

# Unalakleet Business Registration

## Application



### City of Unalakleet

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

Annual Renewal

### Business Identification

Business Name: \_\_\_\_\_

AK Business License No. \_\_\_\_\_ Federal ID #: \_\_\_\_\_

Doing Business as: \_\_\_\_\_

Line of Business: \_\_\_\_\_

### Business Contact Information

Contact Name and Title: \_\_\_\_\_

Contact Phone No. \_\_\_\_\_ Email: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

### Permits and Certificates

The AMSTP will issue the applicant their City of Unalakleet Business License upon receipt of this application and any associated fees. All approved applicants will receive a Unalakleet Business License.

Business License/ Registration Fee/ (UMC 4.08.060) \$20 (Valid January 1 – December 31) **Required for all Businesses**

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

**Other Business Information**

Physical Location (Address): \_\_\_\_\_

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

Business Phone Number: \_\_\_\_\_ Business Email: \_\_\_\_\_

General Description of Business Activities: \_\_\_\_\_

\_\_\_\_\_

Start Date of Business Activity in Unalakleet: \_\_\_\_\_

Type of Organization: \_\_\_\_\_

**Under penalty of unsworn falsification, I attest that to the best of my knowledge, the information provided is true and correct.**

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**If this business is a corporation, an officer or director of the corporation must sign this form.**