

**\*\*\*\*\*NEW FINGERPRINT CARD PROCESS\*\*\*\*\***

**PLEASE SUBMIT A COMPLETED FINGERPRINT CARD(S)  
AND INCLUDE A \$20.00 (NON-REFUNDABLE) FEE FOR  
EACH FINGERPRINT CARD ATTACHED TO THIS  
APPLICATION.**

**INSTRUCTIONS FOR FINGERPRINT CARD(S):**

- 1. CONTACT YOUR LOCAL POLICE DEPARTMENT.**
- 2. REQUEST TO BE FINGERPRINTED. THE POLICE DEPARTMENT MAY CHARGE A FEE FOR FINGERPRINT SERVICE.**
- 3. INCLUDE THE COMPLETED FINGERPRINT CARD(S) AND FEE WITH THIS APPLICATION.**



# State of Utah

DEPARTMENT OF COMMERCE  
DIVISION OF CONSUMER PROTECTION

## TELEMARKETING PERMIT APPLICATION FORM

**Annual Application Fee: \$500.00 (Non-refundable)**  
**Background Check Fee: \$20.00 Per Person**  
**(Non-refundable)**

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Applicant's Full Legal Name  
(This is the name of the business that is registering.)

---

Date of Application

### OFFICE USE ONLY

Permit Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Date Expired: \_\_\_\_\_

Approved: \_\_\_\_\_

Exempt: \_\_\_\_\_

Denied: \_\_\_\_\_

Surety Amount: \_\_\_\_\_

Receipt Number: \_\_\_\_\_

Mark the appropriate box:

INITIAL  
APPLICATION

RENEWAL  
APPLICATION

Please return the completed Application form and check or money order to:

Utah Department of Commerce  
Division of Consumer Protection  
160 East 300 South, 2nd Floor  
PO Box 146704  
Salt Lake City, UT 84114-6704  
Phone: 801-530-6601 | Fax: 801-530-6001

Instructions:

1. Complete this application in full. If you have any questions, you may contact the Division at (801) 530-6601 for assistance.
  
2. **Attach the following to the completed application:**
  - a. A check or money order in the amount of **\$500.00** payable to **State of Utah**.
  - b. Documentation of Applicant's business organization (see item 2 on page 2 of this application).
  - c. Copy of any telemarketing permit denial issued by Utah or another state and copies of any prior permits issued (see item 9 on page 4).
  - d. Current driver license or valid government-issued photo identification card or Certificate of Existence of Registered Agent (see item 10 on page 4).
  - e. Original documentation of the surety obtained (see item 11 on pages 5-7).
  - f. Photocopy of the driver license or other government-issued identification for each individual listed in item 12a (page 6 & 7).
  - g. Submit completed fingerprint card(s) with this application. NOTE: All fingertips must be fingerprinted. A completed fingerprint card is required for all named individuals listed in item 12a (see item 12c on page 7). The Background Check Fee is \$20.00 (payable to the Division) per person for each individual named in 12a.
  - h. A product/service price list (if necessary per item 19a on page 11) and sample copies of all materials that will be provided to consumers in connection with Applicant's marketing of products/services (see item 19b on page 11).
  - i. A copy of any rules, regulations, terms, restrictions, or conditions that apply to a prize, bonus, award, or gift that Applicant is/will be marketing (see item 21 on page 12).
  - j. A copy of Applicant's written policy for compliance with federal Do-Not-Call rules (see item 22 on page 12).
  - k. A copy of each sales script/sales presentation that will be used by Applicant (see item 23 on page 11 & 12).
  
