



**MUNICIPALITY OF ANCHORAGE**  
 OFFICE OF THE MUNICIPAL CLERK  
 P.O. Box 196650 (632 W. 6th Ave., Ste 250)  
 Anchorage, Alaska 99519-6650

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**NON-COMMERCIAL SOLICITOR  
 APPLICATION**

(LICENSES ARE NOT TRANSFERABLE)

PLEASE PRINT OR TYPE INFORMATION

Application Date: \_\_\_\_\_

I, \_\_\_\_\_, hereby make application for a  New or  Renewed **NON-COMMERCIAL SOLICITOR LICENSE** in accordance with Title 10 of the Anchorage Municipal Code for the 20\_\_\_\_\_, license year.

Applicant's Name: \_\_\_\_\_ (Phone) \_\_\_\_\_

Applicant's Mailing Address: \_\_\_\_\_ (ZIP) \_\_\_\_\_

Applicant's Street Address: \_\_\_\_\_ (ZIP) \_\_\_\_\_

Business Name: \_\_\_\_\_ (Phone) \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_ (ZIP) \_\_\_\_\_

Business Street Address: \_\_\_\_\_ (ZIP) \_\_\_\_\_

1. Describe the purpose of the organization: \_\_\_\_\_

2. Dates of proposed solicitation: \_\_\_\_\_

3. Method of solicitation \_\_\_\_\_

4. How will solicited funds be used? \_\_\_\_\_

Please list names and addresses of the persons within the organization who determine how these funds are to be used:

Name	Address
1. _____	_____
2. _____	_____
3. _____	_____

**IF BUSINESS ENTITY, PLEASE COMPLETE:**

Corporate Officer's Name	Address	Zip Code	Telephone
Registered Agent:			

State of Alaska )  
 ) ss:  
 Third Judicial District )

\_\_\_\_\_, being duly sworn, deposes and says that he/she is the individual making the foregoing application and authorized agent for this business that the answers to the questions and other statements contained in this application are true and complete to his/her knowledge.

Subscribed and Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_. \_\_\_\_\_  
 Signature of Applicant

\_\_\_\_\_  
 Notary Public  
 My commission expires: \_\_\_\_\_

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I.D. Furnished and Number	Fee Paid: \$	Cash	Receipt No.