



City of Palmer • Department of Finance
231 W. Evergreen Avenue • Palmer, AK 99645
 Phone: 907-745-3271 Fax: 907-745-0930

2019 Alaska State Fair Business License Application
\$25 State Fair Business License Fee

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

- A new State Fair business license** My effective start date in Palmer is: _____
 Renewal of existing license My Palmer 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. _____
 Fair Ground Booth Location _____

Contact Name _____ Phone No. _____

Email Address _____

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

Sales Tax Collection

Palmer Municipal Code 3.16 requires sales tax of three percent (3%) to be collected on all transactions. Sales tax may be collected in one of two methods and notice of sales tax collection must be posted at your premises or printed on the receipt. Indicate which method of collection you will use:

Sales tax will be collected separately

Sales tax will be included in the sale price

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: the application and \$25 license fee must be received by August 21, 2019. Payment received after the due date will be assessed late fees. Acceptance of this application by the City, does not guarantee license will be issued.

I do hereby make application for a City of Palmer Business License for the period of August 22, 2019, through September 2, 2019.

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 ____