Received \_\_\_\_\_
Solicitor Application Fee..... \$ \_\_\_\_\_
OR Transfer/Renewal Fee..... \$ \_\_\_\_\_
Cashier Check Cash Credit TOTAL \$ \_\_\_\_\_

SECTION I: Business Information: Please type or print clearly. Complete all lines – enter N/A if an item is not applicable.

A. True/Correct Legal Name of Solicitor: \_\_\_\_\_ Contact Phone No: \_\_\_\_\_
B. Solicitor former names/aliases (last 10 years): \_\_\_\_\_ Not applicable
C. Date of Birth: \_\_\_\_\_ Driver License/ID Card No: \_\_\_\_\_ State: \_\_\_\_\_ SSN: \_\_\_\_\_
D. Applicant Home Address: \_\_\_\_\_ Phone No: \_\_\_\_\_
Applicant Mailing Address: \_\_\_\_\_
E. Business Name (Parent Company/Responsible Party): \_\_\_\_\_ Phone: \_\_\_\_\_
F. Business Address: \_\_\_\_\_
G. Business Entity/DBA: \_\_\_\_\_ Federal EIN: \_\_\_\_\_ www. \_\_\_\_\_
H. Utah State Special Event Sales Tax # (For Pleasant Grove/1-800-662-4335, Ext. 6303/801-297-6303) \_\_\_\_\_

SECTION II: Items Required With Application
SECTION III: Goods and/or Services Being Marketed
SECTION IV: Additional Information
Does this business have a current Pleasant Grove City Business License? Yes No
Is the business based in Pleasant Grove: Yes No
Business License from applicable city company is licensed in: Yes No

SECTION V: Disqualifying Status Questions – Affirm or Deny Each of the Following Statements\*
\*ANY NEGATIVE RESPONSE IN SECTION V OF THIS APPLICATION RENDERS THE APPLICANT DISQUALIFIED FROM CERTIFICATION\*

-I have been criminally convicted for:
1) Felony homicide: \_\_\_\_\_ 2) Sexual assault of any kind: \_\_\_\_\_
3) Physically abusing, sexually abusing, or exploiting a minor: \_\_\_\_\_
4) Sale or distribution of controlled substance: \_\_\_\_\_
-I have criminal charges currently pending for:
1) Felony homicide: \_\_\_\_\_ 2) Sexual assault of any kind: \_\_\_\_\_
3) Physically abusing, sexually abusing, or exploiting a minor: \_\_\_\_\_
4) Sale or distribution of controlled substance: \_\_\_\_\_
-I have had a criminal felony conviction within last 10 years: \_\_\_\_\_
-I was incarcerated in federal or state prison in last 5 years: \_\_\_\_\_
-I was criminally convicted of a misdemeanor in the last 5 years involving:
1) A crime of moral turpitude: \_\_\_\_\_
2) Violent or aggravated conduct with persons or property: \_\_\_\_\_
-I have a Final Judgment entered against me in the last 5 years for:
1) Engaging in fraud of intentional misrepresentation: \_\_\_\_\_
2) A debt that was non-dischargeable in bankruptcy: \_\_\_\_\_
-I am now on parole / probation to any court, penal institution, or govt. entity including being under house arrest or subject to a tracking device: \_\_\_\_\_
-I have an outstanding arrest warrant from any jurisdiction: \_\_\_\_\_
-I am now subject to a protective order for physical or sexual abuse: \_\_\_\_\_

SECTION VI: Waiver Statement and Applicant Acknowledgement of Written Disclosures and Disqualifying Status

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 obtain a name/date of birth BCI background check for enforcement purposes of Pleasant Grove Municipal Code, Section 3-15. 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. I 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.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_ Approval of City Business License Officer \_\_\_\_\_ Date \_\_\_\_\_

NOTARY PUBLIC: \_\_\_\_\_ Date: \_\_\_\_\_

(Print Name): \_\_\_\_\_ My Commission Expires: \_\_\_\_\_

Signature: \_\_\_\_\_ Residing in \_\_\_\_\_ County. (Title 3-15-3 (35))

# WRITTEN DISCLOSURES

Pleasant Grove Code Section 3-15

*For review by residential solicitation certificate applicants*

1. The applicant's submission of the application authorizes the City to verify information submitted with the completed application including:
  - a) The applicant's address;
  - b) The applicant's and responsible person or entity's state tax identification and special use tax numbers, if any; and
  - c) The validity of the applicant's proof of identity.
2. The City may consult any publicly available sources for information on the applicant, including but not limited, to databases for any outstanding warrants, protective orders, or civil judgments.
3. Establishing proof of identity is required before registration is allowed.
4. Identification of the fee amount that must be submitted by applicant with a completed application.
5. The applicant must submit a BCI background check **or** equivalent background check from the applicant's home state if the applicant is not a Utah resident with a completed application.
6. To the extent permitted by State and/or Federal law, the applicant's BCI background check shall remain a confidential, protected, private record not available for public inspection.
7. The City will maintain copies of the applicant's application form, proof of identity, and identification badge. These copies will become public records available for inspection on demand at the City offices whether or not a certificate is denied, granted, or renewed.
8. The criteria for disqualifying status, denial, or suspension of a certificate under the provisions of this chapter.
9. That a request for a temporary certificate will be granted or denied the same business day that a completed application is submitted.

By signing, I acknowledge that I have (i) received, (ii) read, (iii) sought clarification as required, and (iv) understand the above Written Disclosures.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date