

CITY OF WHITTIER

Business License Application

DEPARTMENT USE ONLY

Date Received: _____

New License Renewal PTBT

License Number: _____

Date Issued: _____

Any individual, company or partnership that regularly engages in business activity in Whittier must have a business license for that activity. Business activity includes nonprofit as well as profit operations. A separate license is required for each business activity that falls within a different line of business. A business, which engages in several different activities in a single location, will need more than one business license. A business license is not transferable. If a business is sold, the new owner must purchase a new license. If you have any questions, call the City of Whittier – 907/472-2327, ext. 102.

**Licenses are issued for a period of two calendar years (Jan. 1 – Dec. 31)
Licenses obtained any time during the year 2019 will expire on December 31, 2020.**

The nonrefundable Business License application fee is \$50.00. Make checks payable to **The City of Whittier**.

If your business is engaged in transporting passengers, you have the option of electing to have the Whittier Passenger Transportation Business Tax (PTBT Tax) apply to your business rather than the 5% Whittier sales tax.

Please check this box and complete the Application for Submission to the Whittier Passenger Transportation Business Tax if you wish to elect this option.

Note: You must have a valid Alaska State Business License before your Whittier Business License Application can be issued. (Please include a copy of your State Business License with this application).

AK Business License Number: _____ Expiration Date: _____

Business Name: _____ DBA _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Nature and Description of Business _____

Will this business be selling liquor? _____ Estimated Sales: _____ Hotel/Motel/B&B? _____ Estimated Sales: _____

Corporation or Limited Liability Company (LLC)
Corporation Name: _____ EIN: _____

Sole Proprietorship
Proprietor's Name: _____ SSN: _____

Partnership, Limited Liability Partnership or Limited Partnership. Please provide the social security number of the primary partner and the names of the first two partners. If there are more than 2 partners, please attach a complete list of partner names.

Partner #1: _____ SSN: _____

Partner #2: _____ SSN: _____

This application must be signed and dated by the person completing this application on behalf of the business and must state the person's title or position in the business. This application must be completed in its entirety.

I declare, under penalty of perjury, that this application is true and complete.

Signature

Printed Name

Title

Date