City of Gustavus
P.O. Box 1
Gustavus, AK 99826
Phone 907-697-2451

Form
REG1-2009

2009 Merchant Registration & Business Permit

Application is (check one)

New Business ☐ Date business will open:_____

Renewal ☐

Business Closed ☐ Date business closed:_____

04.14.150 All operators shall register with the City Clerk before making rentals within the City.

04.15.150 All sellers shall register with the City Clerk before making retail sales, rendering services or making rentals within the City.

Ownership: Sole Proprietorship ☐ Partnership ☐

LLC ☐ Corporation ☐

Business Name: _____

Business Owner(s): _____

Registered Agent (if applicable): _____

Business Activity: _____

Mailing Address: _____
City: _____ State: _____ Zip: _____

Business Physical Address: _____
City: _____ State: _____ Zip:_____

Primary Phone No.:_____ Alternate Phone No.:_____

I do hereby to attest that the above information is true and correct.

Signature:_____ Title:_____
Date: _____

For Official Use Only **Date Received:**

Business Permit # _____