West Point City
3200 W 300 N
West Point, UT 84015
www.westpointcity.org
Phone: 801-776-0970
Fax: 801-525-9150

APPLICATION FOR CERTIFICATE OF REGISTRATION
RESIDENTIAL SOLICITATION

APPLICATION DATE: _____ APPLICANT PHONE #: _____

APPLICANT LEGAL NAME: _____

FORMER NAMES OR ALIASES: _____

APPLICANT HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ SOCIAL SECURITY #: _____

NAME OF BUSINESS/ORGANIZATION REPRESENTING: _____

BUSINESS/ORGANIZATION TYPE:

☐ PROPRIETORSHIP ☐ PARTNERSHIP ☐ CORPORATION ☐ LIMITED LIABILITY CORP.

TELEPHONE #: _____ FEDERAL TAX ID: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

NAME OF BUSINESS OWNER: _____

FULL ADDRESS OF BUSINESS OWNER: _____

NAMES & ADDRESSES OF OFFICER(S)/MANAGER(S) OF BUSINESS:

_____

_____

_____

_____

I/WE_____ HEREBY CERTIFY THAT THE INFORMATION PROVIDED IS CORRECT AND TRUE TO THE BEST OF MY KNOWLEDGE AND FURHTER AGREE TO RELEASE INFORMATION REGARDING THIS APPLICATION IF DEEMED NECESSARY BY WEST POINT CITY.

DATE: _____ SIGNATURE: _____

COMPLETE/ANSWER THE FOLLOWING AND PROVIDE VERIFICATION AS REQUIRED:

Initials	(understanding/completion)
	PROVIDE PROOF THAT EITHER THE APPLICANT OR ORGANIZATION FOR WHICH THE APPLICANT IS SOLICITING HAS REGISTERED THEIR BUSINESS NAME WITH THE UTAH STATE DEPARTMENT OF COMMERCE.
	A SPECIAL EVENT SALES TAX NUMBER FOR EITHER THE APPLICANT OR FOR THE ORGANIZATION FOR WHICH THE APPLICATN WILL BE SOLICITING.
	STATE THE PURPOSE FOR WHICH SOLICITING WILL BE DONE: _____ _____ _____ _____ (CONTINUE ON SEPARATE SHEET IF NEEDED)
	BRIEF DESCRIPTION OF THE METHOD OF PRESENTATION TO BE MADE: _____ _____ _____ _____ _____ (CONTINUE ON SEPARATE SHEET IF NEEDED)
	HAS A PERMIT, LICENSE OR CERTIFICATE OF REGISTRATION IN CONNECTION WITH RESIDENTIAL SOLICITING EVER BEEN REVOKED BY ANY JURISDICTION? NO ☐ YES ☐ (EXPLAIN BELOW) _____ _____ _____ _____ (CONTINUE ON SEPARATE SHEET IF NEEDED)
	PROVIDE THE FINDINGS OF A CRIMINAL BACKGROUND CHECK TO WEST POINT CITY. THIS IS AVAILABLE BY APPLYING TO THE UTAH BUREAU OF CRIMINAL INVESTIGATION (BCI) AT 3888 W 5400 S, SLC, UT, 84118. ***RECEIPT OF THE BACKGROUND CHECK BY WEST POINT CITY IS A CONDITION PRECEDENT TO ISSUANCE OF A CERTIFICATE OF REGISTRATION!***
	PROVIDE PROOF OF IDENTIFICATION. THE FOLLOWING ARE ACCEPTABLE FORMS OF ID: a) Valid drivers's license from any state b) Valid passport issued by the United States c) Valid U.S. Uniformed Service ID card d) Other ID deemed acceptable by the License Officer
	PAYMENT OF $50 FEE FOR SOLICITOR LICENSE: DATE PAYMENT RECEIVED: _____ ☐ CASH ☐ CREDIT/DEBIT CARD ☐ CHECK/ CHECK #_____

I, _____, HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND TITLE 5.45 OF THE WEST POINT CITY CODE AND THAT ANY BUSINESS CONDUCTED WITHIN THE CITY WILL STRICTLY CONFORM TO THE STANDARDS SET FORTH IN TITLE 5.45 OF THE CITY CODE. I FURTHER UNDERSTAND THAT ANY DEVIATION FROM THE ABOVE STANDARDS SHALL BE GROUNDS FOR REVOCATION OF MY CERTIFICATE OF REGISTRATION FOR _____(BUSINESS NAME).

APPLICANT SIGNAUTRE: _____

FOR OFFICE USE ONLY

APPROVAL

CODE ENFORCEMENT OFFICER _____ DATE: _____

COMMUNITY DEVELOPMENT DIRECTOR _____ DATE: _____