



2024 Business License Application

Expiration Date: 12/31/2024 Fee: \$25.00

City of Wasilla, Finance Department

290 East Herring Avenue Wasilla, Alaska 99654-7091

Phone: (907) 373-9088 Fax: (907) 373-9085 salestax@cityofwasilla.gov

Application is for: New Business Renewal Change in Ownership*

(*review WMC 5.16.130 transfer of a business)

REQUIRED: Date Started or Expected to Start
Operating in Wasilla: _____

I am opting not to use the online business licensing and sales tax system. By opting out, I understand I will no longer receive paper notifications ____ (please initial)

SECTION 1: OWNERSHIP TYPE (Check Only One)

Individual/Sole Proprietor <input type="checkbox"/>	Partnership (LLP Agreements Required) <input type="checkbox"/>	Limited Liability Company (LLC) (State Documents Required) <input type="checkbox"/>
Corporation (State Documents Required) <input type="checkbox"/>	Non-Profit (IRS 501 (C) Documents Required) <input type="checkbox"/>	Church or Religious Organization (State Certificate Required) <input type="checkbox"/>

SECTION 2: BUSINESS CONTACT AND LOCATION INFORMATION

Business Name	Additional DBA
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Business Mailing Address (P.O. or Street Address)	City
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State	Zip Code	Business Phone	Cell Phone or Add'l No.	Business Fax
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Business Contact - Name	Business Email
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Business Physical Address (No P.O. Boxes)

City	State	Zip Code	Business Federal Tax ID or Social Security #
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Business Location is:	<input type="checkbox"/> Inside City Limits <input type="checkbox"/> Outside City Limits	If outside city limits, is your business: <input type="checkbox"/> Coming into the City to provide services or sell product <input type="checkbox"/> A mobile operation <input type="checkbox"/> A temporary vendor located at _____
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Do you own your business location: Yes <input type="checkbox"/> No <input type="checkbox"/>	If No, complete the following Landlord/Property Manager information. If Yes, proceed to Section 3.
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Landlord/Property Manager	Address
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City	State	Zip Code	Phone
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SECTION 3: BUSINESS DESCRIPTION AND LICENSING

Briefly Describe Business Conducted:	State SIC/NAICS Code
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Other Business Licenses and I.D.s:

State of Alaska No. _____ Expiration Date _____

Mat-Su Borough No. _____ Expiration Date _____

*Occupational License No. _____ Expiration Date _____

*Required if working in a specialty occupation. Must be 2024 expiration or greater.

SECTION 4: SALES TAX COLLECTION

Per WMC 5.16.100, sales tax may be collected in one of two methods. Note that notice of sales tax collection must be posted at premise or printed on receipt.

Select which method will be used to collect sales tax

Select method for receipt of sales tax packet:

<input type="checkbox"/> Sales tax will be <u>shown separately</u> on the invoice.	<input type="checkbox"/> Received sales tax packet _____(initial)
<input type="checkbox"/> Sales tax will be <u>included</u> in the sales price.	<input type="checkbox"/> Please mail sales tax packet _____(date mailed by City of Wasilla)
<input type="checkbox"/> No taxable sales – Qualifying exemptions to Annually File (See Sales Tax Code 5.16.050 for list of exemptions)	<input type="checkbox"/> Please email sales tax packet _____ (email address, if different than above)

*** PLEASE COMPLETE BOTH SIDES/PAGES OF THIS FORM ***

