# CITY OF UTQIAĠVIK

***"Farthest North Incorporated City"*** ****Renewal Form****

**Name of Firm:** _____

**Person applying:** _____
Last name First name Middle

**Physical Address:** _____

**P.O. Box:** _____

**City, State, and Zip Code:** _____

**Business Phone:** _____

**Home Phone:** _____

**Type of Business:** _____

Please mark the one that applies to your business:

Individual LLC
Partnership Corporation Incorporated

Social Security Number: NSB Zoning Permit State of Alaska Business License No: *or* Temporary Expiration Date:

_____ _____ _____ - _____

**An individual, partnership, or corporation, which engages in business activity in the City of Utqiaġvik, must have a business license. The City of Utqiaġvik business license cannot be issued without a valid copy of your State business license. Listed below are the filing fees:**

| | | |
|---|---|---|
| **Regular Renewal fee** | $150.00 | If paid before December 31st of the expiring year. |
| **Late Renewal fee** | $100.00 | If payment is made after December 31st of the expiring year, a late fee charge of $100 shall apply. |

The applicant certifies that by the above act of making an application for City of Utqiaġvik Business License, that the applicant agrees to be bound by all terms, rules, laws, statutes and/or ordinances of the Federal, State, Borough and City Governments, that relate to retail sales. License(s) must be posted in a conspicuous place, at the business location noted above.
I, signify that the above information is true and correct to the best of my knowledge.

_____ _____
Applicant Signature Date

_____ _____
Email Contact phone #

**FOR OFFICE USE ONLY:**
Receipt Number: Initials: Date: City of Utqiaġvik Temp License # _____
_____ _____ _____ City of Utqiaġvik Regular License # _____