3. Return your completed application form and all attachments to:

Utah Department of Commerce  
Division of Consumer Protection  
160 East 300 South, 2<sup>nd</sup> Floor  
PO Box 146704  
Salt Lake City, UT 84114-6704

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

**1. Business Type:**

**Corporation;** (attach Articles of Incorporation)

**Limited Liability Company;** (attach Articles of Organization)

**General Partnership;** (attach copy of Partnership Agreement)

**Sole Proprietorship;** (attach copy of fictitious business name filing)

**Limited Partnership;** (attach copy of Partnership Agreement)

**Other** (Explain here)  
\_\_\_\_\_

2. **State in which Applicant is legally incorporated/organized for business:** \_\_\_\_\_  
 Attach a copy of the Applicant's Articles of Incorporation or other organizational documents that show Applicant's current legal status.

3. **Application Contact Person:** \_\_\_\_\_  
**Phone Number:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
 Street  
 \_\_\_\_\_  
 City State Zip code

4. **Applicant's Principal Business Address:** \_\_\_\_\_  
 Street  
 \_\_\_\_\_  
 City State Zip Code  
 \_\_\_\_\_  
 Principal Business Phone Number Principal Business Fax Number

5. **List any other business address(es) where the Applicant has conducted telemarketing activities over the past ten (10) years.**  
 Copy this page if you are required to list more than three other business addresses.

Effective date	Name	Address (if different)	City	State	Zip Code

6. **List all names and addresses under which the Applicant has EVER done business or intends to do business (The Applicant's "D.B.A.s").**  
 Copy this page if you are required to list more than three other business names:

Effective date	Name	Address (if different)	City	State	Zip Code

**7. List all affiliated organizations of the Applicant, including any Trade Name(s) used.**

Copy this page if you are required to list more than three organizations.

Name	Address (if different)	City	State	Zip Code

**8. List all organizations that are affiliated with the Applicant, if not already disclosed above.**

Copy this page if you are required to list more than three affiliated organizations.

Name	Address (if different)	City	State	Zip Code

**9. HAS THE APPLICANT OR ANY OF THE ENTITIES LISTED IN ITEMS 6, 7, OR 8 ABOVE EVER APPLIED FOR A UTAH TELEMARKETING 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 telemarketing permits.

**10. 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

\_\_\_\_\_  
Facsimile 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.**

**11. Surety requirement:** Please mark the appropriate box indicating the type of surety being provided in satisfaction of U.C.A. §13-26-3.

**Bond**

**Letter of Certificate**

**Certificate of Deposit**

**a.** Determine which statement below applies to the Applicant's circumstances:

**If the following statement applies, Applicant must obtain surety in the amount of \$50,000.**

- Neither the Applicant nor any person affiliated with the Applicant has, within the three-year period preceding the date of this application, been found in an administrative, civil, or criminal proceeding to have violated Utah's laws governing telephone solicitation.

**If the following statement applies, Applicant must obtain surety in the amount of \$75,000.**

- Either the Applicant or a person currently affiliated with the Applicant has, within the three-year period preceding the date of this application, been found in an administrative, civil, or criminal proceeding to have violated Utah's laws governing telephone solicitation.

**Attach the original surety document, or copy if this is a renewal.**

**b.** Complete this section if Applicant is submitting a **BOND**:

Date of bond: \_\_\_\_\_ Bond expires: \_\_\_\_\_

Name Surety Company: \_\_\_\_\_

Address of Surety Company: \_\_\_\_\_

Telephone and fax number of Surety Company: \_\_\_\_\_

Registered on Treasury list:                      Yes                      No

**Attach the original bond document or Power of Attorney renewal if it is a renewal surety bond certificate.**

**A.** Complete this section if Applicant is submitting a **LETTER OF CREDIT**

Date of letter of credit: \_\_\_\_\_ Letter of credit expires: \_\_\_\_\_

Name of Utah Bank: \_\_\_\_\_

Address of Utah Bank: \_\_\_\_\_

Telephone and fax number of Utah Bank: \_\_\_\_\_

**Attach the original letter of credit or renewal if it is a continuation certificate.**

**B.** Complete this section if Applicant is submitting a **CERTIFICATE OF DEPOSIT**.

Date of certificate of deposit: \_\_\_\_\_ Certificate of deposit expires: \_\_\_\_\_

Name of Utah Bank: \_\_\_\_\_

Address of Utah Bank: \_\_\_\_\_

Telephone and fax number of Utah Bank: \_\_\_\_\_

**Attach the original certificate of deposit or renewal if it is a continuation certificate.**

12.

