



NORTH LOGAN CITY CORPORATION  
2076 North 1200 East  
North Logan, UT 84341

License No \_\_\_\_\_

**APPLICATION FOR  
SOLICITOR BUSINESS LICENSE**

New Application  Renewal

*Please complete entire application  Incomplete applications will not be processed*

Business Name: \_\_\_\_\_ Business Location: (NO P.O. Box) \_\_\_\_\_

Mailing Address: (if different than location) \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Owner Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Emergency Contact and Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Business Classification: Sole Proprietor \_\_\_ Partnership \_\_\_ Corporation \_\_\_ Government Agency \_\_\_ LLC \_\_\_

UT Sales Tax No: \_\_\_\_\_ Origination Date: \_\_\_\_\_ Federal ID: \_\_\_\_\_ State ID No: \_\_\_\_\_

State Registration No \_\_\_\_\_

Purpose for Soliciting \_\_\_\_\_

How many solicitors? \_\_\_\_\_ Each individual will be required to have two forms of ID: their social security card and one other photo ID; and a copy of his/her background check from the Bureau of Criminal Identification, 3888 West 5400 South, Salt Lake City, Utah 84118, Phone: 801-965-4445, Fax: 801-965-4749. <http://publicsafety.utah.gov/bci/crimrecords.html>

**Solicitors**

(Provide additional names on a separate sheet)

Name	Social Security No.	Address
_____	____ - ____ - _____	_____
_____	____ - ____ - _____	_____
_____	____ - ____ - _____	_____
_____	____ - ____ - _____	_____
_____	____ - ____ - _____	_____
_____	____ - ____ - _____	_____
_____	____ - ____ - _____	_____

**Applicant acknowledges that any license(s) or permit(s) granted pursuant to this application are strictly conditioned upon and subject to the applicable provisions of state law and the Revised Ordinances of the City of North Logan. Applicant agrees to fully comply with such provisions and acknowledges that failure to do so may be a basis for the revocation or suspension of this license or permit.**

Applicant signature: \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Base \$ \_\_\_\_\_ + Additional Badges ( ) X \$5 ea \$ \_\_\_\_\_, Other \$ \_\_\_\_\_ Total Amount Due \$ \_\_\_\_\_

DATE RECEIVED \_\_\_\_\_ CASH AMOUNT \_\_\_\_\_ CHECK# \_\_\_\_\_ CHECK AMOUNT \_\_\_\_\_ REC'D BY \_\_\_\_\_