

City of Taylorsville

Community Development Department
2600 West Taylorsville Boulevard
Taylorsville, Utah 84129

Phone: (801) 963-5400 Fax: (801) 955-2052
www.taylorsvilleut.gov



RESIDENTIAL SOLICITATION APPLICATION

PLEASE COMPLETE BOTH SIDES OF APPLICATION

Applicant's Legal Name: _____

Applicant's Former Name(s) or Aliases used in the last ten (10) years:

Applicant's Home Address: _____

City, State, Zip: _____

Phone #: _____

E-mail: _____

Business or Parent Company: _____

Local Contact: _____

Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Utah State Sales Tax #: _____

Phone: _____ Email: _____

List all goods and/or services including any commonly known, registered, or trademarked names (use additional paper if necessary):

I understand that by submitting this application, I authorize the City of Taylorsville to verify the information and may consult any publicly available resource necessary for validation purposes. I also understand that this license may be revoked due to a violation of the provisions of the Taylorsville City Code. I understand and am fully aware of the regulations and restrictions for door to door solicitation in the City of Taylorsville [Taylorsville City Code Chapter 5.86]. I hereby agree to abide by those regulations and restrictions.

Signature: _____ Date: _____

No fee waiver, modification, or refund shall be granted unless approved by the Taylorsville City Council based on the provisions of section 3.16.080 of Taylorsville City Code.

FOR YOUR INFORMATION...

For more information residential solicitation licensing and application procedures, please refer to **Taylorsville Information Form L-7 Residential Solicitation Information** available from the Community Development Department at Taylorsville City Hall or online at www.taylorsvilleut.gov.

Office Use Only

DATE ACCEPTED: _____

ACCEPTED BY: _____

COMPLETE APPLICATION?: Y N

BCI Background Check

Signed Waiver

Proof of Identification

Proof of Registration with the Utah State Dept. of Commerce.

RECEIPT NUMBER: _____

CODE #: _____

ENERGOV #: _____

FILING FEE: _____

UPD Approval: yes no

Application approved: yes no

Date: _____

Community Development Director

Please answer **all** of the following questions:

- Yes** **No** Have you ever been criminally convicted of felony homicide?
- Yes** **No** Have you ever been criminally convicted of physically abusing, sexually abusing, or exploiting a minor?
- Yes** **No** Have you ever been criminally convicted of sexual assault of any kind?
- Yes** **No** Are any criminal charges currently pending against you for sexual assault of any kind?
- Yes** **No** Are any criminal charges currently pending against you for felony homicide?
- Yes** **No** Are any criminal charges currently pending against you for physically abusing, sexually abusing, or exploiting a minor?
- Yes** **No** Are any criminal charges currently pending against you for the sale or distribution of controlled substance?
- Yes** **No** Have you ever been criminally convicted of the sale of distribution of controlled substances?
- Yes** **No** Have you been convicted of a felony within the last ten (10) years?
- Yes** **No** Have you been incarcerated in federal or state prison within the past five (5) years?
- Yes** **No** Have you been criminally convicted of a misdemeanor within the past five (5) years involving a crime of violent or aggravated conduct involving persons or property?
- Yes** **No** Have you been criminally convicted of a misdemeanor within the past five (5) years involving moral turpitude?
- Yes** **No** Has a final civil judgment been entered against you within the last five (5) years indicating that you have engaged in fraud or intentional misrepresentation?
- Yes** **No** Has a final civil judgment been entered against you within the last five (5) years indicating that a debt was nondischargeable in bankruptcy pursuant to 11 Utah State Code section 523 (a)(2), (a)(4), (a)(6), or (a)(19)?
- Yes** **No** Are you on parole or probation by any court or penal institution or governmental entity, including being under house arrest or subject to a tracking device? Please list by whom:
- _____
- Yes** **No** Do you have an outstanding arrest warrant from any jurisdiction?
- Yes** **No** Are you currently subject to a protective order based on physical or sexual abuse issued by a court of competent jurisdiction?

I, the undersigned, hereby swear under the penalty of perjury that the information I have provided herewith is complete, truthful, and accurate to the best of my knowledge and belief.

Applicant's Signature: _____ **Date:** _____

Print Name: _____