

Matanuska-Susitna Borough Cigarette and Tobacco Products License Application

Send application with payment to:

Matanuska-Susitna Borough Excise Tax Office 350 E Dahlia Avenue Palmer Alaska 99645

LIC YEAR: 2025

LICENSE EXPIRES ON DECEMBER 31 OF EACH YEAR

NAME UNDER WHICH BUSINESS WILL BE CONDUCTED:				TE OF ALASKA ENDORSEMEN	T: EXP DATE:	
MAILING ADDRESS:		FEDE	FEDERAL EIN OR SSAN*			
		CONT	CONTACT NAME IF DIFFERENT: TELEPHONE NUMBER:			
PHYSICAL LOCATION(s) OF BUSINESS:			ADDRESS:I	MSB ACCT NUMBER:	3 ACCT NUMBER:	
		TYF	E OF BUSINES	SS ACTIVITY:		
		(CHE	- (CHECK EACH BOX THAT APPLIES PER ORDINANCE 05-068)			
			☐ A. Buyer			
			☐ B. Direct-Buyer Retailer			
			☐ C. Distributor			
			☐ D. Manufacturer			
			☐ E. Vending Machine Operator			
EXPLAIN, IN GENERAL, THE NATURE OF YOUR BUSINESS:			Number of vending machines operated			
			☐ F. Wholesaler-Distributor			
LIST SUPPLIERS WHERE YOU WILL	L ACQUIRE CIGARETTES AND OTH				ETE THIS SECTION.	
Supplier Name Account Number Supplier's			pplier's Complete Addre	Complete Address		
LICENSE FEE:						
INDICATE THE SOURCE OF YOUR CIGARETTE AND TOBACCO PRODUCT PURCHASES:						
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 Alas application or the SOA num			ed under AS 43.50.0	<mark>010390</mark> must be attach	ed to this	
	ber provided for easy offini	e identification.	T 4			
SIGNATURE:			TITLE (PLEA	SE PRINT): DATE	::	
NAME (PLEASE PRINT):						
BOROUGH USE ONLY:	LICENSE FEE PAID:	CHECK #:	DATE RECV:	LICE	NSE MAILED:	
				•		

^{*}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