



Business Registration Application

Business Name: _____

Mailing Address: _____

Physical Address: _____

Business Phone No.: _____ **Home Phone No.:** _____

Owner's Name(s): _____

Owner Birthdate: _____ **Owner Social Security #:** _____

Home Mailing Address (If different from business address): _____

Business is: _____ **Sole Proprietorship** _____ **Partnership**

_____ **Corporation** _____ **Other** _____

Type of Business:

_____ **Retail** _____ **Wholesale**

_____ **Services** _____ **Rentals**

Describe Business: _____

State Business License No.: _____ **(Copy Attached)**

Is Craig Sales Tax Filing and Remittance Current? _____ **Yes** _____ **No**
(If not the city may deny the application – See CMC 3.08)

I declare, under penalty of perjury, that this application is true and complete to the best of my knowledge.

Signature

Printed Name

Title

Date

City of Craig
PO Box 725
Craig, Alaska 99921

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