

Application for Transient/Solicitor/Peddler Merchant License



CITY OF WILLARD
BUSINESS LICENSE DIVISION
80 W. 50 S, P.O. Box 593, Willard, Utah 84340
Phone (435) 734-9881
Fax (435) 723-6164

FOR OFFICE USE ONLY

Application Fee - \$25.00

One Day - \$25.00 _____

One Week - \$50.00 _____

Two Weeks - \$75.00 _____

Three Months - \$150 _____

Check Cash

Total: _____

PLEASE COMPLETE ALL ITEMS – INCOMPLETE APPLICATIONS WILL BE RETURNED WITHOUT BEING PROCESSED

SECTION I: Business Information - Please type or print clearly.

Type of license applied for (check one):

- Transient
- Peddler
- Solicitor

Type of license applied for (check one):

- One Day
- One Week
- Two Weeks
- Three Months

Date(s) license requested for: _____ through _____.

Date of Application _____

Name of Applicant _____

Address _____ Phone _____

Business Name _____

Type of Business (please be specific) _____

Business Address _____

Description of business activity _____

Owner's Name _____ Phone _____

Location(s) of business (city area to be used):

List of other municipalities in which engaged in business in past six months: _____

Current photograph(s) of person(s) to do business in area must be provided to obtain license. A clear 2" x 2" headshot is required. Is photograph attached?

- Yes
- No

Have you or any of your employees been convicted of any crime, misdemeanor, or violation of any municipal ordinance?

- Yes
- No

If yes, please state nature of offense and punishment or penalties: _____

Are you selling fresh vegetables, fruits, meats, or other foodstuffs?

- Yes
- No

If yes, please attach a copy of statement of licensed Utah physician verifying person(s) selling at location(s) is/are free of any and all infectious, contagious, or communicable diseases.

UTAH STATE AUTHORIZATION FOR DOING BUSINESS IN STATE IS REQUIRED PRIOR TO FINAL APPROVAL OF APPLICATION.

Utah State Sales Tax ID Number: _____ Date of Expiration: _____

Temporary Willard/State Tax ID Number: _____

(Call State Tax Commission 1-800-662-4335 for Temporary Tax ID #.)

Provide the following information for EACH person to be covered by license. Attach additional sheet if necessary.

Name	Social Security Number	Birth Date

The forgoing statement is true and accurate to the best of my knowledge.

Signature _____ Date _____

WAIVER OF LIABILITY

I hereby authorize Willard City Corporation to investigate my past and present work, character, education, medical, military, and police records and to solicit from applicable agencies any information which concerns by past and present status. The release of any and all information is authorized whether it is of record or not and I do hereby release all persons, firms, agencies, companies, groups, or installations, whomsoever, from any damages because of/ or resulting from furnishing such information to the Willard City Corporation. Note: Duplicate Waiver of Liability from and obtain signature for each person to be covered by license.

Signature _____ Date _____

Printed Name _____

For Office Use Only: Approval of Business License Administrator

Signature _____ Date _____