



Municipality of Anchorage, Treasury Division
Cigarette and Tobacco Products
License Application
License Expires: December 31 Each Year
Instructions

IMPORTANT NOTICE

Send original form to:
 Municipality of Anchorage
 Treasury Div., Tobacco Tax
 632 W. 6th Ave., Suite 330
 P.O. Box 196650
 Anchorage AK 99519 - 6650

Box #	Box Description
1	Enter name as listed on the applicant's current Alaska business license.
2a	Enter applicant's current Alaska business license number. Do not include the tobacco endorsement number.
2b	Enter applicant's current 1 or 2-digit Alaska tobacco endorsement as listed on the business license. Do not include the business license number. If there are multiple tobacco endorsements, list each endorsement number in Box 13.
3a & 3b	Check box that describes the legal configuration that defines the rights and liabilities of participants in the business ownership, control personal responsibility, life span and financial structure. If the legal configuration is not listed, check "Other" and describe the business structure.
4a & 4b	If applicable, enter the Alaska entity number assigned by the State of Alaska, Division of Corporations, Business & Professional Licensing, Corporations Section, and the entity name.
5	Enter DBA ("doing business as") name if different than Box 1.
6	Enter complete mailing address of your business office. Correspondence will be sent to this address.
7	Enter phone number of the business where we can call you if we have questions.
8	Enter fax number of the business where where we can contact you if we have questions.
9	Enter an e-mail address where we can contact you if we have questions. You may list multiple e-mails.
10	List the names, titles and 10-digit phone numbers for the persons who have authority to control the business identified in Box 1 or Box 4 (if assigned an entity number). Add as many lines as needed or use the ownership continuation schedule.
11	Enter the contact name of the individual who controls the business acquisitions and sales of cigarettes and other tobacco products. Also list this person's title, 10-digit phone number, 10-digit fax number, and e-mail address.
12	Check every box that applies.
13	Enter the address and associated tobacco endorsement number for locations where cigarettes and other tobacco products will be sold. Also use this box for any location where cigarettes and other tobacco products owned by the business may be stored. If there is no tobacco endorsement for a storage location, use "N/A" or a similar notation. Add as many lines as needed or use the Multi-Location Schedule.
14	For each supplier, list applicant's account number, supplier's name, complete address, and website (if any) from whom applicant will acquire all cigarettes and other tobacco products intended for resale in applicant's business. Cigarette retailers, other tobacco product retailers, direct-buying retailers, buyers and vending machines must complete this section.
15	Attach a copy of applicant's State of Alaska Cigarette and Tobacco Products License if such license is required by AS 43.50.010-.090.
16	Calculate the required <i>non-refundable</i> (AMC 12.40.070a) application fee and enter the amount in the box. Include payment as part of your application packet.

Buyer means a natural person who brings into or acquires in the municipality cigarettes or other tobacco products, that are subject to tax under this chapter, for his or her own consumption from any source other than a manufacturer, cigarette distributor, other tobacco products distributor, direct-buyer retailer, cigarette retailer, or other tobacco products retailer.

Cigarette Distributor means a person who brings cigarettes or causes them to be brought into the municipality, and who sells or distributes at least 75% of the cigarettes to retailers for resale and sells no more than 25% to consumers.

Cigarette Retailer means a person who engages in the sale of cigarettes directly to consumers from one or more retail locations in the municipality. A cigarette retailer includes a person who operates a vending machine from which cigarettes are sold to consumers at a retail location in the municipality, whether the vending machine is located on the person's own premises or installed elsewhere.

Direct-Buying Retailer means a person who is engaged in the sale of cigarettes and/or other tobacco products at retail in the municipality, and who brings or causes them to be brought into the municipality.

Manufacturer means a person who makes, fashions or produces cigarettes or other tobacco products for sale to cigarette distributors, other tobacco products distributors, bonded distributors, direct-buying retailers, or other persons within the municipality.

Other Tobacco Products Distributor means a person who brings other tobacco products or causes them to be brought into the municipality, and who sell or distributes at least 75% of the other tobacco products to retailers for resale and sells no more than 25% to consumers.

Other Tobacco Products Retailer means a person who engages in the sale of other tobacco products directly to consumers from one or more retail locations in the municipality. Other tobacco products retailer includes a person who operates a vending machine from which OTP are sold to consumers at a retail location in the municipality, whether the vending machine is located on the person's own premises or installed elsewhere.

Allow at least five business days for processing a completed application. In order for an application to be considered complete, all applicable boxes on the application must be completed and required documents attached.



**Municipality of Anchorage, Treasury Division
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Application for the Year:**

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1. Business name as shown on the Alaska business license: 2a. Alaska business license #: 2b. Tobacco endorsement #:

3a. Form of business organization (Check one):
 Sole Proprietor Partnership Limited Liability Company Corporation
 Joint Venture Business Trust Other (list)

3b. If Other, describe form of business:

4a. Alaska Corp. Entity # (If applicable): 4b. Name of business organization as shown in Alaska corporate records (if applicable):

5. Doing business as (DBA) (if different from Item #1):

6. Mailing address of business organization: 7. Business phone number: 8. Business fax number:

9. Business e-mail address:

10: Name(s) of business owners(s), officer(s), directors(s), general partner(s), member(s) of LLC, or trustee(s) (use Ownership Schedule if needed):

Full Name (Print)	Title(s)	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

11 . Primary contact person:

Name: Phone: Fax:

Title: E-mail:

12. Type of authorized business activity (Check each box that applies per AMC 12.40.006):

Cigarette Retailer Cigarette Distributor Buyer
 Other Tobacco Products Retailer Other Tobacco Products Distributor Manufacturer
 Direct-Buying Retailer Bonded Distributor Vending Machines *

* If the vending machine(s) contain cigarettes or other tobacco products that you own, attach Vending Machine Supporting Schedule.



PRINT FORM AND COMPLETE THE APPROPRIATE BOXES

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13. Physical location where cigarettes & other tobacco products will be sold (use Multi-Location Schedule if needed):

Table with 3 columns: Street Address, City and Zip Code; SOA Bus. Lic. #; Tob. Endorsement #. Contains three empty rows for data entry.

14. List supplier(s) where applicant will acquire cigarettes and other tobacco products (attach additional sheets as needed):

Cigarette retailers, other tobacco product retailers, direct-buying retailers, buyers and vending machines must complete this section.

Table with 4 columns: Account Number; Supplier Name; Supplier's Complete Address; Supplier website (if any). Contains five empty rows for data entry.

15. Per AMC 12.40.035.B., a copy of your State of Alaska Cigarette and Tobacco Products License issued under AS 43.50.010-.390, if applicable, must accompany this application

16. REQUIRED:

A \$75.00 license fee, plus \$10.00 for each additional location, must accompany this application. Please allow at least five business days for processing a completed application. Application fees are non-refundable.

Amount of fee enclosed with application: []

AFFIRMATION:

I certify under penalty of unsworn falsification that the statements made and information contained on this form are true and correct, to the best of my knowledge, information and belief. If signing for a commercial entity, I have full authority to do so.

Name (Print): []

Title: []

Signature: []

Date: []

Additional information, forms and copies of cigarette and other tobacco products regulations may be obtained at the web site listed below:

www.muni.org/tobaccotax