



CITY OF VALDEZ BUSINESS REGISTRATION APPLICATION

All fields are required. If not applicable, please mark with N/A or dash.

BUSINESS INFORMATION

Business Name _____

Business Description _____

Business Phone Number _____

Business Email _____

Business Mailing Address _____

Business Physical Location _____
Address _____

OWNER INFORMATION

Name _____

Email _____

Phone _____

Primary Contact? (circle) **YES NO**

MANAGER INFORMATION (if applicable)

Name _____

Email _____

Phone _____

Primary Contact? (circle) **YES NO**

NUMBER OF EMPLOYEES (including self)

Full Time (year-round) _____ Part Time (year-round) _____

Full Time (seasonal) _____ Part Time (seasonal) _____

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

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

If yes, a home occupation application form may be required depending on zoning district.

A copy of your valid State of Alaska business license is required. Please attach the copy of your state business license to this application, along with any other State or Federal specialty licenses. Your registration 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 services |
| <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 <i>(fill in missing type)</i> | |
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HAZARDOUS MATERIALS

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

If yes, list materials and storage location _____

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

Forms may be emailed to planningdept@valdezak.gov or dropped off at Planning Window in City Hall. For a fillable PDF form, visit 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.