Control <t< th=""></t<>									
Application is for: New Business Renewal Change in Ownership* 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 (Chee	k Only One)				-				
Individual/Sole Proprietor		Partnership Limited Liabilit (LLP Agreements Required) (State Documen							
Corporation (State Documents Required)		Non-Profit Church or Reli (IRS 501 (C) Documents Required) Church or Reli (State Certificat							
SECTION 2: BUSINESS CONTACT AND	LOCATION	NFORMATIO	N		1				
Business Name					Additiona	al DBA			
Business Mailing Address (P.O. or Street Address	ess)				City				
State Zip Code	Business Pho	one	Cell Phone or Add'l No.			Busine	ss Fax		
Business Contact - Name		В	Business Emai	I					
Business Physical Address (No P.O. Boxes)									
City State Zip Code Business Federal Tax									
Dusiness Lesstien in Lucid. Cit.	Lincita	If a statistic s	-14		al Security	/#			
Business Location is: Inside City			city limits, is to the City t			all product			
Outside Citv Limits L Coming into the Citv to provide services or sell product									
A temporary vendor located at									
Do you own your business location: Ye	es No			to Section	0	indiord/Prope	rty Manager mormation.	ii res,	
Landlord/Property Manager			Ad	dress					
City	State	Zip Code			Phone				
SECTION 3: BUSINESS DESCRIPTION	AND LICENSIN	NG							
Briefly Describe Business Conducted:							State SIC/NAICS Cod	е	
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. <u>Select which method will be used to collect sales tax</u> <u>Select method for receipt of sales tax packet:</u>									
Sales tax will be <u>shown separately</u> on the invoice.									
Sales tax will be included in the sales price. Please mail sales tax packet(date mailed by City of Wasilla)								Wasilla)	
No taxable sales – Qualifying exemptions to Annually File Please email sales tax packet (See Sales Tax Code 5.16.050 for list of exemptions) (email address, if different than above)									

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

SECTION 5: CONTACT INFORMATION											
Please indicate a designated contact for questions on sales tax or business licensing and the preferred method of contact. We will use U.S. mail for all formal communications. Sales tax returns, business licenses and renewals will be mailed to the business address of record.											
	tact Person:	is will be mailed to the	50311633 6								
	Email: Email Address:					Phone: Nu	mber:				
SEC		ENT/OFFICER/MEN	ARFR IN	FORMATION							
SECTION 6: OWNER/REGISTERED AGENT/OFFICER/MEMBER INFORMATION Note: Owner, all partners, registered agent, corporate officers or LLC members should be listed separately below. If more than three (3)											
partners, attach additional second page as necessary to include all partners.											
	Name – Last, First, Ml	D		Drivers License		Date of Birth					
	Mailing Address			Sc		Social Security #					
1											
	City St	ate	Zip Code	2		Phone N	0.				
	Name – Last, First, MI Drive			Drivers License	License		Date of Birth				
2	Mailing Address				5	Social Security #					
	City St	ate	Zip Code	2		Phone No.					
	News Lee C'est At						Data a (D' alt				
	Name – Last, First, MI			Drivers License			Date of Birth				
3	Mailing Address				S	ocial Security	ŧ				
5	City St	State Zip Co				Phone	No				
		ale	Zip Code			Phone No.					
IMI	PORTANT: The fee for a Wasilla Bu	isiness License is \$	25.00 to	be paid upon s	ubmitti	ing applicati	on. Operating, conducting or ca	rryingg on			
	ade business or profession in the (•					-				
	000.00. This license shall not be ta he laws of the State of Alaska or th	-									
	applications must be reviewed and			-	-			-			
	4.035 before a license may be issu	-				-	-	uties upon			
ces	sation or transfer of a business pr	ovided in (WMC) 5	5.16.130	or may be held	d liable	for any unp	aid tax obligations.				
IDE	ECLARE, UNDER PENALTY OF PERJ	URY, THAT THE AP	PLICATIO	ON IS TRUE AN	DCOM	PLETE. I AC	CEPT THE LICENSE AUTHORIZE	DAND			
	UED IN RESPONSE TO THE APPLIC		-	-	-						
	SINESS TO THE CITY OF WASILLA.						IAL GUARANTEE FOR ANY DELI	NQUENT			
	(ES OWED BY THE PARTNERSHIP,	CORPORATION, OF			RPURA	TION.					
	tnerships require the signatures of	•				orietors, cor	porations, and limited liability				
cor	porations require the signature of	at least one owner	, officer,	or registered a	igent.						
Prin	t Name	Signature			Titl	e	Date				
Print Name		Signature	Signature		Title		Date				
		_									
Print Name		Signature	-		Title		Date	· ·			
	Planning Dept Approved – By:Date: Land use permit:Not requiredRequired - Permit #					reviewed by:					
νl	Land use permit Land use permit needed: Approved plan for correction on fil			Utilities Owed							
e O	Planning Dept Denied – By: Date:				Special Assessments		ts				
Office Use Only	Land use permit needed	Land use not allow	ed		Other						
Notes:											
ę	Payment Delivery: By M	ail 📋 Over Counte	er∐By	Phone Re	ceived b	by:					
	Method of Payment: Cash		Cre	edit Card		Busine	ss License No				

Form revised November 30, 2023. Older versions are not valid.