



# Town of Mantua Residential Solicitation Permit Application

**Annual Application Fee: \$100.00\* (Non-Refundable)**

*\* Includes one Solicitor Badge for an Agent listed in 7a*

**Additional Solicitor Fee: \$25.00 per applicant**

\_\_\_\_\_  
**Applicant's Full Legal Name**

(This is the name of the business that is registering)

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

<b>Official Use Only</b>
Permit Number: _____
Date Issued: _____
Date Expired: _____
Approved: _____
Denied: _____
Reason for Denial: _____
_____
_____
Receipt Number _____
Total Amount Due: _____

**Mark the appropriate box:**

INITIAL APPLICATION

RENEWAL APPLICATION

Please return the completed Application form with all applicable paperwork and check or money order to:

Town of Mantua  
409 North Main Street  
Mantua, Utah 84324  
Phone: 435-723-7054 / Fax 435-723-8427

**Instructions:**

**1. Complete this application in full. PRINT LEGIBLY.** If you have any question, you may contact the Town of Mantua at (435)-723-2054.

**2. Attach the following to the completed application:**

- a. An official bank check or money order in the amount of \$100 for application and \$25 for each attached solicitor application.
- b. Proof of Identity: Attach a copy of any of the following which bear a photograph of said applicant and all Agents listed in 7a (page 4):
  - (a) A valid driver's license issued by any state (front and back);
  - (b) A valid passport issued by the United States (All identifying information must show);
  - (c) A valid identification card issued by any state (front and back);
  - (d) A valid identification issued by a branch of the United State military (front and back).

*An appointment will be scheduled, when a Police Officer can be available, for an in-person verification of the applicant's original proof of identity. Upon Verification of true identity, the original identification submitted to establish proof of identity shall be returned to the applicant. The Town will keep the attached copy.*

- c. Proof of Utah State Sales Tax Number
- d. Proof of Business Registration with the Utah Department of Commerce
- e. BCI Background Check: The applicant shall provide an original copy of a current Nationwide Criminal History from the FBI. Go to [www.bci.utah.gov](http://www.bci.utah.gov), click on the "Criminal Records" link and "I need to obtain a copy of my nationwide criminal history from the FBI" link. Follow the online instructions.
- f. Attach a separate Individual Salesperson/Solicitor Badge Application for each salesperson or solicitor. (See attached: make as many copies as needed for each salesperson/solicitor).
- g. Attach copies of all printed sales materials, in order of sales presentation.

**3. Return your completed application form and all attachments to:**

**Town of Mantua  
409 North Main Street  
Mantua, Utah 84324**

**4. Call Mantua Town Hall, 435-723-7054, for an appointment to verify original identification, for Business Applicant Agent and for all Salespersons/Solicitors, and to have signature(s) witnessed.**

**Applicant Business Name:** \_\_\_\_\_

**1. Business Type:**

- |  |  |
|--|--|
| ____ Corporation   | ____ Limited Liability Company (attach Articles of Organization) |
| ____ General Partnership   | ____ Sole Proprietorship (attach copy of business name filing)   |
| ____ Limited Partnership<br>(attach copy of Partnership agreement) | ____ Other (Explain)<br>_____                                    |

**2. State in which Applicant is legally incorporated/organized for business:** \_\_\_\_\_

3. Application Contact Person: \_\_\_\_\_

Phone Number; \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

4. Applicant's Principal Business Address: \_\_\_\_\_

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

Principal Business Phone Number \_\_\_\_\_

Principal Business Fax Number \_\_\_\_\_

5. List all organizations that are affiliated with the Applicant, including any Trade Names(s) used.

Name	Address (if different)	City	State	Zip Code

6. Provide the following information for the Registered Agent\* of the Applicant and attach a copy of a current driver license or valid government-issued photo identification card (if agent is an individual) or a Certificate of Existence (if agent is a corporation).

Name \_\_\_\_\_

Street Address \_\_\_\_\_

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

Telephone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

**\*NOTE: The registered agent is a person or business who is authorized by the Applicant to receive service of process if the Applicant is named in a lawsuit. The registered agent must reside in this state. The Applicant must have a registered agent designated at all times. Failure to comply with this requirement will result in the denial of a registration application or the suspension of an issued permit as applicable.**

7. a. Provide complete information for EACH of the Applicant's:

Owners	General Partners	Controlling interest holders
Officers	Directors	Limited Partners
Members	Proprietors	Managers
Principals	Trustees	

Key employees (employees that are responsible for the daily operations of the business)

*Copy this page if you need more space*

\_\_\_\_\_  
FULL LEGAL NAME

\_\_\_\_\_  
FULL LEGAL NAME

\_\_\_\_\_  
Residential Street Address

\_\_\_\_\_  
Residential Street Address

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

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

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License No.

