



IVINS CITY

55 N. Main St., Ivins, UT 84738
435-628-0606 Fax: 435-674-5486
www.ivins.com

BL # _____
Filing Fee: \$25.00 – 1 year
Receipt #: _____
Date: ____/____/201____
Check #: _____ CC Cash

MOBILE CATERING APPLICATION

Applicant Name _____	Home or Business Phone # (____) _____ - _____
Street Address _____	Mailing Address (if different) _____
City, State, Zip _____	Street or PO Box _____
City _____ State _____ Zip _____	City, State, Zip (if different) _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Cell Phone # (____) _____ - _____	Fax Phone # (____) _____ - _____
Email Address _____	

Name of Responsible Person or Entity _____	Address of Responsible Person or Entity _____
	Street _____
Telephone # of Responsible Person or Entity (____) _____ - _____	City, State, Zip _____
	City _____ State _____ Zip _____
Street Address where notices are sent _____	City, State, Zip _____
Street _____	City _____ State _____ Zip _____

List all of the Addresses for the previous ten (10) years including any temporary domiciles. Include Names (former or alias) that may have been used at any time at this address.

Name _____	Address _____	State ____	Zip _____
Name _____	Address _____	State ____	Zip _____
Name _____	Address _____	State ____	Zip _____
Name _____	Address _____	State ____	Zip _____
Name _____	Address _____	State ____	Zip _____
Name _____	Address _____	State ____	Zip _____
Name _____	Address _____	State ____	Zip _____
Name _____	Address _____	State ____	Zip _____
Name _____	Address _____	State ____	Zip _____
Name _____	Address _____	State ____	Zip _____

Proof of Identity (Check One)

- Valid driver’s license issued by any State
- Valid passport issued by the United States
- Valid identification card issued by any State
- Valid identification issued by a branch of the United States military

Proof of Registration with Department of Commerce

The Applicant shall provide proof that either the Applicant, or the Responsible Person or Entity, has registered with the Utah State Department of Commerce

Marketing Information

The Goods or Services offered by the Applicant, including any commonly known registered or trademarked names.

BCI Background Check

An original or a copy of a BCI background check as defined in 5.11.103 of this chapter.

Disqualifying Status (Check Yes or No) Has the Applicant been Criminally Convicted of:

- | Yes | No | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | a felony homicide |
| <input type="checkbox"/> | <input type="checkbox"/> | physical or sexual abuse or assault of any kind |
| <input type="checkbox"/> | <input type="checkbox"/> | the sale or distribution of controlled substances |
| <input type="checkbox"/> | <input type="checkbox"/> | 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 the Applicant within the last five (5) years indicating that:

- | Yes | No | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | the Applicant had either engaged in fraud or intentional misrepresentation |

