

SYRACUSE CITY SOLICITOR LICENSE

WRITTEN DISCLOSURES

1. Applicant's submission authorizes City to verify information provided in registration, including:
 - a. Applicant's address
 - b. Applicant's and/or responsible person entity's state tax identification and special use tax numbers, if any
 - c. Validity of Applicant's proof of identity
2. City staff may consult with any publicly available sources for information on Applicant including, but not limited to, databases for outstanding warrants, protective orders, or civil judgments.
3. Applicant must establish proof of identity at the time of registration.
4. Applicant must pay the \$25.00 application fee at the time of registration.
5. Applicant must submit a BCI background check with completed registration
6. To the extent permitted by State and/or Federal law, Applicant's BCI background check shall remain a confidential, protected, private record not available for public inspection.
7. The Business Licensing Officer will maintain copies of Applicant's registration 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. The criteria for disqualifying status, denial, or suspension of a Certificate under the provisions of this Chapter shall be made available upon request.
9. The Business Licensing Officer shall grant or deny a request for a temporary certificate on the same business day Applicant submits a completed registration.



1979 West 1900 South Syracuse, Utah 84075
 Phone: (801)614-9627 FAX: (801)614-9627

<i>Section 1: Applicant Information</i>		
Legal Name of Applicant:		
All Former Names or Aliases Used Within the Last 10 Years:		
Home Address of Applicant:		Suite No./Apt. No.:
City:	State:	Zip Code:
Mailing Address:		Suite No./Apt. No.:
City:	State:	Zip Code:
Home Phone:	Work No.:	Cell No.:
<i>Section 2: Organization/Company Information</i>		
Name of Organization/Company:		
Address:		Suite No./Apt. No.:
City:	State:	Zip Code:
Mailing Address:		Suite No./Apt. No.:
City:	State:	Zip Code:
Telephone:	Responsible Party (If different from Applicant)	
Sales Tax No.:	Registration No.:	Date Registered:
Dates Business is to be Conducted:		
Detailed Description of Goods, Wares, Merchandise or Services:		
<i>Section 3: Items required with Application</i>	<i>Section 4: Written Disclosures</i>	
<input type="checkbox"/> BCI Background Check within last 180 days <input type="checkbox"/> Photograph for Solicitor Badge <input type="checkbox"/> Proof of Identification (one of the following): <ul style="list-style-type: none"> <input type="checkbox"/> Valid Driver's License issued by any state <input type="checkbox"/> Valid identification card issued by any state <input type="checkbox"/> Valid passport of the United States <input type="checkbox"/> Valid identification issued by a branch of the United States' Military <input type="checkbox"/> Fee	I have received and reviewed the disclosure information required by Syracuse City Ordinance. Applicant Signature: _____ Date: _____	

Application Fee	\$25.00	Date Paid _____	By _____
Solicitor License Fee	\$25.00 (Per Month)	Date Paid _____	By _____

Section 5: Disqualifying Status Questions

ANY NEGATIVE RESPONSE IN THIS SECTION OF APPLICATION RENDERS
APPLICANT DISQUALIFIED FROM CERTIFICATION

1. I have been criminally convicted of:
Yes No a. Felony homicide
Yes No b. Physically abusing, sexually abusing, or exploiting a minor
Yes No c. The sale or distribution of a controlled substance
Yes No d. Sexual assault of any kind
2. I have criminal charges currently pending against me for:
Yes No a. Felony homicide
Yes No b. Physically abusing, sexually abusing, or exploiting a minor
Yes No c. The sale or distribution of a controlled substance
Yes No d. Sexual assault of any kind
3. I have been criminally convicted of a felony within the last ten (10) years.
Yes No
4. I have been incarcerated in a federal or state prison within the past five (5) years.
Yes No
5. I have been criminally convicted of a misdemeanor within the past five (5) years involving a crime of:
Yes No a. Moral turpitude
Yes No b. Violent or aggravated conduct involving persons or property
6. I have a final civil judgment entered against me within the last five (5) years, indicating that:
Yes No a. I have either engaged in fraud or intentional misrepresentation
Yes No b. A debt of mine was non-dischargeable in bankruptcy pursuant to 11 U.S.C. § 523(a)(2), (a)(4),
(a)(6), or (a)(19)
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.
Yes No
8. I have an outstanding arrest warrant from any jurisdiction.
Yes No
9. I am currently subject to a protective order based on physical or sexual abuse issued by a court of competent jurisdiction.
Yes No

I, the undersigned, do hereby verify, under penalty of perjury, that the information provided herewith in 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, and BCI background check for enforcement purposes of Syracuse City Ordinance.

Applicant's Signature: _____ Date: _____

Approval of Licensing Officer: _____ Date: _____