



# Matanuska-Susitna Borough Cigarette and Tobacco Products 2019 Distributor 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:		STATE OF ALASKA ENDORSEMENT:	
	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.

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

### 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 or the SOA & MSB numbers provided for easy online identification.

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