



Business License Application

Expiration Date: 12/31/2025 Fee: \$50

City of Kodiak, Finance Department
710 Mill Bay Road, Room 211, Kodiak, AK 99615
Phone: 907.486.8655 Fax: 907.486.8600
Email: salestax@city.kodiak.ak.us

Application: New Business Renewal REQUIRED: Date Business Started or Expected to Start

Change in Ownership
(*review KCC 5.02.050 transfer of business)

SECTION 1: OWNERSHIP TYPE (Select One)

Individual / Sole Proprietor Partnership (LLP Agreements Required)

Limited Liability Corporation (LLC) (State Documents Required) Corporation (State Documents Required)

Church or Religious Organization (State Certificate Required) Nonprofit (IRS 501C Documents Required)

SECTION 2: BUSINESS CONTACT AND LOCATION INFORMATION

Business Name _____ DBA _____

Business Mailing Address (P.O. Box or Street Address) _____ City _____ State _____

Zip Code _____ Business Phone _____ Cell Phone _____ Other Phone _____ Fax _____

Business Contact - Name _____ Business Email _____

Business Physical Address (No P.O. Boxes) _____ City _____

State _____ Zip Code _____ Federal Tax ID or SSN _____

Business Location is: Inside City Limits
 Outside City Limits
 If Outside City limits, is your business:
 Coming into the City to provide services / sell products
 A mobile operation
 A temporary vendor located at: _____

Do you own your business location?: Yes No If No, complete the following Landlord/Property Manager information. If Yes, proceed to Section 3.

Landlord/Property Manager _____ Address _____

City _____ State _____ Zip Code _____ Telephone _____

SECTION 3: BUSINESS DESCRIPTION AND LICENSING

Briefly describe business conducted: _____ State SIC/NACIS Code: _____

Other Business Licenses and IDs:

State of Alaska Number: _____ Expiration Date: _____

Other License Numbers: _____ Expiration Date: _____

*Occupational License Number: _____ Expiration Date: _____

*Required if working in a specialty occupation. Must be 2021 expiration or greater.

SECTION 4: SALES TAX INFORMATION

Per KCC 3.08.090, sales tax may be collected in one of two methods. Note that only gas stations, vending machines, bars and taxi cabs may, in lieu of adding the tax as a separate item, include the tax imposed in the price. A notice of sales tax collection must be posted at the business premise or printed on the receipt.

Select which method will be used to collect sales tax

- Sales tax will be shown separately on the invoice
- Sales tax will be included in the sales price
- Sales tax not applicable (Certificate of exemption of sales tax MUST be on file - contact Finance Dept for the form)

Select method for receipt of sales tax packet:

- Received Sales Tax Registration Packet: _____ (initial)
- Mail Sales Tax Registration Packet: _____ (date mailed by City of Kodiak)
- Email Sales Tax Registration Packet: _____ (email address, if different from above)

SECTION 5: CHANGE IN OWNERSHIP

Previous Owner Name _____ Previous Owner Address _____

Note: A purchaser / successor of an ongoing business may be held liable for unpaid sales tax obligations of the previous owner of the assumed business. See KCC Chapter 3.08.

SECTION 6: OWNER / REGISTERED AGENT INFORMATION

Note: All owners and registered agents should be listed separately below. If more than three (3) partners, attach additional second page as necessary.

	Name - Last, First, MI	_____	Drivers License	_____	DOB	_____
1	Address	_____		Social Security #	_____	
	City	_____	State	_____	Zip Code	_____
					Phone	_____
	Name - Last, First, MI	_____	Drivers License	_____	DOB	_____
2	Address	_____		Social Security #	_____	
	City	_____	State	_____	Zip Code	_____
					Phone	_____
	Name - Last, First, MI	_____	Drivers License	_____	DOB	_____
3	Address	_____		Social Security #	_____	
	City	_____	State	_____	Zip Code	_____
					Phone	_____

SECTION 7: FEES AND CERTIFICATION

The application fee for a City of Kodiak business license is \$50 to be paid upon submitting application. Any applicable tax deposits are also due upon application. Operating, conducting, or carrying on a trade business or profession within the City limits of Kodiak without a license is a violation of KCC 5.02.070. The code provides for fines of up to \$300 per offense. This license shall not be taken as permission to do business in the State of Alaska without having complied with the requirements of the laws of the State of Alaska or the United States. Some activities require a professional license or other federal, state, or local permits.

I DECLARE, UNDER PENALTY OF PERJURY, THAT THE APPLICATION IS TRUE AND COMPLETE. I ACCEPT THE LICENSE AUTHORIZED AND ISSUED IN RESPONSE TO THE APPLICATION WITH THE CONDITION THAT I REPORT TIMELY AND PAY ANY AND ALL TAXES DUE BY THE BUSINESS TO THE CITY OF KODIAK. BY SIGNING THIS APPLICATION, I AM PROVIDING A PERSONAL GUARANTEE FOR ANY DELINQUENT TAXES OWED BY THE PARTNERSHIP, CORPORATION, OR LIMITED LIABILITY CORPORATION.

Partnerships require the signatures of ALL partners listed on the application. Sole proprietors, corporations, and limited liability corporations require the signature of at least one owner, officer, or registered agent.

Print Name	_____	Signature	_____	Title	_____	Date	_____
Print Name	_____	Signature	_____	Title	_____	Date	_____
Print Name	_____	Signature	_____	Title	_____	Date	_____

Office Use ONLY

Finance Department: Reviewed By: _____

Sales Tax Owed: _____ Utilities Owed: _____ Other Amounts Due: _____

Payment Method: Cash _____ Check _____ Credit Card _____

Application Fee Paid: _____ Sales Tax Deposit: _____ Business License No.: _____

Approvals:

Finance Director: _____ Fire Marshal: _____ Police Chief: _____

FIRE DEPARTMENT QUESTIONNAIRE

The purpose of this questionnaire is to ensure accurate information is provided in case of emergency. Please fill out this form as completely as possible. Please contact the Fire Department at 907-486-8040 if you need any assistance to complete this form. Let us know immediately if any of this information changes so that we may update our records. Thank you for your assistance.

Please provide a separate listing of any specialized information that would be beneficial to the Kodiak Fire Department.

Business Information

Business Name _____ Phone _____ Fax _____
Address (Physical Location) _____ City / State / Zip Code _____

Emergency Contact Information

Primary Contact Name _____ Phone _____
Address _____ City / State / Zip Code _____ Cell Phone _____
Secondary Contact Name _____ Phone _____
Address _____ City / State / Zip Code _____ Cell Phone _____

Fire Protection Systems Present and Working

Battery Powered Smoke Detectors	110v Smoke Detectors
Sprinkler System	Standpipe
Fire Suppression System	Other _____

Hazards Specific to Business

Mixed Commercial / residential occupancy	Firearms, ammunition, explosives, etc.
Activities in which injuries are likely to occur	Please indicate separately the type / amount of each _____
Confined space activities likely	Hazardous Materials stored on premises
Special rescue situations that might occur	Please include a copy of MSDS for each _____
	Equipment generating heat, sparks / flame
	Please list separately _____

Type of Building Construction

- Standard Wood Frame - Protected
- Standard Wood Frame - Unprotected
- Fire Resistive
- Ordinary Construction
- Non-combustible
- Light Weight
- Heavy Timber