

APPLICATION FOR ITINERANT MERCHANTS LICENSE

			Date:								
Corpo	rate Na	me of Busine	ess:								
Doing Business As:											
Type of Business: □ Corporation □ Partnership □ Other:											
Addres	ss of Bus	siness:									
Princip	ples:	Owner/Mana	ıger:								
	Addres	s:	Street		City	St	ate, Zip				
	Contac	to Phon		.	City		-				
	Contact										
	l agal a										
Local address for contact: Merchandise/Services Being Sold:											
Perioa	Covere	;d : From				to					
F		One day One week One month	•	2.00 10.00 20.00	Three months Six months One year		30.00 50.00 100.00				
	Applica	ınt has registe	ered with th	ne Ketchika	an Gateway Borou	ugh for sal	es tax purpo	ses.			
The undersigned acknowledges that he/she is acquainted with Title 5, Chapter 5.08 of the Ketchikan Municipal Code and agrees to conduct business in full accord with Alaska Statutes and the provisions of the Code. He/she further certifies that all employees have been listed on the reverse of this form.											
	Applicant Signature										
				LI	ICENSE						
The above application for an itinerant merchants license is approved for the period specified above and becomes valid upon payment of the license fee in the amount of \$											
					City Clerk for F	City Clerk for Finance Director					

Employees doing business within the City of Ketchikan

NAME	DOB	DL#/ID	RESIDING AT	LOCAL #