



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

For Office Use Only	
License No. _____	
Date Issued _____	

TYPE II - ROVING VENDOR LICENSE APPLICATION
 (LICENSES ARE NOT TRANSFERABLE)

PLEASE PRINT OR TYPE INFORMATION

Application Date: _____

I, _____, hereby make application for a New or Renewed **TYPE II - ROVING VENDOR 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) _____

DESCRIPTION OF EQUIPMENT AND VEHICLES TO BE USED INCLUDING DISTINCTIVE MARKINGS AND SIGNS:

VEHICLE LICENSE PLATE # _____

DESCRIPTION OF GOODS AND SERVICES OFFERED: _____

ANY CHANGE IN EQUIPMENT (I.E. NEW VEHICLE) CLERK MUST BE NOTIFIED BY NOTARIZED LETTER.

PROVIDE THE FOLLOWING WITH YOUR APPLICATION:

- PROOF OF LIABILITY INSURANCE AND VEHICLE INSURANCE (EACH VEHICLE) AS REQUIRED BY SECTION 10.60.110 _____
- PROOF OF STATE VEHICLE REGISTRATION FOR EACH VEHICLE TO BE USED IN THE VENDING BUSINESS _____
- PROOF OF HEALTH PERMITS (FOOD VENDORS ONLY) REQUIRED BY SECTION 16.60 PACKAGED FOODS (N/A) _____
- VEHICLE SAFETY INSPECTION REPORT (ICE CREAM TRUCKS ONLY) _____
- COPY OF RECEIPT OF PAYMENT FOR VEHICLE INSPECTION _____
- COPY OF ASE TECHNICIAN CERTIFICATION _____

Note: State of Alaska business license is required.

• State of Alaska Business License No. _____ Date Issued _____ Expiration _____
 (please attach a copy)

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: _____

FOR OFFICE USE ONLY				
I.D. Furnished and Number	Fee Paid: \$	Cash	Check No.	Receipt No.