



23 East Center Street  
Kaysville, UT 84037  
Phone: (801) 546-1241

## **What do I need to do to get a Solicitor's Certificate of Registration from Kaysville City?**

Please note: A Certificate of Registration is issued to an individual only; **each solicitor is required to have their own Certificate of Registration.**

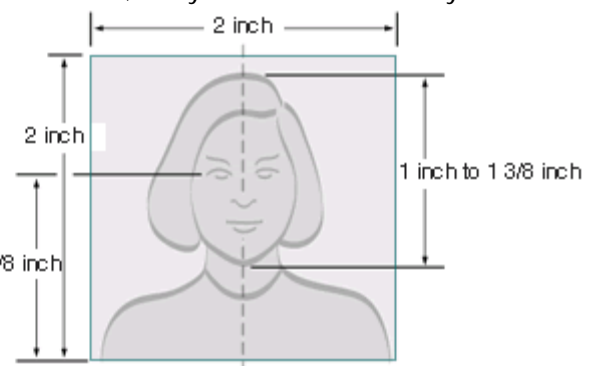
The following **MUST** be submitted **with your completed application**:

1. **Proof of Registration** by Applicant, Responsible Party or Entity with the Utah State Department of Commerce.  
*Heber Wells Building, 160 East 300 South, Salt Lake City, Utah*  
*Phone: 801-530-4849*
2. **Special Events Sales Tax Number**, if selling any type of product. If you are selling a service, you will not need a tax number.  
*Utah State Tax Commission Special Events Unit, 210 North 1950 West, Salt Lake City, Utah*  
*Phone: 801-297-6303 or 1-800-662-4335, ext. 6303*
3. **Health Department Approval**, if your business involves any food product.  
*Davis County Health Department, 22 South State Street, Clearfield, Utah*  
*Phone: 801-525-5000*
4. **BCI background check/verified criminal history report, from either:**

**For Utah Residents:** *Utah Department of Public Safety, Bureau of Criminal Identification*  
3888 West 5400 South, Salt Lake City  
Phone: 801-965-4445  
Hours: Monday through Friday from 8:00 a.m. to 5:00 p.m.

**For Out-of-State Residents:** A corresponding public safety agency of the Applicant's state of residence.

- The background check must show that it was processed and **issued not more than six (6) months prior** to the date of the application.
  - Applicants that fit any the Disqualifying Status Statements as listed in 16-11-3(14) will not be approved.
  - Receipt of the background check shall be a condition precedent to issuance of a Certificate of Registration.
5. **Proof of Identification** showing current address of residency of the applicant by: a valid State-issued driver's license or State-issued identification card **(THIS MUST BE ISSUED BY THE SAME STATE AS YOUR BACKGROUND CHECK)**; a valid passport issued by the United States; or by a valid U.S.A. Military Identification Card.
  6. **Passport-type photograph** no bigger than 2"x 2" for each applicant's Solicitor Badge. (See example at right.) **Photos will NOT be accepted via e-mail.**
  7. **Solicitor's Application and Certificate Fee** in the amount of \$60.00; **good for one year for each applicant.**





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www.kaysvillecity.com

FOR OFFICE USE ONLY

Application # \_\_\_\_\_ Certificate # \_\_\_\_\_  
Date Issued \_\_\_\_\_ Expires \_\_\_\_\_

## KAYSVILLE CITY APPLICATION FOR SOLICITOR CERTIFICATE OF REGISTRATION

A Certificate of Registration is issued to an individual only; **each solicitor is required to have their own Certificate of Registration.**

**It shall be unlawful for any person to engage in business within the City without first obtaining a license for doing so, and it shall be unlawful to continue in business without maintaining a valid license (Kaysville City Title 16, Chapter 11)**

**The following must be submitted with your application:**

Copy of State Registration \_\_\_\_\_ ☐ Corporation ☐ Partnership ☐ Limited Liability Company ☐ Sole-Proprietor  
Utah State Special Events Sales Tax # \_\_\_\_\_  
BCI Background Check \_\_\_\_\_ **(FROM RESIDING STATE)**  
Picture ID (Applicant must be 16 years of age or older) \_\_\_\_\_ **(MUST PROVIDE ID FROM RESIDING STATE. MUST BE FROM SAME STATE AS BACKGROUND CHECK.)**  
Passport-type Photograph \_\_\_\_\_

