



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

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

For Office Use Only	
License No. _____	_____
Date Issued _____	_____

Original Application  Renewal  
 Date: \_\_\_\_\_

**PLEASE PRINT OR TYPE INFORMATION**

I, \_\_\_\_\_, hereby make application for a TYPE II, ROVING VENDOR'S 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 16.16 \_\_\_\_\_
- VEHICLE SAFETY INSPECTION REPORT (ICE CREAM TRUCKS ONLY) \_\_\_\_\_
- 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. \_\_\_\_\_