



**SANTA CLARA CITY**  
2603 Santa Clara Drive  
Santa Clara, Utah 84765  
435-673-6712 Fax 435-628-7338

**\*APPLICATION FOR RESIDENTIAL SOLICITATION LICENSE\***

Temporary 25 Day Permit Issue Date: \_\_\_\_\_

Application Fee: \$55.00

Annual Permit Expiration Date: \_\_\_\_\_

Annual approval is granted after review and verification of truthfulness & completeness of the information submitted by the applicant.

Applicant Name (true, correct, legal name): \_\_\_\_\_

Applicant Phone #: \_\_\_\_\_

Applicant Home Address: \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_

Name, Address and Phone # of Responsible Person or Entity if different than Applicant: \_\_\_\_\_

Address to which all notices required under this chapter shall be mailed: \_\_\_\_\_

Description of the nature of business and the goods to be sold (include any commonly known, registered or trademark names): \_\_\_\_\_

**REQUIRED INFORMATION:**

**Proof of Identity (check ID provided and attach photo copy):**

\_\_\_ Valid Driver's License (any state)

\_\_\_ Valid Passport issued by United States

\_\_\_ Valid ID Card issued by United States

\_\_\_ Valid ID issued by a branch of the United States Military

\_\_\_ 2"X2" photo taken of applicant within the last six months (2 photos)

\_\_\_ Proof of Registration with the Utah Department of Commerce from applicant or responsible person or entity. Attach copy of State registration.

\_\_\_ Special Events Sales Tax Number (Attach copy) Call 801-297-6303

List any other licenses, permits, registrations or qualifications required by Federal or State law to promote, provide or render advice regarding offered goods or service: \_\_\_\_\_

**BCI Background check:**

**\_\_\_Applicant must provide original or copy of a BCI background check no older than 180 days prior to application date to be retained by the city for Public Safety reference and; \_\_\_Applicant will provide a signed waiver whereby the applicant agrees to allow the city to obtain a name/date of birth BCI background check for purposes of enforcement.**

**Please answer the following questions:**

- 1. Have you (the applicant) ever 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? \_\_\_\_\_**
- 2. Are any criminal charges currently pending against you (the applicant) 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? \_\_\_\_\_**
- 3. Have you (the applicant) been criminally convicted of a felony within the last ten (10) years? \_\_\_\_\_**
- 4. Have you (the applicant) been incarcerated in a federal or state prison within the past five (5) years? \_\_\_\_\_**
- 5. Have you (the applicant) been criminally convicted of a misdemeanor within the past five (5) years involving a crime of (1) moral turpitude, or (2) violent or aggravated conduct involving persons or property? \_\_\_\_\_**
- 6. Have you (the applicant) had a Final Civil Judgment entered against you within the past (5) years indicating that: (1) the applicant has either engaged in fraud, or intentional misrepresentation, or (2) that a debt of the applicant was non-dischargeable in bankruptcy pursuant to 11 U.S.C. § 523(a)(2), (a)(4), (a)(6), or (a)(19)? \_\_\_\_\_**
- 7. Are you (the applicant) currently on parole or probation to any court, penal institution, or government entity, including being under house arrest or subject to a tracking device? \_\_\_\_\_**
- 8. Do you (the applicant) have an outstanding arrest warrant from any jurisdiction? \_\_\_\_\_**
- 9. Are you (the applicant) currently subject to a protective order based on physical or sexual abuse issued by a court of competent jurisdiction? \_\_\_\_\_**

**I, the undersigned owner or authorized agent of the business involved in the above application, hereby attest, under penalty of perjury, that based on my present knowledge and belief, the information provided is complete, truthful and accurate and that I will comply with the conditions of the Residential Solicitation Ordinance of Santa Clara City.**

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

## Waiver

I, \_\_\_\_\_, the applicant of the attached Residential Solicitation Application do hereby agree to allow the City of Santa Clara to obtain a name/date of birth BCI background check for purposes of the enforcement of the City's Residential Solicitation Ordinance.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant printed name: \_\_\_\_\_

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### **Office Use:**

Public Safety Approval: \_\_\_\_\_ Date: \_\_\_\_\_

City Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Approval: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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### **Disclosure Notification (Chapter 5.06.080):**

1. Submission of the attached residential solicitation application authorizes the City of Santa Clara to verify information contained within the completed application including:

- The Applicant's address;
- The Applicant's and/or Responsible Person or Entity's state tax identification and special use tax numbers, if any;
- The validity of the Applicant's Proof of Identity;

2. The City may consult any publicly available sources for information on the Applicant, including but not limited to databases for any outstanding warrants, protective orders, or civil judgments.

3. Establishing proof of identity is required before Registration is allowed;

4. Identification of the fee amount that must be submitted by Applicant with a completed Application;

5. The Applicant must submit a BCI background check with Completed Application;

6. To the extent permitted by State and/or Federal law, the Applicant's BCI background check shall remain a confidential, protected, private record not available for public inspection;

7. The City will maintain copies of the 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. The criteria for Disqualifying Status, denial, or suspension of a Certificate under the provisions of this chapter (refer to accompanying copy of Residential Solicitation Ordinance);

9. That a request for a temporary Certificate will be granted or denied the same business day that a Completed Application is submitted.

I/We have received and reviewed the disclosure information and a copy of the City of Santa Clara's Residential Solicitation Ordinance and as the licensee(s) it is my/our responsibility to be familiar with and comply with the ordinance under which the license is applied for.

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_