



Municipality of Anchorage Cigarette and Tobacco Products License Application

IMPORTANT NOTICE

Send To:
Municipality of Anchorage
Treasury Division
Tobacco Tax
P.O. Box 196650
Anchorage, AK. 99519-6650

The license will be issued in the name of the applicant given below. All Municipality of Anchorage cigarette or tobacco tax returns must be filed under the name of the licensee.

Name and mailing address of applicant:	Biennial License Expires: <div style="text-align: right;">Dec 31, 20 _____</div>
	Federal EIN or SSAN*:
Name and Address(es) where business will be conducted: (Attach additional sheets if needed) _____ _____ _____ _____ _____	Contact Name:
	Daytime Phone:
	E-Mail:
	<p>TYPE OF BUSINESS ACTIVITY: (Check each box that applies per AMC 12.40.006)</p> <p><input type="checkbox"/> A. Buyer</p> <p><input type="checkbox"/> B. Direct-Buying Retailer</p> <p><input type="checkbox"/> C. Distributor</p> <p><input type="checkbox"/> D. Manufacturer</p>

*If your business has not been issued a federal employer identification number (EIN), you are requested to provide your social security number (SSAN). The information is used by the Municipality for identification purposes.

LICENSE FEE:

A \$100.00 license fee must accompany this application. Make your check payable to: The Municipality of Anchorage.

NOTE:

A copy of your State of Alaska Cigarette and Tobacco Products License issued under AS 43.50.010-.390 must accompany this application, per AMC 12.40.035.

AFFIRMATION:

I certify that complete and accurate records will be kept for all cigarettes and other tobacco products which have been manufactured, purchased, brought into, or acquired in the Municipality, or which have been transferred or sold exempt from the Municipal excise tax on cigarettes and tobacco products. I certify that the required tax returns, including payment for the tax shown to be due, will be submitted to the department on or before the due date.

Name (Please Print):	Signature:	Title (Please Print):	Date:
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