



60 West Main Street
Hyrum, Utah 84319
435-245-6033
www.hyrumcity.com

SOLICITOR BUSINESS LICENSE APPLICATION

Business Name: _____

Business Address: _____ Phone No: _____

E-mail: _____ Fax No: _____

Mailing Address: _____

City, State, Zip: _____

Utah State Entity
ID or Lic. No.: _____ State Sales Lic.# _____

Nature of Business: _____

Owner Name: _____

Manager Name: _____ Manager Phone: _____

Manager Address: _____

Driver's License Number _____ State _____

I certify that I am authorized agent for the above named business, and that all information is true and correct.

Signature Date

I understand that each solicitor that works for my company will be required to show proof of a current BCI background check and provide the city with a passport sized picture. When approved, each solicitor will be given an identification picture badge, that he/she will be required to wear when soliciting in Hyrum City.

Office Use Only

Approved by: _____ Date Approved: _____ Acct.# _____

Date Paid: _____ Amount: _____ Receipt #: _____

HYRUM CITY SOLICITOR BUSINESS LICENSE APPLICATION

Applicant's true, correct and legal name including any former names or aliases used during the last ten years: _____

Date of Birth: _____ Phone No: _____

Driver's License No: _____ State: _____

Applicant's Address: _____

Applicant's Mailing Address (if different): _____

If different from Applicant, the name, address, and telephone number of the responsible person or entity: _____

The address to which all notices to the Applicant required under this Chapter are to be sent:

The Applicant shall provide proof that either the Applicant, or the responsible person or entity has registered with the Utah State Department of Commerce.

I, _____, affirm that I have received and reviewed the disclosure information required in this chapter 5.40 of the Hyrum City Municipal Code and agree to the terms. I further agree that I will provide a passport sized picture and a complete background check from Utah BCI.

Signature

Date