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

- Owners
- Officers
- Directors
- Key employees (employees that are responsible for the daily operations of the business)
- Members
- Principals
- Trustees
- General partners
- Limited partners
- Managers
- Proprietors
- Controlling interest holders

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

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

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

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

\_\_\_\_\_  
Birth Date Birth Place

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

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

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

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

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

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

\_\_\_\_\_  
Birth Date Birth Place

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

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

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

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

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

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

\_\_\_\_\_  
Birth Date Birth Place

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

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

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

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

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

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

\_\_\_\_\_  
Birth Date Birth Place

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

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

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

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

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

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

\_\_\_\_\_  
Birth Date Birth Place

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

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

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

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

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

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

\_\_\_\_\_  
Birth Date Birth Place

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

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

- b. Attach a copy of a current driver license or valid government-issued photo identification card for each individual listed in response to item 12a.
- c. **FINGERPRINT PROCESS:** To complete the criminal background check with the Division for each above-named individual, please go to your local police department and request to be fingerprinted. You are responsible to pay any fees the police department may charge for this service. You must submit each completed fingerprint card(s) with your application to the Division.
- d. **HAVE ANY OF THE INDIVIDUALS LISTED IN ABOVE EVER APPLIED FOR A UTAH TELEMARKETING 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 telemarketing permits for that individual.**

**Does the Applicant have one or more merchant accounts?                      YES                      NO**

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

---

Merchant Account Number

---

Institution that Issued or Holds Merchant Account

---

Merchant Account Issuer/Holder Address

---

Merchant Account Issuer/Holder Telephone Number

---

Name of Applicant's primary contact for Merchant Account

---

Address of Applicant's primary contact for Merchant Account

---

Telephone Number of Applicant's primary contact

---

Social Security # of Applicant's primary contact

---

Date of Birth                      Place of Birth

---

Merchant Account Number

---

Institution that Issued or Holds Merchant Account

---

Merchant Account Issuer/Holder Address

---

Merchant Account Issuer/Holder Telephone Number

---

Name of Applicant's primary contact for Merchant Account

---

Address of Applicant's primary contact for Merchant Account

---

Telephone Number of Applicant's primary contact

---

Social Security # of Applicant's primary contact

---

Date of Birth                      Place of Birth

Copy this page if you are required to list more than two accounts.

13. **Have any other licenses or permits been issued in Applicant's name besides the one currently being applied for?**

**YES**

**NO**

If you marked "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.

\_\_\_\_\_  
License Number

\_\_\_\_\_  
License Number

\_\_\_\_\_  
Issue Date

\_\_\_\_\_  
Issue Date

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Issuing State

\_\_\_\_\_  
Issuing State

\_\_\_\_\_  
Issuing Agency

\_\_\_\_\_  
Issuing Agency

14. **Has Applicant EVER had a work card, business license, or trade license revoked, suspended or cancelled for any reason?**

**YES**

**NO**

If you marked "Yes," provide the following information for **EACH** action. Copy this page if you are required to list more than two actions.

\_\_\_\_\_  
Date of action

\_\_\_\_\_  
Date of action

\_\_\_\_\_  
State/agency

\_\_\_\_\_  
State/agency

\_\_\_\_\_  
Reason for action

\_\_\_\_\_  
Reason for action

15. **Disclosure of criminal history and regulatory actions.**

a. **Has any individual identified in item 12 (page 6 & 7) EVER been convicted of, pled nolo contendere to, or entered a plea in abeyance to a criminal charge alleging or involving racketeering, fraud, theft, embezzlement, fraudulent conversion, misappropriation of property, or moral turpitude?**

