



IVINS CITY

55 N. Main St., Ivins, UT 84738

Tel: 435-628-0606 Fax: 435-674-5486

www.ivins.com

SP Permit # 6 _____
Filing Fee: \$25.00 Per Application
Receipt #: _____
Date: ____/____/201____
Check #: _____ Cash/CC _____

SOLICITATION PERMIT 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 _____
Telephone # of Responsible Person or Entity (____) _____ - _____	Street _____
City, State, Zip _____	City _____ State _____ Zip _____
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.
 State of Utah registration number.

Marketing Information

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

Any other licenses, permits, registrations, or other qualifications required by federal or state law to promote, provide, or render advice regarding the offered Goods or Services.

Background Check – BCI

BCI (background check) – BCI must be issued from the *state of residency* for non-Utah residents and from the State of Utah for residents.

Disqualifying Status

Has the Applicant been Criminally Convicted of:

(Check Yes or No)

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | a felony homicide |
| <input type="checkbox"/> | <input type="checkbox"/> | physically abusing, sexually abusing, or exploiting a minor |
| <input type="checkbox"/> | <input type="checkbox"/> | the sale or distribution of controlled substances |
| <input type="checkbox"/> | <input type="checkbox"/> | sexual assault of any kind |
| <input type="checkbox"/> | <input type="checkbox"/> | a felony within the last ten (10) years |
| <input type="checkbox"/> | <input type="checkbox"/> | incarceration in a federal or state prison within the past five (5) years |
| <input type="checkbox"/> | <input type="checkbox"/> | a misdemeanor within the past five (5) years involving a crime of: (a) moral turpitude, or (b) violent or aggravated conduct involving persons or property |

Are any criminal charges currently pending against the Applicant for:

- | | | |
|--------------------------|--------------------------|---|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | a felony homicide |
| <input type="checkbox"/> | <input type="checkbox"/> | physically abusing, sexually abusing, or exploiting a minor |
| <input type="checkbox"/> | <input type="checkbox"/> | the sale or distribution of controlled substances |
| <input type="checkbox"/> | <input type="checkbox"/> | sexual assault of any kind |

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 |
| <input type="checkbox"/> | <input type="checkbox"/> | a debt of the Applicant was non-dischargeable in bankruptcy pursuant to 11 U.S.C. §523(a) (2), (a) (4), (a) (6), or (a) (19) |

Is the Applicant 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 |
| <input type="checkbox"/> | <input type="checkbox"/> |

Does the Applicant have an outstanding arrest warrant from any jurisdiction?

- | | |
|--------------------------|--------------------------|
| Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> |

Is the Applicant currently subject to a protective order based on physical or sexual abuse issued by a court of competent jurisdiction?

- | | |
|--------------------------|--------------------------|
| Yes | No |
| <input type="checkbox"/> | <input type="checkbox"/> |

DO Not Write Anything
On this Page until you are Standing in Front of the Notary

I consent any authorized representative of the City or law enforcement officer to verify all information submitted with this application and to investigate my criminal background; I consent granting any authorized representative of the City or law enforcement officer the unrestricted right to maintain copies of the Applicant's Application Form, Proof of Identity, and Identification Badge. I understand 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.

I understand that a request for a temporary Certificate will be granted or denied the same business day that a Completed Application is submitted. I understand the City may require additional information, documents and evidence to complete an evaluation of the application.

Signed

I swear upon oath or affirmation, under penalty of perjury, that based on my present knowledge and belief, the information provided is complete, truthful and accurate.

Applicant Signature

Date

State of Utah)
) ss.
County of Washington)

On this _____ day of _____, 201_____, before me,
_____, the undersigned Notary Public, personally appeared
_____, personally known to me or proved to me on a basis of
satisfactory evidence to be the person(s) whose name(s) is/are subscribed in the within
instrument, and acknowledged that he/she/they executed it.

Witness my hand and official seal.

Notary Signature

My Commission Expires: _____