



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 _____

Original Application 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. _____