

# CITY OF WHITTIER

## Business License Application

Send completed application to:

City of Whittier – Business License Dept.  
PO Box 608 – Whittier, Alaska 99693

### DEPARTMENT USE ONLY

License Number: \_\_\_\_\_

New License  Renewal

PTBT  Sales Tax

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 4.

Licenses are issued for a period of two calendar years (Jan. 1 – Dec. 31)  
Licenses obtained any time during the year 2022 will expire on December 31, 2023.

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 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 \_\_\_\_\_