
CITY OF ALEKNAGIK
P.O. BOX 33 MAIN STREET
ALEKNAGIK, AK 99555-0033
PHONE: (907) 842-5953 OR 842-2528
FAX: (907) 842-2107
EMAIL: administrator@aleknagikak.gov

ALEKNAGIK BUSINESS REGISTRATION

REGISTRATION NUMBER	
DATE STARTED	
DATE BUSINESS PURCHASED	

* BUSINESS REGISTRATION IS NOT TRANSFERABLE OR ASSIGNABLE. THE CITY OF ALEKNAGIK MUST BE NOTIFIED WITH IN TEN (10) BUSINESS DAYS WHEN A CHANGE IN BUSINESS OWNERSHIP TAKES PLACE AND A NEW BUSINESS REGISTRATION MUST BE ASSIGNED. *

Individual: _____ Partnership: _____ Corporation: _____

NAME OF BUSINESS	
NAME OF APPLICANT	
MAILING ADDRESS	
NATURE OF BUSINESS	

Business is Owned By: Alaska Resident: _____ Non-Resident: _____

Sign and Return your registration to the City of Aleknagik at the address above. This application must be signed and dated. Applications without the appropriate signature and printed name will be returned unprocessed.

Alaska Business Licenses Applied for: _____ YES _____ NO

All Applicable State and Federal Permits and Licenses Applied for: _____ YES _____ NO

I further certify that all statements made in this application are true and made as an inducement for the issuance of registration and the business agrees to be made to comply with all City of Aleknagik City Ordinances.

Signature

Date

Printed Name and Title