



Solicitation/Peddler Business License Application

CITY OF CEDAR HILLS

3925 W Cedar Hills Drive, Cedar Hills, Utah 84062 — www.cedarhills.org

801-785-9668 phone—801-796-3543 fax

Business Information-Please type or print				
Business Name:				
Business Address:				
City:	State:	Zip Code:	Telephone #:	
Marketing Information				
Detailed description of product sold or service(s) provided:				
Hours of Operation: Restricted between 9:00 am and 9:00 pm		Date to Begin:		E-mail Address:
Business Sales Tax#, if applicable:		Utah State Special Events Sales Tax # (call 801-297-6303):		
State License #, if applicable:		Business Entity/Registration # (Required)		
Business Owner Information				
Owner's Name:			Telephone #:	
Owner's Address:			Cell #:	
Social Security #		Drivers License # & State:		Date of Birth:
Other Applicant(s) (Employees Solicitors/Peddlers):				
(1) _____		(4) _____		
(2) _____		(5) _____		
(3) _____		(6) _____		
<u>BUSINESS LICENSE FEES</u>				
Setup fee		\$20.00		
Base License Fee		\$65.00		
Solicitation/Peddler Fee		\$15.00		
Identification Badge (each)		<u>\$ 5.00</u>		
TOTAL FEE CALCULATION		\$105.00 (plus \$5.00 per additional badge)		
I, the undersigned, state and affirm that the information provided is complete, truthful and accurate. I clearly understand and am fully aware of the regulations and restrictions for soliciting/peddling in the City of Cedar Hills. I do hereby agree to abide by these regulations and restrictions. I understand that by submitting this application, I authorize the City to verify the information and may consult any publically available sources for information for verification. I also understand that this license may be revoked due to violation of the provisions of the City of Cedar Hills Code.				
Business Owner's Signature:			Date:	
FOR OFFICE USE ONLY	Fee Received By:	Date Submitted:	Amount Paid:	Date Approved:

Solicitor/Peddler Application

Those soliciting/peddling must complete the following application, questionnaire and sign.

APPLICANT'S INFORMATION-Please type or print										
Legal Name of Applicant:										
Former Names or Aliases (used by Applicant in last 10 years):										
Home Address of Applicant:										
City:	State:	Zip Code:	Telephone #:							
Local Address (If different from above):										
ORGANIZATION/COMPANY/SUPERVISOR INFORMATION										
Organization/Company Name:										
Supervisor Name:										
Address:										
City:	State:	Zip Code:	Telephone #:							
Has the applicant been criminally convicted of: (i) felony homicide, (ii) physically abusing, sexually abusing, or exploiting a minor, (iii) the sale or distribution of controlled substances, (iv) sexual assault of any kind, or (v) a felony crime of violent or aggravated conduct involving persons or property?			YES	NO						
Are any criminal charges currently pending against the applicant 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?			YES	NO						
Has the applicant been criminally convicted of a felony within the last ten (10) years?			YES	NO						
Has the applicant been incarcerated in a federal or state prison within the past five (5) years?			YES	NO						
Has the applicant 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?			YES	NO						
Has a final Civil Judgment been entered against the applicant 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)?			YES	NO						
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						
Does the applicant have an outstanding arrest warrant from any jurisdiction?			YES	NO						
Is the applicant currently subject to a protective order based on physical or sexual abuse issued by a court of competent jurisdiction?			YES	NO						
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Applicant's Signature:			Date:							
<p>Office Use Only: <input type="checkbox"/> BCI Report less than 180 days old (from State where license was issued)</p> <p>Proof of Identification (one of the following):</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"><input type="checkbox"/> Valid State-issued by U.S.A. of Identification Card</td> <td style="width: 50%;"><input type="checkbox"/> I.D. Tag \$5.00</td> </tr> <tr> <td><input type="checkbox"/> Valid Passport issued by U.S.A. or any Foreign Country</td> <td><input type="checkbox"/> Fee Received _____</td> </tr> <tr> <td><input type="checkbox"/> Valid Military identification card</td> <td><input type="checkbox"/> Issued Date _____</td> </tr> </table>					<input type="checkbox"/> Valid State-issued by U.S.A. of Identification Card	<input type="checkbox"/> I.D. Tag \$5.00	<input type="checkbox"/> Valid Passport issued by U.S.A. or any Foreign Country	<input type="checkbox"/> Fee Received _____	<input type="checkbox"/> Valid Military identification card	<input type="checkbox"/> Issued Date _____
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