



Solicitor License Application

License #:

American Fork City
51 East Main, American Fork, Utah 84003
(801) 763-3000 • www.afcity.org

Print clearly or type an answer to every question. Incomplete applications will not be accepted. All solicitor applications must be accompanied by a BCI report less than 180 days old and a valid form of identification.

SECTION 1: SOLICITOR INFORMATION

True/Correct Legal Name of Solicitor:

All former names/aliases used by Applicant in last 10 years:

Phone No:

Home Address City: State: Zip:

Mailing Address: City: State: Zip:

Date of Birth: SSN:

Driver License/ID Card No.: State:

SECTION 2: BUSINESS INFORMATION

Business Name/DBA: Registration No:

Special Events Sales Tax No. (Call (801) 297-6303):

Business Address City: State: Zip:

Address for Notices: City: State: Zip:

Responsible Party, if different from Applicant: Phone No:

Goods or Services Offered:

SECTION 3: ITEMS REQUIRED WITH APPLICATION

BCI Report less than 180 days old Yes (Please attach)

Proof of Identification (one of the following)
 Valid State-issued Driver License or ID Card
 Valid Passport issued by the United States
 Valid USA Military ID Card

Photograph for Solicitor Badge Yes

Waiver for City Enforcement Purposes Yes (Sign Section 6)

Any Licenses/Permits required to transact this business Yes

SECTION 4: DISQUALIFYING STATUS QUESTIONS (PLEASE ANSWER YES OR NO ON EACH QUESTION)

Any negative response in section 4 of this application renders the applicant disqualified from certification.

| | | |
|---|--|--|
| 1. I have been criminally convicted of: Felony homicide Physically abusing, sexually abusing, or exploiting a minor The sale or distribution of controlled substances Sexual assault of any kind | <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No |
| 2. I have criminal charges currently pending against me for: Felony homicide Physically abusing, sexually abusing, or exploiting a minor The sale or distribution of controlled substances | <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No |
| 3. I have been criminally convicted of a felony within the last ten(10) years. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. I have been incarcerated in a federal or state prison within the past (5) years. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. I have been criminally convicted of a misdemeanor with the past (5) years involving a crime of: Moral Turpitude Violent or aggravated conduct involving persons or property | <input type="checkbox"/> Yes <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> No |
| 6. I have a final civil judgment entered against me within the last five(5) years, indicating that: I have either engaged in fraud or intentional misrepresentation That a debt of mine was non-dischargeable in bankruptcy pursuant to 11 U.S.C. § 523 (a)(2), (1) (4), (a)(6), or (a)(19) | <input type="checkbox"/> Yes <input type="checkbox"/> Yes | <input type="checkbox"/> No <input type="checkbox"/> No |
| 7. I am currently on parole or probation to any court, penal institution, or governmental entity, including being under house arrest or subject to a tracking device. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 8. I have an outstanding arrest warrant from any jurisdiction. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 9. I am currently subject to a protective order based on physical or sexual abuse issued by a court of competent jurisdiction. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

SECTION 5: SOLICITOR'S LICENSE FEES

| | | |
|----------------------------------|--------------------|----------|
| New Solicitor's License Fee..... | \$15.00 | \$ _____ |
| | TOTAL FEES: | \$ _____ |

SECTION 6: APPLICANT AGREEMENT

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 American Fork City Ordinance.

I certify that I have received and reviewed the disclosure information required by American Fork City Ordinance.

| | |
|-------------------------------|--------------|
| Applicant Signature: _____ | Date: _____ |
| Applicant Printed Name: _____ | Title: _____ |

For Office Use Only

Amt. Pd: _____ Date Pd: _____ Pmt. Type: Cash Check # _____ Credit Card Acc. by: _____ Rev. 9/15



Solicitor License Written Disclosures

License #: _____

Date: _____

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1. The applicant's submission of the application authorizes the city to verify information submitted with the completed application including:
Applicant's address; and
Applicant's and/or responsible person or entity's state tax identification and special use tax numbers, if any; and
The validity of applicant's proof of identity.
2. The City may consult any publicly available sources for information on applicant, including, but not limited to, databases for any outstanding warrants, protective orders, or civil judgments.
3. Proof of identity is required before registration is allowed.
4. Licensing fee must be submitted by applicant with a completed application.
5. Applicant must submit a B.C.I. background check no older than 180 days prior to date of application.
6. To the extent permitted by state and/or federal law, applicant's B.C.I. background check shall remain a confidential, protected, private record not available for public inspection.
7. The city will maintain copies of 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. Please refer to Section 4 of the Solicitor License Application for disqualifying status and American Fork City Ordinance Section 5.24A.280 for the criteria for disqualifying status, denial, or suspension of a certificate .
9. A request for a temporary certificate will be granted or denied the same business day that a completed application is submitted.