CITY & BOROUGH OF YAKUTAT
BUSINESS LICENSE APPLICATION
2017
2017& 2018

City & Borough of Yakutat
Tax & License Department
P. O. Box 160 Yakutat, AK 99689
Ph. 907-784-3323ext 106 Fax 907-784-3281
www.yakutatak.us

State of Alaska Business License #_____
___1 Year .$25.00 Additional License…$20.00
___2 Years…$50.00 Additional License…..$40.00
Check payable to: City & Borough of Yakutat.
Funds are non-refundable. Fill all blanks .

Business Name _____
Name must match the name on the State of Alaska business license
Mailing Address _____
City _____ State _____ Zip _____
Phone Number _____Fax _____Toll free _____
Physical Location of Business _____
Is this the same address that the Sales Tax Return will be mailed to? ____Yes ____No. If No, then fill in the address where the Sales Tax Return will be mailed to:_____
E-Mail Address_____ Web Page _____
LINE OF BUSINESS: _____Activity Code_____
(Please use the State of Alaska Lines of Business & Activity lists.)
If a permit and/or professional licenses are required, list the type of license, name of license holder & number.
_____
What Zoning district is your business located? C__CWR__I___LI___P___R1___R2___R3___RR___NA___
Does your business require a Conditional Use Permit or a Zoning Compliance Permit? YES_____NO_____
If you are not sure what zone your business is in or if you need a CUP or ZCP please contact P and Z.

Check all that apply;
This business will pay: Sales Tax **5%**___ Transient Accommodation Tax **8%**____Vehicle Rental Tax **8%**___

Business is: (Check One)
□**Corporate** Corporation Name _____EIN:_____
□**Sole Proprietorship (One Individual)**
Name_____SSN_____DOB_____
□**Partnership** (Provide the SSN of the first two partners, if there are more than two; attach a complete list of partners and their information on a separate sheet.
Partner
_____SSN:_____
Partner
_____SSN:_____

This application must be signed & dated by the natural person completing this application on behalf of the business and state the person's title of position in the business. I declare, under penalty of perjury, that this application is true and complete.

_____ _____ _____ _____
Signature **Printed Name** **Title** **Date**

FOR DEPARTMENT USE ONLY
Receipt #_____Initial____Paid___New___Renewal___CBY License_____ST BL_____