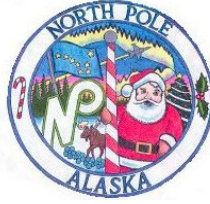


# City of North Pole Business License Application

CITY OF NORTH POLE  
 125 SNOWMAN LANE  
 NORTH POLE, AK 99705  
 Tel: (907) 488-8536  
 Fax: (907) 488-3002  
 Email: [sterch@northpolealaska.org](mailto:sterch@northpolealaska.org)



**Check One:**

New - \$75

Renewal - \$75

ACCT. # \_\_\_\_\_

Data provided to the City of North Pole relative to Sales Tax is confidential apart from required for the enforcement of Section 4.08 of the North Pole Code of Ordinances.

**A change in ownership or name requires a new business license. A separate application and certificate are required for each location.**

Today's Date: \_\_\_\_\_ State of Alaska Business License No: \_\_\_\_\_

Legal Business Name: \_\_\_\_\_

DBA: \_\_\_\_\_ Date Business Started: \_\_\_\_\_

Email: \_\_\_\_\_ Webpage: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Fax: \_\_\_\_\_

Did you buy the above business? Yes  No

**ALL QUESTIONS AND SECTIONS MUST BE COMPLETED**

**\*Please describe in detail the nature of the business to be conducted specifically goods for sale if applicable:**

\*Is the business/entity located inside the City of North Pole? Yes  No  Remote Seller? Yes  No

Type(s) of Sales: Retail  Wholesale  Rentals  Service Only  Services & Goods  Other

Are you a mobile vendor? Yes  No

Does the business/entity have employees/agents/representatives either selling products or soliciting sales inside the City limits of the North Pole? Yes  No

Does this business/entity rent, or lease property located inside the city? Yes  No

Mailing Address: 

Street:
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City:	State: <span style="float: right;">Zip:</span>
City:	State: <span style="float: right;">Zip:</span>

Business Location: 

Street:
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Do you currently or have you ever conducted business in the City of North Pole? Yes  No

If yes, please list the name and address below:

Business Name: \_\_\_\_\_

Address: \_\_\_\_\_

### OWNER INFORMATION

**\*All businesses must complete the owner information section on this application**

**This information must be completed for all legal owners of a Sole Proprietor or Partnership.** For a corporation, this information must be completed for all Corporate Officers (i.e., President, Vice President, Secretary, and Treasurer).

(1) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ SSN (optional): \_\_\_\_\_  
Physical Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Phone: \_\_\_\_\_ SSN (optional): \_\_\_\_\_  
Physical Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

### INDIVIDUAL RESPONSIBLE FOR FILING & SUBMITTING TAXES COLLECTED

**PLEASE COMPLETE IF YOU WILL BE COLLECTING AND SUBMITTING TAXES**

(1) Individual responsible for records and calculations of sales tax collected by the business each month.

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(2) Individual responsible for filing the sales tax return with payment to the City of North Pole if different from above.

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*If filing sales tax, how will you be filing?

Mail-in  Online  Remote Sellers

#### Sales Tax Filing & Payment

Payments must accompany tax submission for a complete filing. Tax submissions are for the previous sales month and are due by the last day of the following month by 5 pm (i.e., June sales are filed and paid by July 31). **Zero sales months still require a filing to be completed.**

**\*I HEREBY CERTIFY that the statements made herein have been examined by me, and are, to the best of my knowledge and belief, true and complete. I also agree to notify the City of North Pole of any changes and keep the contact information updated on all accounts I have established with the City of North Pole.**

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**\*If this business is physically located within the City of North Pole, please complete the North Pole Fire Department Questionnaire on pages 4 & 5.**

## **FILE YOUR BUSINESS TAX ONLINE!!**

**Sign-up is easy** – You’ll need the unique PIN number & City of North Pole business license number assigned to your business account after the application is processed.

Go to [www.xpressbillpay.com](http://www.xpressbillpay.com)

- select the **“SIGN UP”** button at the top of the screen on the Home Page.
- **Set Up New Account Information**
- **Verify your email address** and log into your account
- **Select** the billing organization, **City of North Pole**. If the organization is not listed, type the name in the field below and search.
- ◆ Add a new Account – **Select** the **“Online Business Tax”** option.
  - **Enter your account # and pin #.**
- ◆ **Select an unfiled return** to file and submit **or pay on a filed return.**
- ◆ Cart checkout - if this is the only bill you want to pay, select **“Proceed to checkout”**.
  - If there are additional filings you wish to pay, select **“Add more Bills to the Cart”**.
  - Enter the information on the **“Select Pay Method”** screen. Be sure to **verify the billing address** as an incorrect billing address can cause a delay or decline of the card.
- ◆ Payment Receipt – **please print a receipt for your records.**

**North Pole Fire Department**

## Pre-Fire Questionnaire

The purpose of this questionnaire is to help us help you during an emergency. Please fill this form out as completely as possible. Contact the Fire Department at (907) 488-2232 if you need any assistance to complete this form. Let us know immediately if any of the information changes so we can update our records. Thank you for your assistance.

Business Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Address (physical location): \_\_\_\_\_

### Emergency Contact Information

#### Primary Contact

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Cell: \_\_\_\_\_

#### Secondary Contact

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_ Cell: \_\_\_\_\_

### Fire Protection Systems Present and Working

Battery Powered Smoke Detectors

110v Smoke Detectors

Sprinkler System

Standpipe

Fire Suppression System

Other \_\_\_\_\_

### Hazards Specific to Type of Business

Please check all that apply

Mixed commercial/residential occupancy

Firearms, ammunition, explosives, etc...

\*Indicate what type and amount: \_\_\_\_\_

Hazardous Materials stored on premises

\*(Please include a copy of MSDS for each)

Equipment generating heat, sparks, or flame.

\*Please list: \_\_\_\_\_

Activities in which injuries are likely to occur:

\_\_\_\_\_

\_\_\_\_\_

Confined space activities are likely.

Special rescue situations that might occur:

\_\_\_\_\_

\_\_\_\_\_

### Type of Building Construction

Please check all that apply

Standard Wood Frame (Protected)

Standard Wood Frame (Unprotected)

Fire Resistive

Ordinary Construction

Non-combustible

Light Weight

Heavy Timber

**What should the Fire Department know about your business?**

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**Please sketch the floor plan of your business.** Please include accurate dimensions, location of hazardous materials, or other hazards, egress routes, and fire protection systems. If there have been changes since the last application, please note changes to the floor plan. This information will only be used for training and response purposes. If security is a concern, please contact Chad Heineken at (907) 488-2232. Thank you.