### APPLICANT INFORMATION

True/Correct Legal Name of Solicitor: \_\_\_\_\_

Contact Phone No. \_\_\_\_\_ Home Phone No \_\_\_\_\_

All former names/aliases used by Applicant in last 10 years: \_\_\_\_\_

Home address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Mailing address (if different) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

### BUSINESS/ORGANIZATION INFORMATION

Type of Business and/or goods offered: \_\_\_\_\_

Business Name \_\_\_\_\_

Business Location - Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Business Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

If different from Applicant, Responsible Party Name \_\_\_\_\_

Address \_\_\_\_\_

Phone No \_\_\_\_\_

### WRITTEN DISCLOSURES

I have received and reviewed the disclosure information required by Kaysville City Ordinance 16-11-8.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Disqualifying Status Questions - Affirm or Deny Each of the Following Statements \***

\*Any negative response in this section of this application renders the applicant disqualified from certification\*

**(This section MUST be filled out or the application will not be accepted.)**

**- I have been criminally convicted for:**

- 1) Felony homicide: \_\_\_\_\_ 2) Sexual assault of any kind: \_\_\_\_\_  
3) Physically abusing, sexually abusing, or exploiting a minor: \_\_\_\_\_ 4) Sale or distribution of controlled substance: \_\_\_\_\_

**- I have criminal charges currently pending for:**

- 1) Felony homicide: \_\_\_\_\_ 2) Sexual assault of any kind: \_\_\_\_\_  
3) Physically abusing, sexually abusing, or exploiting a minor: \_\_\_\_\_ 4) Sale or distribution of controlled substance: \_\_\_\_\_

**- I have had a criminal felony conviction within last 10 years: \_\_\_\_\_**

**- I was incarcerated in federal or state prison in last 5 years: \_\_\_\_\_**

**- I was criminally convicted of a misdemeanor in last 5 years involving:**

- 1) A crime of moral turpitude: \_\_\_\_\_ 2) Violent or aggravated conduct with persons or property \_\_\_\_\_

**- I have a Final Judgment entered against me in the last 5 years for:**

- 1) Engaging in fraud or intentional misrepresentation: \_\_\_\_\_ 2) A debt that was non-dischargeable in bankruptcy: \_\_\_\_\_

**- I am now on parole/probation to any court, penal institution, or govt. entity, including being under house arrest or subject to a tracking device: \_\_\_\_\_**

**- I have an outstanding arrest warrant from any jurisdiction: \_\_\_\_\_**

**- I am now subject to a protective order for physical or sexual abuse: \_\_\_\_\_**

**WAIVER STATEMENT AND APPLICANT ACKNOWLEDGMENT OF  
WRITTEN DISCLOSURES AND DISQUALIFYING STATUS**

I, the undersigned, do hereby verify, under penalty of perjury, that the information provided herewith is 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 BCI background check for enforcement purposes of Kaysville City Ordinance Section 16-11-7. I agree to conduct business in complete accordance with all laws, ordinances, and regulations governing operation of such business. I acknowledge that soliciting without a valid certificate in plain view may result in revocation of such and/or citation. I understand that once the certificate of registration is issued, it becomes invalid if any of the application information changes and a new application will be required to update the information on record.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approval of City Business License Officer

\_\_\_\_\_  
Date

**SOLICITOR FEES**

(Payable to Kaysville City Corporation)

**Solicitors Application & Certificate Fee    \$ 60.00**

License is good for one year.



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**WRITTEN DISCLOSURES**  
Kaysville City Ordinance 16-11-8

1. The applicant's submission of the application authorizes the City to verify information submitted with the completed application including:
  - A. The applicant's address
  - B. The applicant's and responsible person or entity's state tax identification and special use tax numbers, if any;
  - C. 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 a 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 Applicant is aware of the criteria for disqualifying status, denial, or suspension of a certificate under the provisions of Title 16, Chapter 11 of the Kaysville City Ordinances.
9. That a request for a temporary certificate will be granted or denied the same business day that a completed application is submitted.

\_\_\_\_\_  
Date

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

STATE OF UTAH     )  
                              : ss.  
COUNTY OF DAVIS )

On this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared before me \_\_\_\_\_,  
the signer of the above instrument who duly acknowledged to me that he/she executed the same.

\_\_\_\_\_  
Notary Public