CONTRACTOR APPLICATION PACKET MUNICIPALITY OF ANCHORAGE



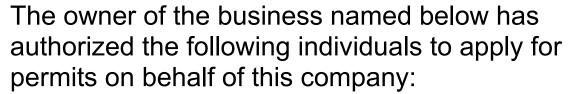
GENERAL OR SPECIALTY

Development Services Department
Building Safety Division
Licensing Section
Phone: 343-8211

CONTRACTOR'S LICENSE APPLICATION

СН	HECK ONE: ✓ □ Renewal □ New □ Change of name or ownership Former name:
1.	Date of application:
2.	
۷.	Name of business (name as it appears on your state contractor's license)
3.	Mailing address:
	City:
4.	Phone number: Fax number:
	Cell number: E-mail:
	You give permission for us to add your email address to our Constant Contact email list.
	5. Provide a copy of your current
	State Of Alaska Construction License.
	(<u>NOT Business license</u>)
	State Contractor's License Number: Expiration Date:
perf	a specialty contractor, you can only perform the work that is listed on your State of Alaska license. If you want to form other work, you will have to change your State of Alaska designations or upgrade your license to a General ntractor. Residential work requires a residential endorsement on your State of Alaska General Contractor's License.
refe	ERTIFY that I have in my possession a copy of the currently applicable code, together with pertinent amendments and erenced standards, and that I am fully aware of, and will abide by, the administrative procedures and functions as set h in the Anchorage ordinance and relevant codes.
	JRTHER AGREE as a condition of licensing, to comply with all requirements, rules, and regulations of all Municipal lding Codes which apply to the activities mentioned in this application.
fals	EREBY CERTIFY that the above information is true and complete to the best of my knowledge. I understand that any se or misleading information may result in failure to obtain a contractor's license or subsequent revocation of my atractor's license.
OW	VNER'S PRINTED NAME:
OW	VNER'S SIGNATURE:
	PRESENTATIVE OF OWNER WITH OWNER'S KNOWLEDGE OF MY SIGNING THIS PLICATION ON HIS/HER BEHALF.
REF	PRESENTATIVE'S PRINTED NAME:
REF	PRESENTATIVE'S SIGNATURE:

*MUST BE COMPLETED





ate:		
ame of B	usiness:	
usiness C	Owner's Name:	
uthorized	Individuals:	
1		
2		_
3		_
4		_
5		_
7		_
8		_
9		_
<u></u>	er or Representative Signature	

Email: permitcounter@muni.org

MUNICIPALITY OF ANCHORAGE Development Services Department Building Safety Division Licensing Section

2. Email:



PAYMENT

Municipality of Anchorage License # if R	RENEWING: CON				
Total Payment:	□ NEW \$400□ RENEWAL \$400 + 70 Late fee = \$470				
	\$70 Admin Late Fee (ONLY for Renewals after 2/28)				
☐ CASH ☐ CHECK Check #:	(Make check out to MOA)				
There is a 2.75% service fee on all credit card transactions.					
□ VISA □ MASTERCARD	KEY: 1				
Name on Card:	CHG Receipt #				
Name of Business:					
Phone #:					
Card Number:					
Expiration Date:					
Credit Card Statement Address:					
Deliver/ Mail: Planning & Developme 4700 Elmore Road Building Safety Division Licensing Section Anchorage, Alaska 995					

permitcounter@muni.org