

CITY OF SKAGWAY BUSINESS LICENSE APPLICATION

Return with \$ 10.00 license fee to:

City of Skagway
P.O. Box 415
Skagway, AK 99840
Phone (907) 983-2297 Fax (907) 983-2151

Check the appropriate box:

- Original Owner Retail
 New Owner Wholesale

State Business License # or Social Security #:	Calendar Year: 2006	State S.I.C. Code:
Owner(s) Name:		
Business Name:		
Identify and describe the business activities covered by this License:		
Skagway Business Location:		
Skagway Mailing Address:	P.O. Box _____	Skagway, AK 99840
Skagway Phone Number:	Skagway Fax Number:	
Out-of-Town Mailing Address:	City, State, Zip Code:	
Out-of-Town Phone Number:	Out-of-Town Fax Number:	
Business is (<i>Please check the appropriate box listed below</i>):		
Individual <input type="checkbox"/>	Partnership <input type="checkbox"/>	Corporation <input type="checkbox"/>
<i>PLEASE CHECK WHERE YOU WANT YOUR SALES TAX REPORT FORMS MAILED TO YEAR-ROUND:</i>		
<input type="checkbox"/> Please send my sales tax report forms to my Skagway mailing address.		
<input type="checkbox"/> Please send my sales tax report forms to my out-of-town mailing address.		
<input type="checkbox"/> Please send my sales tax report forms to the following address:		
_____ City _____ State _____ Zip Code _____		

I declare under penalty of perjury that this application is true and complete.

Signature _____ Title _____

Date _____ Amount enclosed \$10.00