



# Matanuska-Susitna Borough Cigarette and Tobacco Products 2021 Retail License Application

Send application with payment to:  
Matanuska-Susitna Borough  
Excise Tax Office  
350 E Dahlia Avenue  
Palmer Alaska 99645

## LICENSE YEAR JANUARY 1 – DECEMBER 31, 2021

NAME UNDER WHICH BUSINESS WILL BE CONDUCTED:		LICENSEE NO:	
	FEDERAL EIN OR SSAN*		
	CONTACT NAME IF DIFFERENT:	TELEPHONE NUMBER:	
LIST ALL PHYSICAL LOCATION(S) WHERE THIS LICENSE IS APPLICABLE:	FAX NUMBER:	EMAIL ADDRESS:	
	TYPE OF BUSINESS ACTIVITY:		
	(CHECK EACH BOX THAT APPLIES PER ORDINANCE 05-068)		
	<input type="checkbox"/> A. Buyer		
	<input type="checkbox"/> B. Direct-Buyer Retailer		
	<input type="checkbox"/> C. Distributor		
	<input type="checkbox"/> D. Manufacturer		
	<input type="checkbox"/> E. Vending Machine Operator		
	_____ Number of vending machines operated		
	<input type="checkbox"/> F. Wholesaler-Distributor		

\*If your business has not been issued a federal employer identification number (EIN), you are requested to provide your social security number (SSAN). The information is used by the Matanuska-Susitna Borough for identification purposes only.

<b>EXPLAIN IN GENERAL THE NATURE OF YOUR BUSINESS:</b>
<b>INDICATE THE SOURCE OF YOUR CIGARETTE AND TOBACCO PRODUCT PURCHASES:</b>

### LICENSE FEE:

The license fee of **\$100.00** must accompany this application. Make your check payable to:

### MATANUSKA-SUSITNA BOROUGH

### NOTE:

A copy of your State of Alaska Cigarette and Tobacco Products License issued under AS 43.50.010-.390 and your Matanuska-Susitna Borough Business License must be attached to this application.

SIGNATURE:		TITLE (PLEASE PRINT):		DATE:
NAME (PLEASE PRINT):				
<b>BOROUGH USE ONLY:</b>	<b>LICENSE FEE PAID:</b>	<b>CHECK #:</b>	<b>DATE RECV:</b>	<b>LICENSE MAILED:</b>