



2021 Business License Application

Expiration Date: 12/31/2021 Fee: \$50

City of Dillingham
 PO Box 889
 Dillingham, AK 99576
 Phone: 907-842-5211 Fax: 907-842-5691
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 Date started or Expected 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

2nd Business Physical Address (attach an additional page if necessary)

City State Zip Code Federal Tax ID or SSN

Business Location is Inside City Limits Coming into the City to provide services or sell products
 If outside City limits, is your business 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 _____ Required if working in a specialty occupation. Must be 2020 expiration or greater		Expiration Date _____
Permit No. _____		Expiration Date _____

SECTION 6: SALES TAX COLLECTION

DMC 4.20.090 <input type="checkbox"/> Request Authority to Collect Sales Tax (one per physical location needed) _____	
DMC 4.20.115 Reporting Frequency: <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly, must be remitting less than \$100 per month Remittance Type: <input type="checkbox"/> 6% Sales Tax <input type="checkbox"/> 6% Gaming Sales Tax <input type="checkbox"/> 10% Alcohol Tax <input type="checkbox"/> 10% Lodging Tax	Select preferred method to receive sales tax packet: <input type="checkbox"/> Already received sales tax pack <input type="checkbox"/> Please mail sales tax packet <input type="checkbox"/> Please email sales tax packet _____ 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: <input type="checkbox"/> \$50 Business License Application Fee <input type="checkbox"/> Non-profit Fee Waiver (business license fee ONLY) <input type="checkbox"/> \$75 Late Fee (applies to renewals received after January 1 or new business who fail to apply within 45 days of start)

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

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

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. _____