



City of Hoonah P.O. Box 360 Hoonah, AK 99829
907-945-3663 or Fax 907-945-3445

BUSINESS APPLICATION

Firm Name _____

DBA Owner _____

Physical Location of Business _____

Type of Business _____

If Sales - Type of Sales: () Retail () Wholesale () Rental

If Services - Type of Service _____

Mailing Address: _____

Email Address: _____

Phone Number _____

Alaska Business License Number _____

(If more than one license issued; please list all numbers) attach copy

Owners Social Security Number _____

Other types of Business (locally) _____

Date Business Purchased or Began _____

Business Purchased From _____

Signature and Title

Date

*If a Partnership or corporation, Please fill out attached sheet.

To be completed if a Partnership Business

Name: _____

Home Address: _____

Mailing Address: _____

Phone Number: _____

Name: _____

Home Address: _____

Mailing Address: _____

Phone Number: _____

Name: _____

Home Address: _____

Mailing Address: _____

Phone Number: _____

Name: _____

Home Address: _____

Mailing Address: _____

Phone Number: _____

To be completed if a Corporation

President Name: _____

Home Address: _____

Mailing Address: _____

Phone Number: _____

Vice President Name: _____

Home Address: _____

Mailing Address: _____

Phone Number: _____

Secretary Name: _____

Home Address: _____

Mailing Address: _____

Phone Number: _____

Treasurer Name: _____

Home Address: _____

Mailing Address: _____

Phone Number: _____

Agent for Service of Process:

Name and Address: _____

