



# Thorne Bay Business Registration Application



**The City of Thorne Bay**

**In Care of:**

Alaska Municipal Sales Tax Program

One Sealaska Plaza Suite 302 Juneau AK 99801

(907)790-5300

amstp@akml.org

**The fee for an annual business license is \$25.00. This fee is not prorated if the business license is issued after the calendar year commences.**

**The city shall wave the fee when:**

1. The business license is issued to a nonprofit organization registered under Section 501 (c)(3), 501 (c)(4) or 501 (c)(19) of the Internal Revenue Code.
2. The business license is issued for an additional location of the same name operated in the city.

**Please remit check payment with this application, make check payable to AMSTP**

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 Thorne Bay where business is based or occurring): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Nature of Business: \_\_\_\_\_

Start Date/End Date of Business in Thorne Bay: \_\_\_\_\_

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: \_\_\_\_\_

**Please attach a copy of Thorne Bay Corporation Personal Guaranty to this application**