



CITY OF KODIAK TRANSIENT MERCHANT LICENSE APPLICATION

NAME OF APPLICANT (REAL PERSON OR CORPORATION; IF PARTNERSHIP, SEE NOTE BELOW)	
PERMANENT MAILING ADDRESS	
LOCAL ADDRESS WHILE DOING BUSINESS IN KODIAK	LOCAL TELEPHONE NUMBER
NAME, ADDRESS, TELEPHONE NUMBER OF THE BUSINESS, CORPORATION, OR OTHER ORGANIZATION YOU REPRESENT	
WHAT SPECIFIC TYPE OF MERCHANDISE OR SERVICES WILL YOU BE SELLING OR CONTRACTING?	
WILL A VEHICLE BE USED TO CONDUCT THE BUSINESS? <input type="checkbox"/> YES <input type="checkbox"/> NO	VEHICLE LICENSE NO./STATE
LIST THE NAMES OF ALL OTHERS WHO WILL BE WORKING WITH YOU.	
YOUR PERMANENT ADDRESS FOR THE TWO YEARS PRIOR TO THIS APPLICATION.	
STATE OF ALASKA BUSINESS LICENSE NO.	
NOTE: See KCC 5.28.050 if two or more persons are associated in a transient business. Each person so associated is required to obtain a Transient Business License.	

I hereby affirm that all the statements above are true and complete to the best of my knowledge.

SIGNATURE

DATE

CITY USE ONLY – DO NOT WRITE BELOW THIS LINE

RECEIVED BY:	RECEIPT NO.	DATE REGISTERED FOR CITY SALES TAX	PERMIT NO.
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