



Selawik Business Registration Application



City of Selawik

In Care of:

Alaska Municipal Sales Tax Program

One Sealaska Plaza Suite 302 Juneau AK 99801

(907)790-5300

amstp@akml.org

New Business

Change in Ownership

Re-Opening

Business Identification

Business Name: _____

Line of Business: _____

AK Business License No. _____ EIN/Social Security #: _____

Contact Information

Contact Name and Title: _____

Contact Phone No. _____ Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address (In Selawik where business is based or occurring): _____

City: _____ State: _____ Zip: _____

Nature of Business: _____

Start Date/End Date of Business in Selawik: _____

Zoning of Location for which the business will be/is being conducted: _____

Organization: _____

If the applicant is not a natural person, list the jurisdiction under whose laws the applicant was organized.

Jurisdiction: _____

Previous Owner Information

Name: _____ Phone No: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

I attest that to the best of my knowledge, the information provided is true and correct.

Print Name: _____

Signature: _____ Date: _____