



2026 Business License Application

Expiration Date: 12/31/2022 Fee: \$50 (Section 7)

City of Dillingham

PO Box 889

Dillingham, AK 99576

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taxes@dillinghamak.us

Postmark Date:

DMC 4.16, in order to operate a business within the city it is necessary to obtain a Dillingham business license. "Business" means:

- A. A person (as defined in Section 4.20.020), partnership, corporation or company of any sort providing goods or services within the city for a profit, unless the goods or services consist entirely of casual or isolated sales (as defined in Section 4.20.050)
- B. A person, partnership, corporation or company of any sort providing the service of operating a taxicab or vehicle-for-hire and required to have a business license and remit sales tax regardless of the amount of sales.

Application is for: ☐ New Business _____ (Expected date to start operating in Dillingham)
☐ Renewal ☐ Change in Ownership

SECTION 1: OWNERSHIP TYPE (Check Only One)

☐ Corporation ☐ Partnership ☐ Limited Liability Company (LLC) ☐ Other: _____
☐ Individual / Sole Proprietor ☐ Non Profit [IRS 501c(3) or 501c(4) Documents required]

SECTION 2: BUSINESS CONTACT AND LOCATION INFORMATION

Business Name		Additional DBA	
Business Mailing Address			City
State	Zip Code	Phone	Fax
Business Contact		Business Email	
Business Physical Address (no PO Boxes)			
City	State	Zip Code	Federal Tax ID or SSN
Business Location is ☐ Inside City Limits		If outside City limits, is your business ☐ Coming into the City to provide services or sell products ☐ Online Vendor ☐ Temporary vendor located at _____	

SECTION 3: CHANGE IN OWNERSHIP (if needed)

Previous owner name		Previous Owner Address	
City	State	Zip Code	Phone

SECTION 4: OWNER/REGISTERED AGENT INFORMATION

1	Name		Driver's License	Date of Birth
	Mailing Address			Social Security Number
	City	State	Zip Code	Phone

SECTION 4: OWNER/REGISTERED AGENT INFORMATION (Cont.)				
2	Name		Driver's License	Date of Birth
	Mailing Address			Social Security Number
	City	State	Zip Code	Phone
3	Name		Driver's License	Date of Birth
	Mailing Address			Social Security Number
	City	State	Zip Code	Phone
4	Name		Driver's License	Date of Birth
	Mailing Address			Social Security Number
	City	State	Zip Code	Phone
SECTION 5: BUSINESS DESCRIPTION AND LICENSING				
Briefly Describe Business Conducted			Past Dillingham BL No. _____ Expiration Date _____	
Other Business Licenses and I.D.'s (Any required license must be issued before a City license can be issued)				
State of Alaska No. _____			Expiration Date _____	
Occupational No. _____			Expiration Date _____	
Required if working in a specialty occupation. Must be 2023 expiration or greater				
Permit No. _____			Expiration Date _____	
SECTION 6: SALES TAX COLLECTION				
DMC 4.20.090				
☐ Request Authority to Collect Sales Tax (one per physical location needed)				
DMC 4.20.115		<u>Select preferred method to receive sales tax packet:</u>		
<u>Reporting Frequency:</u> ☐ Monthly ☐ Quarterly, must be remitting less than \$100 per month		☐ Already received sales tax pack ☐ Please mail sales tax packet ☐ Please email sales tax packet		
<u>Remittance Type:</u> ☐ 6% Sales Tax ☐ 6% Gaming Sales Tax ☐ 10% Alcohol Tax ☐ 10% Lodging Tax		_____ Email if different than below:		
Contact information for the person or service preparing sales tax filings:				
Name			Title	
Email			Phone	
SECTION 7: BUSINESS LICENSE FEE AND PENALTIES				
Check all that apply: ☐ \$50 Business License Application Fee ☐ Non-profit Fee Waiver (business license fee ONLY)				
☐ \$75 Late Fee (applies to renewals received after January 1 or new business who fail to apply within 45 days of start This is in ADDITION to the \$50 Business License Application Fee for a total of \$125				

SECTION 8: RESALE AND SALES TAX EXEMPTION CARD REQUEST (DMC 4.20.050)

- ☐ **Non Profit Sales Tax Exemption [IRS 501c(3) or 501 c(4)]** ☐ **Government Sales Tax Exemption**

Sales, services, and rentals to organizations that have obtained a 501c(3) or 501 c(4) exemption certificate from the Internal Revenue Service, and which are made in the normal conduct of activity, but not to individual members or employees thereof for their own personal consumption, use or accommodation; the exemption does not apply where such organizations are engaged in business for profit or savings, or competing with other persons engaged in similar business:

- ☐ **Resale**

Sales of goods to a wholesaler, retailer, or other purchaser if such purchaser resells the same good, in the same or altered form, and the resold goods will not be exempt from the tax levied under this chapter.

To obtain the exemption provided for in this subsection, the purchaser shall display or provide to the seller at the time of the sale a copy of the exemption card. If the purchaser buys goods for personal use at the same time of the sale only the goods that are sales tax exempt or for resale (as described above) are exempt. Supplies, services, tools, repair serviced, equipment or other goods or services purchased to support a business but not for resale are not exempt.

SECTION 9: AUTHORIZING SIGNATURE

I, the undersigned applicant, do swear (or affirm) that the foregoing statements are true, full and correct to the best of my knowledge and belief. I also agree to comply with all applicable city ordinances regarding conduct of business, sales tax reporting and use of sales tax exemption/resale. Should anything change during the calendar year the city will be notified.

Signature of Applicant or Authorized Agent

Printed name and title

Date

FINANCE DEPARTMENT USE ONLY

This business has been ☐ Approved ☐ Denied ☐ N/A a business license for the period beginning _____

This business has been ☐ Approved ☐ Denied ☐ N/A the authority to collect sales tax for each location. (section 6)

This business has been ☐ Approved ☐ Denied ☐ N/A a sales tax exemption card. (section 8)

This business has been ☐ Approved ☐ Denied ☐ N/A a resale exemption card (section 8)

Additional notes or comments;

Finance Director

Date

Finance Department Use Only

☐ Visa ☐ Cash

Fee Paid \$ _____ Receipt No. _____ Check No. _____