

**CITY OF DILLINGHAM**  
***Cigarettes & Other Tobacco Products***  
**2026 License Application**

PO Box 889  
Dillingham, AK 99576  
(907) 842-5211

\* Tobacco License Fee - \$50.00  
\*Failure to register as a dealer  
in tobacco products - \$500.00  
\*D.M.C. 1.20.040 & 4.26.060\*

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  
D.      Vending Machine Operator


**15. Curent City of Dillingham**

**Business License**

- A.      Applied for:  
B.      Received:  
BL#




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**16. Physical location where cigarettes & other tobacco products will be sold:**

1	
2	
3	

**17. Suppliers where applicant will acquire cigarettes & other tobacco products .**  
**Distributors, retailers, and vending machine operators must complete this section.**

Supplier Name	Supplier's Complete Address

**18. A copy of your State of Alaska Cigarette and Tobacco Products License issued under AS 43.50.010-.390, 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)**

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**Title**

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**Signature**

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**Date**

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