



# CITY OF UTQIAGVIK

"Farthest North Incorporated City"

## **BUSINESS LICENSE APPLICATION FOR YEAR ENDING 12/31/2019**

<b>Date of Application:</b>	<b>New Applicant:</b>	<b>Renewal Application:</b>
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**Name of Firm:** \_\_\_\_\_

**Owner:** \_\_\_\_\_  
Last name                      First name                      Middle

**Physical Address:** \_\_\_\_\_

**P.O. Box:** \_\_\_\_\_

**City, State, and Zip Code:** \_\_\_\_\_

**Business Phone:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_

**E-Mail Address:** \_\_\_\_\_

**Type of Business:** \_\_\_\_\_

Please mark the one that applies to your business:

Individual \_\_\_\_\_ Partnership \_\_\_\_\_ Corporation \_\_\_\_\_ Incorporated \_\_\_\_\_ LLC \_\_\_\_\_

<b>Social Security Number:</b>	<b>NSB Zoning Permit</b>	<b>State of Alaska</b>	<b>or</b>	<b>Temporary</b>
_____	_____	<b>Business License No:</b>	<b>Expiration Date:</b>	_____
_____	_____	_____	_____	_____

An individual, partnership, or corporation, which engages in business activity in the City of Utqiagvik, must have a city business license to operate. City of Utqiagvik business license will not be issued without a valid copy of your state business license. Listed below is the fee:

**ANNUAL FEE \$150.00**      **\$100. LATE FEE IF AFTER DECEMBER 31<sup>ST</sup> \$250.00**

The applicant certifies that by the above act of applying for a City of Utqiabvik Business License, the applicant agree 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. Your Business 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 #**

**FOR OFFICE USE ONLY: (Application must be fully complete, also with copy of State License Attached before Accepting Application for Payment.)**

**Receipt Number:** \_\_\_\_\_ **Initials:** \_\_\_\_\_ **Clerk's Process Date:** \_\_\_\_\_ **Initials:** \_\_\_\_\_

**City of Utqiagvik Regular License #** \_\_\_\_\_