



CITY BUSINESS LICENSE APPLICATION

City of Seward, Alaska
Office of the City Clerk
PO Box 167
410 Adams Street
Seward, AK 99664
Telephone: 907-224-4046
Fax: 907-224-4038

- < Check in the amount of \$30 (Non-refundable annual fee)
 - < Copy of State Business License (or proof that you have filed)
 - < Copy of Borough Sales Tax Registration Card (or Registration No. _____)
 - < Copy of any required occupational licenses
- Your city business license will be issued within one week of the date the City Clerk has verified the above and has received proof that all of your tax and other accounts with the City and the Kenai Peninsula Borough are current. Annual renewals are due January 31 & Seasonal (May 1-Sept. 30) are due April 1st

Sign your application and return it to the address at left along with the following required items:

If your business license application is submitted between January 1 and September 30 of any calendar year, your license will be issued for the remainder of that calendar year. If your application is submitted between October 1 and December 31, the license will be issued for the remaining period of the year in which you applied and for all of the following calendar year. This does not apply to renewals.

Legal Name of Business Entity: _____ Date: _____

Mailing Address for LICENSE & RENEWAL: _____

City: _____ State: _____ Zip: _____ Telephone: _____ Cell: _____

Zoning Limitations – A business license does not authorize the holder to conduct business in violation of any zoning ordinance. The location of your business should be indicated below. If a person ceases to engage in business or changes the name, nature or business location, the business license expires. You must list a physical address (a post office box or mail drop is not considered a physical address).

Physical Business Location in Seward: _____

- Nature of business: Retail Wholesale Tour Operator Transportation Communication Services Professional Services Charter Automotive Construction Childcare B&B/Lodging Engineering Educational Fourth of July Vendor Other _____

Social Security Number of one owner or Business Employer Identification No.: _____

Owner Name(s): _____

- Business is:
- Sole Proprietorship (one individual owner)
 - Partnership (All partner's names must be listed above or attached)
 - Corporation (List corporate officer's names and address below, left)
 - Nonprofit
 - LLC (Limited Liability Corporation)

CORPORATE OFFICERS

President: _____

Vice President: _____

Secretary: _____

FOR OFFICE USE ONLY	
Paid: Cash/Check No. _____	Data Entry _____
Notice Sent: _____	Accts. Verified: _____
Zoning District: _____	Use Allowed? _____
Note: _____	

Issued: _____	License #: _____ Expires: _____
Received (date & initials): _____	

As Applicant, I _____, certify or declare under penalty of perjury under the laws of the State of Alaska that the foregoing is true and correct.

Signature Printed Name Title Date