



CITY BUSINESS LICENSE APPLICATION

City of Seward
City Clerk
P.O. Box 167
410 Adams Street
Seward, AK 99664
Telephone: 907-224-4046
Fax: 907-224-4038

- ▶ Check in the amount of \$30 (Non-refundable annual fee)
 - ▶ Copy of State Business License (or proof that you have filed)
 - ▶ Copy of Borough Sales Tax Registration Card (or Registration No. _____)
 - ▶ Copy of any required occupational licenses
- Your city business license will be issued within one week of the date the City Clerk has verified the above and has received proof that all of your tax and other accounts with the City and the Kenai Peninsula Borough are current. Annual renewals are due January 31 & Seasonal (May 1-Sept. 30) are due May 1st

If your business license application is submitted between January 1 and September 30, your license will be issued for the remainder of that calendar year. If your application is submitted between October 1 and December 31, the license will be issued for the remaining period of the year in which you applied and for all of the following calendar year. This does not apply to renewals.

Legal Name of Business Entity: _____ Date: _____

Mailing Address for LICENSE & RENEWAL: _____

City: _____ State: _____ Zip: _____ Telephone: _____ Cell: _____

Email Addresses: _____

Please Describe Your Business Activity and how it will be conducted: _____

Physical Business Location in Seward: _____

- Business Category:** Retail Tour Operator Transportation Communication Services Professional Services
 Charter Automotive Construction Childcare B&B/Lodging (nightly) Monthly rental Engineering
 Educational **Fourth of July Vendor** Other _____

Owner Name(s): _____

Social Security Number of one owner or Business Employer Identification Number: _____

- Business is: **Partnership** (Make sure all partners are listed) **LLC** (Limited Liability Company)
 Corporation (List corporate officer's names below) **Nonprofit** **Sole Proprietorship**

Please note Zoning Limitations: A business license does not authorize the holder to conduct business in violation of any zoning ordinance. If the applicant ceases to engage in business or change its name, nature or business location, the business license expires. You must provide a physical business location. (A post office box or mail drop is not a physical business location.)

CORPORATE OFFICERS

President: _____

Vice President: _____

Secretary: _____

FOR OFFICE USE ONLY	
PAID: CASH/CHECK No. _____	DATA ENTRY _____
NOTICE SENT: _____	ACCTS. VERIFIED: _____
ZONING DISTRICT: _____	USE ALLOWED? _____
NOTE: _____	
ISSUED: _____	LICENSE #: _____ EXPIRES: _____
RECEIVED (DATE & INITIALS): _____	

As Applicant, I _____, certify or declare under penalty of perjury under the laws of the State of Alaska that the foregoing is true and correct.

Signature Printed Name Title Date