



Check One:

New - \$50 Fee
 Renewal- \$50 Fee
 Bus. License:# _____

FOR DEPARTMENT USE ONLY
 Approval Received:
 Police: _____ Date: _____
 Fire: _____ Date: _____

**CITY OF NORTH POLE
 MARIJUANA BUSINESS LICENSE APPLICATION**

Chapter 5.09

*Data provided to the City of North Pole relative to Sales Tax is confidential except as may be required for the enforcement of Section 4.08 of the North Pole Code of Ordinances.

Date Business Started _____ Today's Date _____

Legal Name of Business _____

Sole Proprietorship Partnership Corporation Limited Liability Company

AK Business License # _____ EIN # _____

Physical Address of Business _____

Mailing Address of Business _____
Street City State Zip

Business Phone # _____ Fax Phone# _____

Email address: _____ Website Address: _____

Type(s) of Sales: Retail Wholesale Manufacturing Testing Cultivation

Specify

Indicate nature of goods sold _____

Separate application and certificate required for each location.

Did you buy the above business? Yes No

If yes, name and address of Seller _____

Type of Ownership: Individual Partnership Corporation Other

If "Other", please explain _____

Do you currently or have formerly conducted another business in the City of North Pole? Yes No

If yes, give name and address _____

Has the applicant or any person named in this application been convicted of a crime other than traffic citations; or does the applicant or any person named within have any criminal charges currently pending?

*Note: AS 17.38.100(i), AS 04.11.010, AS 04.16.051, AS04.16.052,

YES NO

*******IMPORTANT*****
 THE INFORMATION ON ALL PAGES MUST BE COMPLETED**

OWNER INFORMATION

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

1.	Name _____	Title _____	Social Security Number _____	Telephone Number _____
	Home Address _____	Mailing Address _____		
2.	Name _____	Title _____	Social Security Number _____	Telephone Number _____
	Home Address _____	Mailing Address _____		
3.	Name _____	Title _____	Social Security Number _____	Telephone Number _____
	Home Address _____	Mailing Address _____		
4.	Name _____	Title _____	Social Security Number _____	Telephone Number _____
	Home Address _____	Mailing Address _____		

INDIVIDUAL RESPONSIBLE FOR SALES TAX INFORMATION

(1) The individual responsible for the records, calculates and transmits to the City the amount of tax collected by the business each month, holds for the benefit of the City, files the tax returns for the business, and such other books or accounts as may be necessary to determine the amount of tax the business must pay to the City (owner, partner, manager, bookkeeper, etc.).

Name _____	Title _____	Social Security Number _____	Telephone Number _____
Home Address _____		Mailing Address _____	

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.

Name _____
(Must be signed by Owner, Partner, or Corporate Officer)

Title _____

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. Please contact the Fire Department at 488-2232 if you need any assistance to complete this form. Let us know immediately if any of this information changes so we can update our records. Thank you for your assistance.

Business Name	Phone	FAX
Address (physical location)	City	State

Emergency Contact Information

Primary Contact

Name _____ () _____
Phone

Address _____ () _____
Cell Phone

City _____ State _____ Zip _____

Secondary Contact

Name _____ () _____
Phone

Address _____ () _____
Cell Phone

City _____ State _____ Zip _____

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

- Mixed commercial/residential occupancy
- Firearms, ammunition, explosives, etc...
Indicate below what type and amount.
- Hazardous Materials stored on premises
(Please include copy of MSDS for each)
- Equipment generating heat, sparks or flame.
Please list _____

- Activities in which injuries are likely to occur.

- Confined space activities likely.
- Special rescue situations that might occur _____

Type of Building Construction

- Standard Wood Frame (Protected)
- Standard Wood Frame (Unprotected)
- Fire Resistive
- Ordinary construction
- Non-combustible
- Light Weight
- Heavy Timber

What do you think the Fire Department should know about your business? _____

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 be only be used for training and response purposes. If security is a concern please contact Chief Buddy Lane at 488-2232. Thank you.

A large, empty rectangular box with a double-line border, intended for the user to sketch their business floor plan. The box is currently blank.