



CITY OF UNALAKLEET BUSINESS LICENSE NEW APPLICATION

LICENSE YEAR JANUARY 1, 20__ TO DECEMBER 31, 20__

BUSINESS INFORMATION

BUSINESS NAME:		STATE OF ALASKA BUSINESS LICENSE #:	
Enter the exact name you will be conducting business as. You must operate and advertise only in the exact name listed above.			
MAILING ADDRESS OF BUSINESS:		PHYSICAL LOCATION(S) WHERE LICENSE IS APPLICABLE: _____ _____	
PHONE NUMBER:		EMAIL ADDRESS:	
Any person or persons shall comply with chapter 4.08 of the Code of the City providing for the payment of sales tax for goods sold and the filing of all forms required with the Alaska Municipal Sales Tax Program (a division of Alaska Municipal League).			

OWNERSHIP INFORMATION

<input type="checkbox"/> Sole Proprietorship: One (1) individual.		Full Legal Name:			
<input type="checkbox"/> Partnership: Two or more persons and/or entities. If necessary, attach additional sheets to name all the partners.					
Full Legal Name:				Full Legal Name:	
Entity Name:				Alaska Entity #:	
Entity Name:				Alaska Entity #:	
<input type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Cooperative <input type="checkbox"/> LLC <input type="checkbox"/> LLP <input type="checkbox"/> LP <input type="checkbox"/> PC					
Entity Name:				Alaska Entity #:	
<input type="checkbox"/> Other: Trust, Tribe, Village, Municipality, etc. Provide the legal name and type of the organization that owns this business.					
Full Legal Name:					
Type of Organization:					

I hereby certify that I am the person herein named and subscribing to this application. I declare that all information contained, including other documents submitted, are true and correct. I understand any falsification or misrepresentation of any item in this application or attachment, is sufficient for grounds for denying, revoking, or otherwise disciplining a license, certificate, or permit to operate in the City of Unalakleet.

SIGNATURE:		DATE:	
PRINTED NAME:		TITLE:	

Please make checks out to: City of Unalakleet, P.O. Box 28, Unalakleet, AK 99684

CITY REPRESENTATIVE:	DATE FILED:	FEE PAID: <input type="checkbox"/> \$_____ <input type="checkbox"/> CC <input type="checkbox"/> CHECK <input type="checkbox"/> CASH
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CITY OF UNALAKLEET

Credit Card Payment Form

All major credit cards are accepted. Include this credit card payment form with your application.

NAME OF LICENSEE:		LICENSE # (if applicable):	
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I wish to make payment by credit card for the license fee in the amount of: \$_____

NAME (as shown on credit card):	PHONE NUMBER:
BILLING ADDRESS:	

By signing, I authorize the City of Unalakleet to process the payment in the amount above with the credit card information below.

SIGNATURE OF CARDHOLDER:	DATE:
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CREDIT CARD INFORMATION			
CREDIT CARD NUMBER:			ALL 3 FIELDS MUST BE COMPLETED! This section will be destroyed after the payment is processed.
EXPIRATION DATE:		SECURITY CODE:	