

PARK CITY MUNICIPAL CORPORATION
P.O. BOX 1480 445 MARSAC AVE PARK CITY, UT 84060 435-615-5221



SOLICITATION LICENSE APPLICATION

Section 1: General Information

Please fill out Section 1 completely

Business Name, DBA			Business telephone number	
Business street address (P.O. Box not acceptable)	City	State	Zip	
Business mailing address	City	State	Zip	

Describe in detail what you will be soliciting:

Utah DBA File Number	Fed ID	Sales Tax Number	State License Number	
Business type: Corporation <input type="checkbox"/> Limited Liability <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Other <input type="checkbox"/> _____				Number of Solicitors
Is your business a home occupation? Yes <input type="checkbox"/> No <input type="checkbox"/>				

Section 2: Additional Information

Please list all Managers, Agent for Service of Process, & Owners' names. Please include signatures. Use additional sheets if necessary following the same format shown below.

Name	Title	Social security number	Date of Birth	
Home address	City	State	Zip	Home telephone number
Signature			Date	Day telephone number
Name	Title	Social security number	Date of Birth	
Home address	City	State	Zip	Home telephone number
Signature			Date	Day telephone number
Name	Title	Social security number	Date of Birth	
Home address	City	State	Zip	Home telephone number
Signature			Date	Day telephone number

Section 3: Additional Solicitors

Please include signatures. Use additional sheets if necessary following the same format shown below.

Name	Social Security number	Date of Birth
Signature		Date
Name	Social Security number	Date of Birth
Signature		Date
Name	Social Security number	Date of Birth
Signature		Date

Section 4 - City Code

I certify under penalty of perjury and license revocation that I am the authorized representative of the property owner; that I have read, know and fully understand the information and provisions of this license and the accompanying ordinance section governing business licenses; I certify that the information provided and representation made are complete and accurate to the best of my knowledge and my application is in accordance with Park City ordinances. This license shall be VOID if information or representations provided by licensee is incorrect or later changes and I fail to update such information within ten business days of the change of information. I acknowledge and understand the following: 1) That THIS IS NOT A LICENSE, but merely an application for a license to do business within Park City. 2) That if my application is approved, I shall be notified and issued a license certificate which must be displayed at my place of business at all times. 3) That all Business Licenses expire on December 31st of the year issued. 4) That the granting of this license to do business within Park City does not discharge or replace any other licensing or registration requirements I may have under City, County, State or Federal laws.

Position

Signature

Please initial that you have received a copy of Park City Municipal Codes 4-3-5 & 4-3-6, have read and understand the information provided:

Official Use Only

Section 5 - City Clearance

City Clearance & Staff Comments:

PHOTO ID _____ (COPY ATTACHED)

POLICE DEPT.	APPROVED _____	REJECTED _____	SIGNATURE _____	DATE _____
BUILDING DEPT.	APPROVED _____	REJECTED _____	SIGNATURE _____	DATE _____
PLANNING DEPT.	APPROVED _____	REJECTED _____	SIGNATURE _____	DATE _____

Staff Notes:

Section 6 - Solicitors Licensing fees

Solicitors Licensing fee: _____

Additional Solicitors fee: _____

Total Solicitors licensing fee: _____

Account Number: _____