## CITY OF SAND POINT

P.O. Box 249 Sand Point, AK 99661 Phone (907) 383-2696 Fax (907) 383-2698

## 2024 CITY BUSINESS LICENSE APPLICATION

Name:				
Mailing Address:				
Email:				
Name of Business or D	BA:			
Address of Business:				
<b>Business Phone(s)</b>				
<b>Nature of Business:</b>				
Alaska Business Licen	se No. (Current Co	py required):		
( ) Sole Proprietor ( *On a separate paper, attac business if it is a corporati  Signature	ch a list of the names a	and residence addresses of	f co-owners, or	
*******	******	********	******	*****
9.10.30 License: Duration (a) A license is valid for the cend of the calendar year in	calendar year in which it	is issued. No license may l	oe issued for a p	eriod extending beyond the
<b>9.10.60 License - Fee</b> The license fee for each busin calendar year.	ness shall be <b>\$25 per cal</b>	endar year, or any part ther	eof. Payment is	due by February 1 of each
<b>6.10.240 Registration of I</b> (b). Any buyer exempt under Registration shall be upon for other information as the City by the City Clerk, the buyer sof the sales tax. A person ma	6.10.150 shall register warms provided by the City may require making an ishall be issued a certificaty request a certificate of	with the City as an exempted and shall include a brief sta informed determination. Upon the of exemption, which the beat exemption from the City at	tement of the rea on registration an ouyer must show any time.	ason for exemption and such ad approval of the exemption seller to avoid initial paymen
Check #	Credit Card	Money Order	Cash	Year
Gi. Gi. I				
City Clerk		D	ate	