

APPLICATION FOR CERTIFICATE OF REGISTRATION FOR SOLICITORS

PLAIN CITY CORPORATION – 4160 W 2200 N, Plain City, UT 84414 – (801) 731-4908

With this application you must submit: (1) an original or a copy of a BCI background check, (2) a signed copy of a waiver allowing the City to obtain a name/date of birth BCI background check for purposes of completing the application process, (3) verification of applicant’s true identity, (4) proof of registration with Department of Commerce, (5) Special Events Sales Tax Number and (5) two passport size pictures of yourself taken within the last three (3) months. Applicants must be at least 18 year of age.

Application contract information

Legal name: _____
Aliases or former names used with the last 10 years: _____

Telephone #: _____
Home Address: _____
Mailing Address: _____

Responsible party/entity contact information

Responsible party/entity name: _____
Telephone # _____
Address: _____
Special Events Sales Tax Number: _____
Which address should correspondence go to? _____

Managers (if any):

Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____
Name _____	Address _____	Phone _____

Marketing Information

What is the expected duration of solicitation? _____
What type of goods or services do you offer? _____
(include all commonly known, registered or trademarked names)
List any other licenses, permits, registration or other qualifications required by federal or state law to promote, provide or render advice regarding the offered goods or services: _____

Prior Registration Information

Dates of prior soliciting in Plain City: _____
Other jurisdictions you have held a Certification of Registration: _____
Have you ever had a Certificate of Registration or its equivalent document revoked or suspended in any jurisdiction? If so, please explain: _____

Please circle your answer to each of the following questions:

Have you been criminally convicted of : (1) felony homicide, (2) physically abusing, sexually abusing, or exploiting a minor, (3) the sale or distribution of controlled substances, or (4) sexual assault of any kind? **YES NO** If yes, please explain: _____

Are any criminal charges currently pending against you for: (1) felony homicide, (2) physically abusing, sexually abusing, or exploiting a minor, (3) the sale or distribution of controlled substances, or (4) sexual assault of any kind? **YES NO** If yes, please explain: _____

Have you been criminally convicted of a felony within the last ten (10) years? **YES NO** If yes, please explain: _____

Have you been incarcerated in a federal or state prison within the past five (5) years? **YES NO** If yes, please explain: _____

Have you been criminally convicted of a misdemeanor within the last five (5) years involving a crime of: (1) moral turpitude, or (2) violent or aggravated conduct involving persons or property? **YES NO** If yes, please explain: _____

Has a Final Civil Judgment been entered against you within the last five (5) years indicating that: (1) you had either engaged in fraud, or intentional misrepresentation, or (2) that a debt of yours was non-dischargeable in bankruptcy pursuant to 11 U.S.C. § 523 (a)(2), (a)(4), (a)(6), or (a)(19) **YES NO** If yes, please explain: _____

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? **YES NO** If yes, please explain: _____

Do you have an outstanding arrest warrant from any jurisdiction? **YES NO** If yes, please explain: _____

Are you currently subject to a protective order based on physical or sexual abuse issued by a court of competent jurisdiction? _____

Personal Declaration

I hereby swear that the information I have provided on this application is true and correct to the best of my knowledge and belief. I understand that if any of the information I have provided becomes incorrect or incomplete after the Certificate of Registration is issued, I shall have thirty days after the information becomes incorrect to correct the application by providing the correct or complete information.

I understand that a Certificate of Registration may not be transferred to another person or entity.

I have purchased/or read online the City Code concerning Solicitors.

Printed name of Applicant: _____

Date: _____

Signature of Applicant: _____

It shall be unlawful to solicit within the City without having first obtained a Certificate of Registration or to otherwise violate the Solicitors Ordinance found in Plain City Code. Violations are a Class B misdemeanor subject to a fine not to exceed \$1000 and/or jail term not to exceed six months and may result in my Certificate of Registration being revoked by the City.

The Certificate of Registration (including an ID badge issued by the city) remains the property of the City. Certificate of Registration fees are non-refundable.

OFFICE USE ONLY

Valid driver's license issued by any State _____ State _____ Number _____
Valid passport issued by the United States _____ Number _____
Valid Identification card issued by any State _____ State _____ Number _____
Valid ID issued by a branch of the US Military _____ Branch _____ Number _____

Proof of registration with Department of Commerce _____

BCI Received: _____ APPROVED: _____ DENIED: _____

Amount Paid: _____ Date: _____ Receipt #: _____ City Council date: _____ approved / denied

License #: _____ Date Issued: _____