



Solicitation/Peddler Business License Application

CITY OF CEDAR HILLS

10246 N Canyon Road, 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 pm and 9:00 am		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 #:	
*We need to make a copy of your Driver's License		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)			
<p>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.</p>				
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:	
Office Use Only:				
Proof of Identification (one of the following):				
<input type="checkbox"/> Valid State-issued by U.S.A. of Identification Card	<input type="checkbox"/> BCI Report less than 180 days old (from State where license was issued)			
<input type="checkbox"/> Valid Passport issued by U.S.A. or any Foreign Country	<input type="checkbox"/> I.D. Tag	\$5.00		
<input type="checkbox"/> Valid Military identification card	<input type="checkbox"/> Fee Received	_____		
	<input type="checkbox"/> Issued Date	_____		