



**City of Palmer • Department of Finance**

**231 W. Evergreen Avenue • Palmer, AK 99645**

Phone: 907-745-3271 Fax: 907-745-0930

**2020 Annual Business License Application**  
**\$25 Annual Business License Fee – License Expires December 31, 2020**

Per PMC 5.04.035 – Application for renewal of a license and payment of the renewal fee shall be made before February 1<sup>st</sup> of the applicable year. If application and payment is not received timely, late fees will apply. The Palmer City Code can be viewed in its entirety at [www.palmerak.org](http://www.palmerak.org)

**I am applying for (please check the applicable box and provide the following information) √:**

**A new annual business license** My effective start date in Palmer is: \_\_\_\_\_

**Renewal of existing annual business license** My City business license # is: \_\_\_\_\_

**Type of Ownership – Check One**

Sole Proprietorship  Partnership  LLC  Corporation Non-Profit:  501(c)3  501(c)4

Business Name \_\_\_\_\_

Business Owner(s) \_\_\_\_\_

Federal ID or SSN # \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Primary Phone No. \_\_\_\_\_

Business Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Name \_\_\_\_\_ Phone No. \_\_\_\_\_

Email Address: \_\_\_\_\_

I confirm that the location of this business is appropriately zoned for this type of activity.  
*(If unsure please contact Community Development at (907) 745-3709)*

Please provide a complete description of the type(s) of goods and/or services that shall be offered under this business license:

\_\_\_\_\_

Please list your: NAICS Code \_\_\_\_\_  
State of Alaska Business License #: \_\_\_\_\_ Expiration date: \_\_\_\_\_  
State of Alaska Occupational License #: \_\_\_\_\_ Expiration date: \_\_\_\_\_  
*(i.e.: Contractor, Doctor, Hairdresser, Realtor, Engineer etc.)*

**Please note: this application must be completed in full, signed, and all fees paid in order to process your 2020 license. Acceptance of this application by the City, does not guarantee license will be issued.**

**Printed name of authorized person completing form:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Signature of authorized person completing form:** \_\_\_\_\_

*For Office Use Only*

*Date Stamp*

Mail Pymt \_\_\_\_ Counter Pymt \_\_\_\_ Phone Pymt \_\_\_\_

Method of Payment Cash \_\_\_\_ Check \_\_\_\_ Credit Card \_\_\_\_