



# CITY OF VALDEZ BUSINESS REGISTRATION APPLICATION 2022 RENEWAL FORM

All fields are required. If not applicable, please mark with N/A or dash.  
If you prefer an online renewal form, please visit <https://valdezak.jotform.com/213125590710043> (For renewals only)

## BUSINESS INFORMATION

Business Name \_\_\_\_\_  
Business Description \_\_\_\_\_  
Business Phone Number \_\_\_\_\_  
Business Email \_\_\_\_\_  
Business Mailing Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Business Physical Location Address \_\_\_\_\_  
\_\_\_\_\_

Location Type (check one)    **OWN**   **RENT**

Is the location also your residence/home?        **YES**    **NO**

## BUSINESS OWNER INFORMATION

Name \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_

Primary Contact? (circle)    **YES**    **NO**    (If no, please fill out contact fields below.)

## PRIMARY CONTACT (if applicable)

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_

## NUMBER OF EMPLOYEES (including self)

Full Time (year-round) \_\_\_\_\_ Part Time (year-round) \_\_\_\_\_  
Full Time (seasonal) \_\_\_\_\_ Part Time (seasonal) \_\_\_\_\_

## HAZARDOUS MATERIALS

Does your business require any hazardous materials (flammable, corrosive, etc.)?        **YES**    **NO**

If yes, list materials and storage location \_\_\_\_\_

**A copy of your valid 2022 State of Alaska business license is required for renewal. Please attach the copy of your State business license to this application, along with any other State or Federal specialty licenses. Your renewal will not be processed without your State of Alaska business license and specialty licenses, if applicable.**

**BUSINESS TYPE** (select only one)

- |   |  |
|---|--|
| <input type="checkbox"/> accommodations                     | <input type="checkbox"/> landscaping/snow removal    |
| <input type="checkbox"/> art/design                         | <input type="checkbox"/> law office                  |
| <input type="checkbox"/> automotive                         | <input type="checkbox"/> manufacturing/fabrication   |
| <input type="checkbox"/> community resources                | <input type="checkbox"/> marine/fishing              |
| <input type="checkbox"/> contractor - electrician           | <input type="checkbox"/> mobile home park            |
| <input type="checkbox"/> contractor - excavation            | <input type="checkbox"/> oil & gas                   |
| <input type="checkbox"/> contractor - general/handyman      | <input type="checkbox"/> personal care services      |
| <input type="checkbox"/> contractor - plumbing/mechanical   | <input type="checkbox"/> pets                        |
| <input type="checkbox"/> engineer/surveyor                  | <input type="checkbox"/> professional services       |
| <input type="checkbox"/> finance/accounting/tax prep        | <input type="checkbox"/> radio/communications        |
| <input type="checkbox"/> fire protection                    | <input type="checkbox"/> real estate/rentals/storage |
| <input type="checkbox"/> firearms dealer                    | <input type="checkbox"/> restaurant/bar/catering     |
| <input type="checkbox"/> firewood sales                     | <input type="checkbox"/> retail                      |
| <input type="checkbox"/> grocery/food                       | <input type="checkbox"/> seafood processing          |
| <input type="checkbox"/> healthcare/wellness                | <input type="checkbox"/> tourism/recreation          |
| <input type="checkbox"/> information technology             | <input type="checkbox"/> transportation              |
| <input type="checkbox"/> janitorial services                | <input type="checkbox"/> utilities                   |
| <input type="checkbox"/> other (fill in missing type) _____ |  |

**APPLICANT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

(Your signature above certifies that you are the official representative of this business and that all information included on this form is accurate.)

**ADDITIONAL INFORMATION**

Renewal forms must be returned to the City of Valdez Planning Department by **January 1, 2022**.

Forms may be emailed to [planningdept@valdezak.gov](mailto:planningdept@valdezak.gov) or dropped off at Planning window in City Hall. For a fillable PDF form, visit [valdezak.gov/97/Business-Registration](http://valdezak.gov/97/Business-Registration).

To submit via mail, send to the following address:

**Planning Department**  
**Attn: Business Registrar**  
**PO Box 307**  
**Valdez, AK 99686**

**QUESTIONS?**

Call the City of Valdez Planning Department at **907-834-3401** or email [planningdept@valdezak.gov](mailto:planningdept@valdezak.gov).