



Smithfield City SOLICITOR LICENSE APPLICATION

96 South Main Street
P.O. Box 96
Smithfield, UT 84335

Date of Application _____

State Tax Number _____

License Type SOLICITOR

Acct. number _____

License Fees:

Initial Fee: \$ _____

Other Fees: \$ _____

Total Fees \$ _____

Solicitor License Number _____

Name of Business _____

Business Address _____

City _____ State _____ Zip _____

Business Phone () _____ Fax () _____

Applicant's Name _____

Applicant's Home Address _____

_____ City _____

_____ State _____ Zip _____

Home Phone () _____ Work Phone () _____

Alternate Contact _____ Phone () _____

Description of Business: _____

Type of Organization: Self-owned Corporation Limited Liability
 Partnership Limited Partnership

:

I (we) hereby agree to conduct business in accordance with the laws and ordinances governing such business and swear, under penalty of law, the information contained herein is true.

Signature: _____

Title: _____