\_\_\_\_\_  
Driver's License No.

\_\_\_\_\_  
FULL LEGAL NAME

\_\_\_\_\_  
FULL LEGAL NAME

\_\_\_\_\_  
Residential Street Address

\_\_\_\_\_  
Residential Street Address

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

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

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Driver's License No.

\_\_\_\_\_  
Driver's License No.

b. Attach a copy of a current driver's license or valid government-issued photo identification card for each individual listed in 7a.

c. HAVE ANY OF THE INDIVIDUALS LISTED IN ABOVE (7a) EVER APPLIED FOR A SOLICITATION PERMIT AND BEEN DENIED? \_\_\_\_\_ YES \_\_\_\_\_ NO

If you answered "Yes" to this question, you must attach to this application a copy of each notice of denial. IF you answered "No" to this question, attach a copy of all prior solicitation permits for that individual.

d. Does the Applicant have one or more merchant accounts for credit card sales?  
\_\_\_\_\_ YES \_\_\_\_\_ NO

If you marked "Yes" provide the following information for EACH merchant account.

_____ Merchant Account Number	_____ Merchant Account Number
_____ Institution that Issued or Hold Merchant Account	_____ Institution that Issued or Hold Merchant Account
_____ Merchant Account Issue/Holder Address	_____ Merchant Account Issue/Holder Address
_____ Merchant Account Issuer/Holder Telephone Number	_____ Merchant Account Issuer/Holder Telephone Number
_____ Name of Applicant's primary contact for Merchant Account	_____ Name of Applicant's primary contact for Merchant Account
_____ Address of Applicant's primary contact for Merchant Account	_____ Address of Applicant's primary contact for Merchant Account
_____ Telephone Number of Applicant's primary contact	_____ Telephone Number of Applicant's primary contact
_____ Social Security # of Applicant's primary contact	_____ Social Security # of Applicant's primary contact
_____ Date of Birth      Place of Birth	_____ Date of Birth      Place of Birth

8. Have any other licenses or permits been issued in Applicant's name besides the one currently being applied for? \_\_\_\_\_ YES \_\_\_\_\_ NO

If "YES," for any of the following questions provide the following information for EACH license or permit.

_____ License Number	_____ License Number
_____ Issue Date                      Expiration Date	_____ Issue Date                      Expiration Date
_____ Issuing State	_____ Issuing State
_____ Issuing Agency	_____ Issuing Agency

Copy this page if more space is needed for any of the questions  
APPLICANT DISCLOSURE:

9. Has Applicant or any agent listed in 7a, EVER had a work card, business license, or trade license revoked, suspended or cancelled for any reason? \_\_\_\_\_ YES \_\_\_\_\_ NO

If "YES," provide the following information for EACH license or permit. *Copy this page if you are required to list more than two Licenses or permits.*

\_\_\_\_\_  
Date of Action

\_\_\_\_\_  
Date of Action

\_\_\_\_\_  
State/Agency

\_\_\_\_\_  
State/Agency

\_\_\_\_\_  
Reason for Action

\_\_\_\_\_  
Reason for Action

10. Has the Applicant, or any agent listed in 7a, been criminally convicted of, or are any criminal charges currently pending against the applicant for:

- a) felony homicide,
- b) physically abusing, sexually abusing, or exploiting a minor,
- c) the sale or distribution of controlled substances, or
- d) sexual assault of any kind?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If you marked "YES," provide the following information for EACH criminal case. *Copy this page if you are required to list more than one case.*

\_\_\_\_\_  
Name of Defendant

\_\_\_\_\_  
Court in which case was filed

\_\_\_\_\_  
Docket or case number

\_\_\_\_\_  
Date of final order/resolution

11. Has the Applicant, or any agent listed in 7a, been criminally convicted of a felony within the last ten years? \_\_\_\_\_ Yes \_\_\_\_\_ No

If you marked "YES," provide the following information for EACH criminal case. *Copy this page if you are required to list more than one case.*

\_\_\_\_\_  
Name of Defendant

\_\_\_\_\_  
Court in which case was filed

\_\_\_\_\_  
Docket or case number

\_\_\_\_\_  
Date of final order/resolution

12. Has the applicant, or any agent listed in 7a, been incarcerated in a federal or state prison in the past five (5) years?

