



**MUNICIPALITY OF SKAGWAY
2020 BUSINESS LICENSE APPLICATION
ALL FIELDS MUST BE FILLED OUT**

**Municipality of Skagway
P.O. Box 415
Skagway, AK 99840
Phone (907) 983-2297
Fax (907) 983-2151**

MOS USE ONLY

Business License No. _____ MIP Account No. _____

Business Information	Check the appropriate boxes: <input type="checkbox"/> Retail <input type="checkbox"/> Jewelry Store <input type="checkbox"/> Rental <input type="checkbox"/> Hotel/Motel <input type="checkbox"/> VRBO <input type="checkbox"/> Restaurant/Bar <input type="checkbox"/> Services <input type="checkbox"/> Tour Company <input type="checkbox"/> Wholesale <input type="checkbox"/> Bed & Breakfast			
	Business Name:		State Business License No.:	
	Identify and describe the business activities covered by this license:			
Contact Information	Sales Tax Contact Information			
	Mailing Address:			
	City:		State:	Zip:
	Contact Name And Title:		Contact Phone No.	
	Business Property Contact Information			
	Complete this section only if Property Tax Information differs from Sales Tax Contact Information			
	Property Owner:		Contact Phone No.	
	Mailing Address:			
Other Business Info	City:		State:	Zip:
	Physical Location			
	Business Phone No:			
	Type of Organization: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation			
	Do you want your Sales Tax form emailed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Both			
	Business Email:			
Winter Address	Mailing Address:			
	City:		State:	Zip:
	Contact Phone No:			

I declare under penalty of perjury that this application is true and complete.

Signature _____ Title _____

Date _____ Amount enclosed **\$50.00**