



**CITY OF DILLINGHAM**  
ALASKA  
PO Box 889  
Dillingham, AK 99576  
(907) 842-5211

**CITY OF DILLINGHAM**

*Marijuana Products*

**2023 License Application**

\* Marijuana License Fee - \$50.00

\* Failure to register as a dealer  
in Marijuana products - \$500.00

For Finance Only:

**1. Business Name as shown on the Alaska Business License:**

**2. Current Alaska Business License #**

**3. Federal EIN**

**4. Doing business as (DBA)**

**5. Business Mailing Address**

**6. Business Phone #**

**7. Business Fax #**

**8. Business Email**

**9. Primary Contact Name**

**10. Primary Contact Title**

**11. Primary Contact Phone #**

**12. Primary Contact Fax #**

**13. Primary Contact Email**

**14. Type of Authorized Business Activity**

- A. Retailer
- B. Distributor
- C. Manufacturer

  
  


**15. Current City of Dillingham**

**Business License**

A. Applied for:

B. Received:

BL#




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**16. Physical location where Marijuana products will be sold:**

1	
2	
3	

**17. Distributors and retailers agree to provide supplier name and address with submitting monthly reports.**

**18. A copy of your State of Alaska Marijuana Products License issued under 3 AAC 306, in addition to the \$50 license fee must accompany this application.**

**AFFIRMATION**

**I certify under penalty of unsworn falsification that the statements made and information contained on this form are true and correct, to the best of my knowledge, information and belief. If signing for a commercial entity, I have full authority to do so.**

**Name (Print)**

**Title**

**Signature**

**Date**

**Finance Department Only**

Fee Paid \$ \_\_\_\_\_ Receipt # \_\_\_\_\_ Visa \_\_\_ Cash \_\_\_ Check # \_\_\_\_\_