**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 the case was filed

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

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

**b. Has any individual identified in item 12 (page 6 & 7) EVER had a final judgment or order (including a stipulation, settlement, or consent order) entered against him/her in a civil or administrative action alleging racketeering; fraud; theft; embezzlement; use of untrue or misleading representations in an attempt to sell or dispose of real or personal property; use of unfair, unlawful, or deceptive business practices; or violation of telemarketing law?**

**YES**

**NO**

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

\_\_\_\_\_  
Name of Respondent

\_\_\_\_\_  
State court or agency with which the case was filed

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

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

**c. Has any individual identified in item 12 (page 6 & 7) EVER been the subject of an injunction or a cease and desist order for the purpose of prohibiting a business activity relating to a professional license?**

**YES**

**NO**

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

\_\_\_\_\_  
Name of Respondent/Defendant

\_\_\_\_\_  
State court or agency that entered the injunction/order

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

\_\_\_\_\_  
Date of injunction/order

**d. Has any individual identified in item 12 (page 6 & 7) EVER been found in violation of a law, federal regulation, or state rule as determined in a criminal, civil, or administrative proceeding? Misdemeanor traffic violations, traffic citations, and parking offenses are not required to be disclosed.**

**YES**

**NO**

If you marked "Yes," provide the following information for **EACH** violation. Copy this page if you are required to list more than two violations.

\_\_\_\_\_  
Name of Respondent/Defendant

\_\_\_\_\_  
State court or agency with which the complaint was filed

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

\_\_\_\_\_  
Date of final order

\_\_\_\_\_  
Name of Respondent/Defendant

\_\_\_\_\_  
State court or agency with which the complaint was filed

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

\_\_\_\_\_  
Date of final order

e. Is any individual identified in item 12 (page 6 & 7) CURRENTLY under investigation for a crime (other than misdemeanor traffic violations, traffic citations, and parking offenses) or for a violation of state laws or regulations governing a business or professional license?

YES

NO

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

\_\_\_\_\_  
Name of Respondent/Defendant

\_\_\_\_\_  
State court or agency with which the case is filed

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

\_\_\_\_\_  
Date of next scheduled proceeding

16. Identify each location from which Applicant will dial telephone numbers.

Copy this page if you are required to list more than three locations.

A.

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

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Contact person's telephone number

\_\_\_\_\_  
Telephone numbers from which incoming calls may be received at this address.

B.

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

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Contact person's telephone number

\_\_\_\_\_  
Telephone numbers from which incoming calls may be received at this address.

C.

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

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Contact person's telephone number

\_\_\_\_\_  
Telephone numbers from which incoming calls may be received at this address.

**17. Identify each location from which Applicant will conduct business, including mail drop locations, administrative offices, and fulfillment and processing centers.**

Copy this page if you are required to list more than three locations.

**A.** \_\_\_\_\_  
Address City State Zip

\_\_\_\_\_

Contact Person Contact person's telephone number

\_\_\_\_\_

All telephone numbers from which incoming calls may be received at this address.

**B.** \_\_\_\_\_  
Address City State Zip

\_\_\_\_\_

Contact Person Contact person's telephone number

\_\_\_\_\_

All telephone numbers from which incoming calls may be received at this address.

**C.** \_\_\_\_\_  
Address City State Zip

\_\_\_\_\_

Contact Person Contact person's telephone number

\_\_\_\_\_

All telephone numbers from which incoming calls may be received at this address

**18. List all businesses for whom the Applicant will provide telemarketing services:**

Copy this page if you are required to identify more than eight businesses.

**A.** \_\_\_\_\_

**B.** \_\_\_\_\_

**C.** \_\_\_\_\_

**D.** \_\_\_\_\_

**E.** \_\_\_\_\_

**F.** \_\_\_\_\_

**G.** \_\_\_\_\_

**H.** \_\_\_\_\_

19.

- a. **Provide a complete, detailed description of each product or service that Applicant will be offering for sale through its telemarketing efforts.**

Copy this page if you are required to identify more than one product or service.

