



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

For Office Use Only

License No. _____

Date Issued _____

TYPE II - ROVING VENDOR LICENSE APPLICATION

(LICENSES ARE NOT TRANSFERABLE)

PLEASE COMPLETE THE FOLLOWING INFORMATION: (Type or Print)

Application Date: _____

I, _____, hereby make application for a ☐New or ☐Renewed **TYPE II - ROVING VENDOR LICENSE** in accordance with Title 10 of the Anchorage Municipal Code for the 20_____, license year.

_____(Initial) **I have read and understand AMC 10.60 and will comply with all applicable requirements of Title 10.**

Applicant's Name: _____ (Phone) _____

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:

1. Description of equipment and vehicles to be used including distinctive markings and signs:

2. Vehicle license plate(s) #: _____

3. Description of goods and services offered: _____

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 (each vehicle)

☐Proof of health permits (food vendors of un-packaged foods only) as required by Section 16.60

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

ICE CREAM TRUCKS MUST ALSO PROVIDE THE FOLLOWING WITH YOUR APPLICATION:

☐Vehicle Safety Inspection Report (for each vehicle) conducted by an ASE Certified Technician or equivalent

☐Copy of ASE Technician's Certification

☐Copy of receipt of payment for Vehicle Inspection Report(s)

☐State of Alaska Background Check for each driver (received from the Department of Public Safety)

****THE CLERK MUST BE NOTIFIED BY NOTARIZED LETTER OF ANY CHANGE IN EQUIPMENT (I.E. NEW VEHICLE).****

IF BUSINESS ENTITY, PLEASE COMPLETE:

Corporate Officer's Name	Address	Zip Code	Telephone
Registered Agent:			

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.