



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) _____

- Describe the purpose of the organization: _____
- Dates of proposed solicitation: _____
- Method of solicitation _____
- 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 | Check No. |
| | | | |
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