---

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

---

Warranties that apply to the sale

- b. **SAMPLE COPIES OR ELECTRONIC ACCESS TO ALL MATERIALS PROVIDED TO CONSUMERS IN CONNECTION WITH THE MARKETING OF THE PRODUCTS/SERVICES IDENTIFIED ABOVE.**

YES

NO

20. **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

If you answered "Yes" to this question, attach a copy of the rules etc.

21. **Does Applicant have in place internal procedures for maintaining a list of consumers who ask not to be called and for honoring such requests for five years (see 47 CFR § 64.1200(d))?**

YES

NO

If you answered "Yes" to this question, attach a copy of Applicant's written policy for compliance with the federal Do-Not-Call rules.

**22. Attach copies of all sales and verification script in order of sales presentation.**

**NOTE:** Under Utah law (UCA §13-26-11(1)(f)), a telemarketer **MUST** at the time of a solicitation orally advise a purchaser of the purchaser's right to cancel. Therefore, this application will **NOT** be approved unless the Applicant's script(s) and sales presentation(s) include the following, highlighted for easy identification:

- The following language: **“In addition to any right to otherwise revoke an offer, you, the purchaser, 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.

**23. DISCLOSURE: Has the applicant EVER conducted telemarketing activities in Utah without a permit? Telemarketing activities that require a permit include engaging in telephone solicitations originating in Utah and conducting telephone calls into Utah.**

**YES**

**NO**

If you answered "Yes" to this question, provide the following information:

\_\_\_\_\_  
Dates during which unregistered telemarketing was conducted

\_\_\_\_\_  
Number/volume of calls made prior to registration

\_\_\_\_\_  
Number of completed sales made prior to registration

**24. Does the Applicant agree to correct this application within 30 calendar days of any information becoming incomplete, incorrect, or materially changed?**

**YES**

**NO**

**25. SIGNATURE/ACKNOWLEDGMENT: to be effective, this application must be signed by all of the individuals listed in item 12 (page 6 & 7).**

Each of the undersigned, by his or her signature, swears and affirms under penalty of perjury that the information submitted in this application is true, accurate, complete, and not misleading; and acknowledges and affirms that no telemarketing solicitations will commence until a permit is RECEIVED from the Utah Division of Consumer Protection. In addition to any other requirements, each undersigned applicant understands that approval of the Telemarketing Permit Application Form depends upon the successful completion of a criminal background investigation. In accordance with §13-49-202 and §53-10-108, each undersigned applicant authorizes the Division to conduct and review the results of a criminal background check. Each undersigned applicant consents to a fingerprint background check through the WIN Network of the Utah Bureau of Criminal Identification. Each undersigned applicant understands that upon request the applicant may review his/her background check and may dispute its findings. Each undersigned applicant understands that the Utah Division of Consumer Protection solicits this information to be informed of the applicant's previous record and character.

\_\_\_\_\_  
**Date:**

\_\_\_\_\_  
**Signature**

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

\_\_\_\_\_  
**Position Held**

\_\_\_\_\_  
**Date:**

\_\_\_\_\_  
**Signature**

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

\_\_\_\_\_  
**Position Held**

\_\_\_\_\_  
**Date:**

\_\_\_\_\_  
**Signature**

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

\_\_\_\_\_  
**Position Held**

\_\_\_\_\_  
**Date:**

\_\_\_\_\_  
**Signature**

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

\_\_\_\_\_  
**Position Held**

\_\_\_\_\_  
**Date:**

\_\_\_\_\_  
**Signature**

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

\_\_\_\_\_  
**Position Held**

\_\_\_\_\_  
**Date:**

\_\_\_\_\_  
**Signature**

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

\_\_\_\_\_  
**Position Held**

Copy this signature page if you are required to provide signatures from more than six individuals.

**APPLICANT'S REGISTRATION WILL EXPIRE ON THE DATE INDICATED ON THE PERMIT**