

Solicitor Licensing

Date Received _____
Date Paid _____
Amt. Paid \$ _____
Receipt # _____

MILLARD COUNTY SOLICITOR/CANVASSER/PEDDLER APPLICATION

Fee \$ _____
License No. _____
Class: _____
CUP # _____

Millard County Clerk's Office
765 South Highway 99, Suite 6
Fillmore, UT 84631

millardcounty.org

Please complete all portions of the application to avoid delay in review and approval. Incomplete applications will be returned to the applicant for completion. Your cooperation and attention to the information contained in this application are appreciated.

Your business is an important and welcome part of our County.

Applicant's Name _____

Applicant's Address: _____
Street City State Zip

Business Name _____

Business Address _____
Street City State Zip

Mailing Address (If different from above) _____

Owner's Name _____ Owner's Phone _____

Owner's Address _____
Street City State Zip

If the applicant is a partnership, list the names and addresses of the partners _____

If the applicant is a corporation, LLC or any other business entity, list the names and addresses of all officers, directors or managers _____

Name of business agent to receive any official notices in the event the owner or owners are absent: _____

Principle Business Location: _____

Kind of License Desired: _____

Description of Business (be specific) _____

Period of Time for which License is needed: _____ to _____
Date Date

Type of Organization Self Owned Corporation Limited Liability Partnership
 New New Location New Owner

Number of Full-Time Employees _____ Part-Time _____ Sales Tax ID # _____

List your State Sales Tax # _____ State License # _____

Driver License No. _____ State _____ Expiration _____

Date of Birth _____ Social Security # _____

- List all other counties or municipalities in which the applicant has engaged in business within the six (6) month period preceding the date of the application.

- Provide a photograph of the applicant, taken within six (6) months immediately prior to the date of filing the application. The photograph shall be at least two inches by two inches (2" x 2") showing the head and shoulders of the applicant in a clear and distinguishing manner.

- Has the applicant, or any person conducting business under this license ever been convicted of a felony?
 Yes No If yes, the nature of the offense and the punishment imposed.

- If an applicant desires to sell fresh vegetables, fruits, meats or other foodstuffs, a statement by a licensed reputable physician of the state, dated not more than ten (10) days prior to submission of the application, certifying the applicant to be free of infectious, contagious, or communicable diseases.

- If the applicant is employed by another person, firm or corporation, provide the documents showing that the person, firm or corporation for which the applicant proposes to do business is authorized to do business within the state. (1988 Code § 4.24.040)

**This application does not authorize conducting business
until approved and a license has been issued.**

I (we) hereby agree to conduct business in accordance with the laws and ordinances governing such business and swear under penalty of law, that the information contained herein is true and correct.

Signature _____ Date _____

Signature _____ Date _____

APPROVALS

Obtaining necessary approvals is your responsibility and must be obtained prior to submitting the application

Health Department _____
(if applicable) Signature Date

**MILLARD COUNTY SHERIFF
APPLICATION FOR CRIMINAL HISTORY
RECORD REVIEW**

NAME: _____ DATE OF BIRTH _____
(Last) (First) (Middle)

Previously used names(s) (Maiden, etc) _____

ADDRESS: _____
(Street) (City) (State) (Zip)

Height _____ Weight _____ Eye Color _____ Hair color _____ Sex _____ Race _____

I hereby make application to review my Utah Computerized Criminal History Record.

Signature of Applicant _____ Date _____

Sheriff's Office _____ Date _____
(mandatory) Signature

Comments _____

This space for Clerk's Office use only.

Approved _____ Date _____
Millard County Clerk Issued

Clerk's Seal Expiration _____
Date

The Millard County Sheriff or the County Clerk may revoke permits issued pursuant to Millard County Code 4-3-1 for any of the following reasons:

1. Fraud, misrepresentation or false statement contained in the application for the permit.
2. Fraud, misrepresentation or false statement made in the course of carrying on his business as a solicitor or canvasser.
3. Any violation of this title.
4. Conviction of the applicant of a felony within the preceding five (5) years, or of a misdemeanor involving a crime of moral turpitude within the preceding three (3) years.
5. Conducting the business of soliciting or of canvassing in an unlawful manner as to constitute a breach of the peace or to constitute a menace to the health, safety, or general welfare of the public.