



MUNICIPALITY OF ANCHORAGE
 OFFICE OF THE MUNICIPAL CLERK
 P.O. Box 196650
 Anchorage, Alaska 99519-6650
 MuniLicenses@anchorageak.gov

SHOOTING GALLERY LICENSE APPLICATION

(LICENSES ARE NOT TRANSFERABLE)

For Office Use Only
License #: _____
Date Issued: _____

PLEASE COMPLETE THE FOLLOWING INFORMATION: (Type or Print)

Application date: _____

I, _____, hereby make application for a new **SHOOTING GALLERY LICENSE** in accordance with title 10 of the Anchorage municipal code for the 20_____ license year.

_____(Initial) **I have read and understand AMC 10.45 and will comply with all applicable requirements of Title 10.**

_____(Initial) **I understand that this license is only required if the activity is conducted as part of a circus, carnival, fair or other temporary amusement concession.**

ANY CHANGE IN INFORMATION REQUIRES A NEW LICENSE

Applicant's Name*: _____ (Phone) _____

**Must be 18 years or older.*

Applicant's Mailing Address: _____

Applicant's Street Address: _____

Business Name: _____ (Phone) _____

Business Mailing Address: _____

Business Street Address: _____

Email Address (required**): _____

***All correspondence regarding this application and subsequent license will be sent via provided email address.*

PLEASE COMPLETE THE FOLLOWING:

- List the name and type of concession to be conducted as part of a circus, carnival, fair or other amusement concession: (Name) _____
(Type) _____
- List all live ammunition and firearms to be used: _____

- Detail safeguards to be employed for containing discharged ammunition within the area: _____

PROVIDE THE FOLLOWING WITH YOUR APPLICATION:

State of Alaska Business License #: _____ Date Issued: _____ Expiration Date: _____

IF BUSINESS ENTITY, PLEASE COMPLETE:

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

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

Name:			
Name:			
Name:			

I state, under penalty of perjury, that my name and signature or mark are shown on this application and that I am the individual making the foregoing application and authorized agent for this business and that the answers to the questions and other statements contained in this application are true and complete to my knowledge. **WARNING:** I understand that it is illegal to falsely sign or forge a signature. Falsely signing this declaration is an offense and may be prosecuted. It is a crime to submit a false written statement. AMC 8.30.170 - Unsworn falsification in the second degree. Unsworn falsification is a class A misdemeanor. AS 11.56.220, AS 11.56.235, AS 11.56.240

Signature of Applicant

Date

FOR OFFICE USE ONLY

I.D. Furnished and Number	Fee Paid: \$	Cash	Credit Card	Check No.	Receipt No.