



**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.