

Temporary # _____

Business # _____

City of Barrow Business License Application

On (_____) (_____)
Month Day Year Last Name First Middle Initial

Has applied for a permanent City of Barrow Business License to do Business

Name of Firm: _____

Other Owner if applicable: _____

Physical Address: _____

P.O. Box: _____

City, State, Zip Code: _____

Business Telephone: _____

Type of Business: _____

Please put and X next to the one that applies to your business:

Home Phone Number

Individual _____ Partnership _____ Corporation _____

Social Security Number #

NSB ZONING PERMIT

State of Alaska Business License No
or Temporary Expiration Date.

An individual, partnership, or corporation which engages in business activity in City of Barrow needs a business license issued as follows:

FEES

Biennial fee	\$200.00	Good for 2 years. Expires 12/31 of the next year, example if 4/28/08, it expires 12/31/09
Renewal	\$200.00	Shall be before December thirty-first (31 st) of the license expiration year.
Late in Renewal	\$300.00	Any renewal application made after December thirty-first (31 st) of the license expiration year shall be subject to an additional fee for the Late renewal business license to be included to the sum of three hundred dollars (\$300.00)

The applicant certifies that by the above act of making an application for City of Barrow Business License, that the applicant agrees to be bound by all terms, rules, laws, statutes and /or ordinances of the Federal, State, Borough and City Governments, that relate to retail sales.

Licenses must be posted in a conspicuous place, at the business location noted above.

I, Signify that the above information is true and correct to the best of my knowledge.

Applicant Signature

City of Barrow
Receipt No. Initials