

**SMITHFIELD CITY**  
**Residential Solicitation Requirements**

1. **A recent Original BCI (Bureau of Criminal ID) Background (current 6 months)**

**Bureau of Criminal ID\*\*  
3888 West 5400 South  
Taylorsville UT 84118  
801-965-4445**

**A signed copy of a waiver whereby applicant agrees to allow the City to review or to obtain a name/date of birth BCI or criminal background check, if necessary.**

2. **Fees:           \$25.00 Application Fee per Solicitor  
                      \$50.00 for Corporate Office or Nexus\***  
**\*a copy of the Nexus/Corporate Office license from another municipality or county in the State of Utah, will be accepted.**
3. **Show a valid driver's license or legitimate government ID (or ID card issued by any state; valid Passport issued by the US; valid ID issued by a branch of the US Military)**
4. **Document of Proof that each person or corporation is authorized to do business within the State of Utah. Burglar Alarm agents will need to provide a copy of their DOPL (Div. of Occup. & Prof. Lic) license.**
5. **Proof of Special Events Sales Tax number or Sales Tax Number and schedule the tax will be reported on. (Contact No. (801) 297-6303)**
6. **Marketing information: The goods or service offered including any commonly known registered or trademarked names. A copy of any other licenses, permits, registrations, or other qualifications required by federal or state law to promote, or render advice regarding the offered goods or services.**
7. **Each solicitor, peddler or canvasser will wear the ID badge issued by Smithfield City.**

***NOTICE: All information required by the City ordinance must accompany the attached application and be checked at the office of the City Business Licensing Official before 4:00 pm, Monday through Friday for a permit to be issued.***

**BACKGROUND DISCLOSURE & WAIVER AND AUTHORIZATION TO  
RELEASE INFORMATION**

I HEREBY VOLUNTARILY DATE AND SIGN THE FOLLOWING:

I hereby give the Smithfield City Police Department and the Smithfield City Business Licensing official and their duly authorized representatives the authority to conduct a local investigation of my background, including but not necessarily limited to, oral discussions with any person concerning my background,

I hereby appoint an authorized representative designated by the Smithfield City Police Department as an authorized agent for the purpose of requesting and inspecting any criminal records and information maintained by any law enforcement agency concerning me.

I hereby release Smithfield City, and Smithfield City's Business Licensing official, the Smithfield City Police Department and their employees, agents, volunteers and representatives and agree to indemnify and hold them harmless from all damages, liabilities and claims for damages resulting from their actions in seeking and reviewing said information and any denial in issuing a Solicitor's License, Business License or a Beer License, that may thereby result, and also all other persons, corporations or organizations who give written or oral information about me to the Smithfield City Police Department in connection with this background investigation from any liability or damages which may result from furnishing the information requested.

Please Print Name \_\_\_\_\_ Today's Date \_\_\_\_\_

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



# Smithfield City SOLICITOR LICENSE APPLICATION

96 South Main Street  
P.O. Box 96  
Smithfield, UT 84335

Date of Application \_\_\_\_\_

Solicitor License Number \_\_\_\_\_

State Tax Number \_\_\_\_\_

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

License Type SOLICITOR

Business Address \_\_\_\_\_

Acct. number \_\_\_\_\_

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

### License Fees:

Initial Fee: \$ \_\_\_\_\_

Business Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_

Other Fees: \$ \_\_\_\_\_

Applicant's Name \_\_\_\_\_

Applicant's Home Address \_\_\_\_\_

**Total Fees** \$ \_\_\_\_\_

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

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Alternate Contact \_\_\_\_\_ Phone ( ) \_\_\_\_\_

Description of Business: \_\_\_\_\_

Type of Organization:  Self-owned  Corporation  Limited Liability  
 Partnership  Limited Partnership

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

Signature: \_\_\_\_\_

Title: \_\_\_\_\_