



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

**SHOOTING GALLERY  
APPLICATION**  
(LICENSES ARE NOT TRANSFERABLE)

For Office Use Only	
License No.	_____
Date Issued	_____
<input type="checkbox"/> Original Application <input type="checkbox"/> Renewal	
Date: _____	

**PLEASE PRINT OR TYPE INFORMATION**

I, \_\_\_\_\_, hereby make application for a SHOOTING GALLERY 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) \_\_\_\_\_

AGE \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_ PLACE OF BIRTH \_\_\_\_\_

1. Is this activity to be conducted as part of a circus, carnival, fair or other amusement concession? ☐ Yes ☐ No

(If yes, please list name and type of concession)

Name \_\_\_\_\_ Type \_\_\_\_\_

2. List all live ammunition and firearms to be used: \_\_\_\_\_

3. Detail safeguards to be employed for containing discharged ammunition within the area: \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING:**

State of Alaska Business License No. \_\_\_\_\_ (Please attach a copy) Expiration Date \_\_\_\_\_

**Note: State of Alaska business license is required. Municipal business license NOT transferable. Any change requires NEW license.**

**IF CORPORATION, PLEASE COMPLETE:**

Corporate Officer's Name	Address	Zip Code	Telephone
Registered Agent:			
President:			
Vice President:			
Secretary:			
Treasurer:			

Directors and Stockholders holding 30% or more of stock in the corporation:

Name:			
Name:			
Name:			

State of Alaska )  
 ) ss:  
Third Judicial District )

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

\_\_\_\_\_  
Signature of Applicant

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

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

I.D. Furnished (Document & Number): \_\_\_\_\_ Fee Paid: \$ \_\_\_\_\_ (cash: \_\_\_\_\_ check no. \_\_\_\_\_) Receipt No. \_\_\_\_\_