CITY OF KLAWOCK
ALASKA

PO Box 469
Klawock AK 99925

Phone# (907) 755-2261
Fax# (907) 755-2403

"Site of the First Salmon Cannery in Alaska"

Business License Application

Check the appropriate box:

☐ Renewal-Last Year's Local Business License No: _____

☐ New Business – Date starter: _____

☐ *New Owner – Date of Purchase: _____

* A Business License is not transferable or assignable. The Department of Revenue must be notified within ten (10) days when a change in business ownership takes places.

IF PREPRINTED, MAKE ANY NECESSARY CORRECTIONS

The license will be issued in the name of the person or corporation shown in section 5 below. If blank, enter name(s) of individuals with a financial interest in the business. Enter complete business name and mailing address.

1. AK Business License No.	2. Calendar Year	3. S.I.C. Code (LOB)

4. Federal Employer I.D. No. or Social Security No.

5. Owner(s) Name(s)

Business Name

Mailing Address

City, State, Zip Code

6. Phone Number _____
Email Address _____

7. Do you now have employees, or expect to hire employees during the license year?

Yes ☐ No ☐

8. Business is (check one)
Individual ☐ Partnership ☐ Corporation ☐

9. Please list the major business services, activities and/or products you provide in general order of importance.

	Products	Service/Activities
a.		
b.		
c.		
d.		
e.		
f.		
g.		
h.		

10. Physical Location of Business

NOTE: If you wish to register your business name, contact the Alaska Department of Commerce and Economic Development, Corporations Section, Pouch D, Juneau Alaska 99811

11. Business is: (check one)

Alaska Resident: ☐ Nonresident (see note below): ☐

NOTE: Special rules apply to nonresident businesses.

12. State of Origin: _____

13. Corporation Registration Number: _____

14. Professional Board License Number: _____

NOTE: The business license WILL NOT be issued if the appropriate board license is not attached. Failure to do so may result in the delay of issuance of up to 8 weeks.

15. I declare under penalty of perjury that this application is true and complete.

_____
Signature Date

Official Use Only

Check/MO#: _____

Date Received: _____

Amount: _____

_____
Signature

$125.00 License Fee

A copy of your Alaska Business License is required.