

Providence City

164 North Gateway Drive Providence, Utah 84332 (435) 752-9441 FAX (435) 753-1586 www.providencecity.com

License Application

| Type: □ | Peddler |
|----------------------|---------------------------|
| | Transient Merchant |
| | Itinerant Merchant/Vendor |
| License No | |
| Date Received | |

Peddler, Transient or Itinerant Business Licenses

For an owner taking part in temporary mobile or immobile sales of goods.

| SECTION 1: Individual Information | | |
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| | | |
| A. Applicant's legal name: | | |
| B. Applicant's telephone number(s): | | |
| C. Applicant's email address | | |
| D. Applicant's home address: | | |
| Street Address (Include unit #) City, State, Zip | | |
| SECTION 2: Business Information | | |
| D. Are you an employee or agent of a Corporation? | | |
| ☐ Yes | | |
| □ No | | |
| E. If Yes, what is the name of the Corporation? | | |
| F. Corporation Address: | | |
| Street Address (Include unit #) City, State, Zip | | |
| G. Corporation telephone number: | | |
| OR | | |
| H. Are you employed by an agent of another person? | | |
| ☐ Yes | | |
| □ No | | |
| I. If yes, what is the name of such other person? | | |
| J. Such other's address: | | |
| -If employed by another agent, please provide documentation showing that you are authorized to do business within the state. | | |
| SECTION 2 I: Business Information | | |
| K. What is the desired dates for this business?: | | |
| L. Where do you propose to carry on your business?: | | |
| M. Have you engaged in any other business in other municipalities within a six month period preceding the date of this application? Yes No | | |
| N. If yes, please list them: | | |

| SECTION 3: Business Description | | |
|---|---|--|
| - Please provide a brief description of the business and from whom or where the applicant obtains the goods to be sold. | | |
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| | | |
| SECTION 4: Affirmation of Accuracy | | |
| | | |
| I SWEAR OR AFFIRM THAT THE ABOVE AND FORE CORRECT TO THE BEST OF MY INFORMA | | |
| Printed Name: | Subscribed and sworn before me this day of | |
| Signature: | | |
| Date: | | |
| State of Utah | Skarlet Bankhead, City Recorder | |
| Cache Valley | | |
| SECTION 5: Office Use Only | | |
| Proof of Registration with State of Utah Department of Commerce: | \square Not eligible for certification | |
| | | |
| Bureau of Criminal Investigation (BCI) Background Check (no older | than 180 days): \Box Not eligible for certification | |
| $\hfill \Box$ Yes—BCI-verified criminal history repoirt personal to the applicant | | |
| ☐ Yes—Verification that no criminal history rising to the level of a disqualiying status exists for th applicant | | |
| □ No | | |
| One recent (taken within 6 months and passport size) photograph sub- | mitted: \Box Not eligible for certification | |
| □ Yes □ No | | |