



**MUNICIPALITY OF SKAGWAY
2024 BUSINESS LICENSE
APPLICATION**

Municipality of Skagway
P.O. Box 415
Skagway, AK 99840
Phone (907) 983-2297
s.anderson@skagway.org

ALL FIELDS MUST BE FILLED OUT

MOS OFFICE 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"/> Vacation Rental		
	<input type="checkbox"/> Restaurant/Bar <input type="checkbox"/> Services <input type="checkbox"/> Tour Company <input type="checkbox"/> Wholesale <input type="checkbox"/> Bed & Breakfast <input type="checkbox"/> Cruise Line		
	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 Contact Information		
	Complete this section only if Business Contact Information differs from Sales Tax Contact Information		
	Business Owner: _____		Contact Phone No: _____
Other Business Info	Physical Location & Property Owner		
	City: _____	State: _____	Zip: _____
	Business Phone No: _____		
	Type of Organization: <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> LLC		
	Do you want your Sales Tax form emailed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Both		
	Sales Tax 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**