\_\_\_\_\_ YES \_\_\_\_\_ No

13. Has the Applicant, or any agent listed in 7a, been criminally convicted of a misdemeanor within the past five (5) years involving a crime of:

- a) moral turpitude or
  - b) violent or aggravated conduct involving persons or property?
- YES  NO

If you marked "YES," provide the following information for EACH criminal case. *Copy this page if you are required to list more than one case.*

Name of Defendant	Court in which case was filed
Docket or case number	Date of final order/resolution

14. Has a final civil judgment been entered against the Applicant, or any agent listed in 7a, within the last five (5) years that:

- a) the Applicant had either engaged in fraud or intentional misrepresentation, or
  - b) that a debt of the Applicant was a non-dischargeable in bankruptcy pursuant to 11 USC section 523(a)(2), (a)(4), (a)(6), or (a)(19)?
- YES  NO

If you marked "YES," provide the following information for EACH judgement case. *Copy this page if you are required to list more than one case.*

Name of Defendant	Court in which case was filed
Docket or case number	Date of final order/resolution

15. Is the Applicant, or any agent listed in 7a, currently on parole or probation to any court, penal institution, or governmental entity, including being under house arrest or subject to a tracking device?

YES  NO

If you marked "YES," provide the following information for EACH warrant. *Copy this page if you are required to list more than one case.*

Name of Defendant	Court/Penal Institution/Government Entity
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16. Does the Applicant, or any agent listed in 7a, have an outstanding arrest warrant from any jurisdiction?

YES  NO

If you marked "YES," provide the following information for EACH warrant. *Copy this page if you are required to list more than one case.*

Name the Warrant is issued to	Court Warrant is issued out of
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17. Is the Applicant, or any agent listed in 7a, currently subject to a protective order or stalking injunction of any kind issued by a court of competent jurisdiction?

YES  NO

If you marked "YES," provide the following information for EACH Stalking order or injunction. *Copy this page if you are required to list more than one case.*

Name of Defendant	Court or Jurisdiction
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18. a. Provide a complete, detailed description of each product or service that Applicant will be offering for sale. *Attach additional pages if more space is needed.*

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Description of product/service

---

Supplier or Fulfiller of product/service

---

Price of each unit (or attach a product/service price list)

---

Conditions or restrictions that apply to the sale

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Warranties that apply to the sale

b. Sample copies or electronic access to all sales materials provided to consumers in connection with the marketing of products/services identified above.

19. Do any rules, regulations, terms, restrictions, or conditions apply to a prize, bonus, award, gift or premium that Applicant is/will be marketing? \_\_\_\_\_ YES \_\_\_\_\_ NO

20. Attach copies of all printed sales materials and receipts, in order of sales presentation. This application will not be approved unless the Applicant's script(s) and receipt(s) include the following, highlighted for easy identification:

**"IN ADDITION TO ANY RIGHT TO OTHERWISE REVOKE AN OFFER, YOU THE PRUCHASER, MAY CANCEL THIS SALE UP TO MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE RECEIPT OF THE MERCHANDISE OR PREMIUM, WHICHEVER IS LATER."**

- Instructions for how a consumer may exercise the three-day right to cancel, including the following:
  - Clear disclosure that a cancellation must be made in writing
  - The company's full mailing address
  - The company's fax number or e-mail address
  - Information about any refund policy that goes into effect after the three-day right to cancel ends.
  - The solicitor's true name, telephone number, and complete street address at the time of solicitation.

21. Does the Applicant agree to correct this application within 30 calendar days of any information becoming incomplete, incorrect, or materially changed? \_\_\_\_\_ YES \_\_\_\_\_ NO



22. The Applicant shall execute the application form, stating upon oath or affirmation, under penalty of perjury, that based on the present knowledge and belief of the Applicant, the information provided is complete, truthful and accurate.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Agent Solicitor's Signature (for I.D. badge)\*

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

**FOR OFFICE USE ONLY:**

\_\_\_\_\_ PROOF OF IDENTITY

\_\_\_\_\_ BCI BACKGROUND CHECK

\_\_\_\_\_ PROOF OF REGISTRATION TO DO BUSINESS IN THE STATE OF UTAH (DEPARTMENT OF COMMERCE)

\_\_\_\_\_ PROOF OF UTAH STATE SALES TAX NUMBER

\_\_\_\_\_ SEPARATE APPLICATIONS FOR SOLICITORS/SALESPERSONS (See attached application for solicitors)

\_\_\_\_\_ APPLICATION PRE-APPROVED    \_\_\_\_\_ APPLICATION APPROVED    \_\_\_\_\_ APPLICATION DENIED

\_\_\_\_\_  
Clerk/Recorder Signature

\_\_\_\_\_  
Date