



**City of Palmer • Department of Finance**

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

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

**2020 Biennial Business License Renewal Application**  
**\$50 Biennial Business License Fee – License Expires December 31, 2021**

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)

**To be eligible for a City of Palmer Biennial Business License, one year of timely sales tax remittance must be on file.**

**\*\*NEW APPLICANTS ARE NOT ELIGIBLE FOR THIS LICENSE\*\***

**Renewal of existing biennial 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>(i.e.: Contractor, Doctor, Hairdresser, Realtor, Engineer etc.)</i>

**Please note: this application must be completed in full, signed, and all fees paid in order to process your 2020-2021 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 \_\_\_\_\_