



P.O. Drawer B Seldovia, Alaska 99663 Phone: (907) 234-7643, Fax: (907) 234-7430 email: [cityclerk@cityofseldovia.com](mailto:cityclerk@cityofseldovia.com)

## CITY BUSINESS LICENSE APPLICATION

**\$30.00 Annual Business License Fee (\$60.00 for renewals submitted after due date)**

- Check in the amount of \$30 (Non-refundable annual fee)
- Copy of State Business License (or proof that you have filed) No: \_\_\_\_\_
- Copy of Borough Sales Tax Registration Card or Registration No: \_\_\_\_\_
- Copy of any required occupational licenses

Your city business license will be issued within one week of the date the City Clerk has verified the above and has received proof that all of your tax and other accounts with the City and the Kenai Peninsula Borough are current. Annual renewals are due January 31 Seasonal May 1 Sept 30 are due May 1st

Legal Name of Business Entity: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Business Owner(s): \_\_\_\_\_

Business is: ☐ Partnership (Make sure all partners are listed) ☐ LLC (Limited Liability Company)  
☐ Corporation (List corporate officer's names) ☐ Nonprofit ☐ Sole Proprietorship

Mailing Address for LICENSE & RENEWAL: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Telephone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Addresses: \_\_\_\_\_

Physical Business Location in Seldovia: \_\_\_\_\_

Zone: ☐ Commercial Marine ☐ Commercial ☐ Commercial Residential ☐ Industrial ☐ Public/City Land  
☐ Residential Special Multi-Family ☐ Residential ☐ Waterfront Commercial Residential  
☐ Operates a business outside of city limits but conducts sales or services in city limits (vending/services)

Please note Zoning Limitations: A business license does not authorize the holder to conduct business in violation of any zoning ordinance. A residence without a permitted commercial business use is prohibited in the Commercial Marine Zone. (Please see attached zoning map)

If the physical business location is in the commercial marine zone are you the ☐ Owner or ☐ Tenant

If the physical business location is in the commercial marine zone is it: ☐ Operational ☐ Vacant ☐ Residence

Does the business operate: ☐ YEAR ROUND ☐ SEASONALLY Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please Note: If the applicant ceases to engage in business or change its name, nature or business location, the business license expires. You must provide a physical business location. (A post office box or mail drop is not a physical business location.) Acceptance of this application by the City does not guarantee a license will be issued.

*As Applicant, I \_\_\_\_\_, certify or declare under penalty of perjury under the laws of the State of Alaska that the foregoing is true and correct.*

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

FOR OFFICE USE ONLY  
PAID: CASH/CHECK NO. \_\_\_\_\_ DATE: \_\_\_\_\_  
NOTICE SENT: \_\_\_\_\_ ACCOUNT VERIFIED: \_\_\_\_\_  
ZONING USE ALLOWED?  
ISSUED: \_\_\_\_\_ LICENSE NO.: \_\_\_\_\_ EXPIRES: \_\_\_\_\_