## CITY AND BOROUGH OF WRANGELL



Close account         New Business Start Date         Primary Business Name (DBA)         Type of Ownership         Sole Proprietor         Partnership         Corpord         Description of Business         All applications will be reviewed for possible Water/Sewer/Garbag         physical location and zoning codes         Will this business provide Transient (short term) rental accommodations?         If yes to above, I understand my obligation to remit Quarterly Transient 1         Tax remittance.         (initial)         Physical Address of Business         City         State         City         Phone         Phone         Phone         Email         AK Business License#         (required)	ng business in Wrangell in 202   Make account inactive     ation   LLC   Other   ge utility services based on Provide the services based on ax in addition to Quarterly Sale
Close account         New Business Start Date         Primary Business Name (DBA)         Type of Ownership         Sole Proprietor         Partnership         Corpord         Description of Business         All applications will be reviewed for possible Water/Sewer/Garbag         physical location and zoning codes         Will this business provide Transient (short term) rental accommodations?         If yes to above, I understand my obligation to remit Quarterly Transient Tax remittance.	Make account inactive
Business Name (DBA)         Type of Ownership       Sole Proprietor       Partnership       Corpore         Description of Business	ation □ LLC □ Other ge utility services based on P □ YES □ NO Tax in addition to Quarterly Sale
Business Name (DBA)         Type of Ownership       Sole Proprietor       Partnership       Corpore         Description of Business	ation □ LLC □ Other ge utility services based on P □ YES □ NO Tax in addition to Quarterly Sale
Type of Ownership       Sole Proprietor       Partnership       Corporation         Description of Business	ation 🗆 LLC 🗆 Other ge utility services based on P 🗆 YES 🗆 NO Fax in addition to Quarterly Sale
Description of Business         All applications will be reviewed for possible Water/Sewer/Garbage physical location and zoning codes         Will this business provide Transient (short term) rental accommodations?         f yes to above, I understand my obligation to remit Quarterly Transient Tax remittance.         Tax remittance.         (initial)         Physical Address of Business         Mailing Address         City         Phone         Fax         Owner's Name         Phone         Email         AK Business License#         (required)	ge utility services based on P I YES I NO Tax in addition to Quarterly Sale
All applications will be reviewed for possible Water/Sewer/Garbag physical location and zoning codes Will this business provide Transient (short term) rental accommodations f yes to above, I understand my obligation to remit Quarterly Transient T fax remittance	ge utility services based on P I YES I NO Tax in addition to Quarterly Sale
All applications will be reviewed for possible Water/Sewer/Garbag physical location and zoning codes Will this business provide Transient (short term) rental accommodations? f yes to above, I understand my obligation to remit Quarterly Transient T fax remittance(initial) Physical Address of Business Mailing AddressStateZi PhoneFaxTi PhoneTi PhoneTi PhoneEmailTi AK Business License#Expiration Date	ge utility services based on P I YES I NO Tax in addition to Quarterly Sale
If yes to above, I understand my obligation to remit Quarterly Transient T Tax remittance	ax in addition to Quarterly Sale
Tax remittance(initial) Physical Address of Business Mailing AddressStateZi CityStateZi PhoneFaxTi Owner's NameTi Primary Contact NameTi PhoneTi PhoneEmail	
Physical Address of Business         Mailing Address         City      State      Zi         Phone      Fax	
City State Zi Phone Fax Owner's Name Ti Primary Contact Name Ti Phone Email AK Business License# Expiration Date (required)	
Phone Fax	
Owner's NameTi Primary Contact NameTi PhoneEmail AK Business License#Expiration Date (required)	D
Primary Contact Name Ti Phone Email AK Business License# Expiration Date (required)	
Phone Email AK Business License# Expiration Date (required)	le
AK Business License# Expiration Date (required)	le
(required)	
declare, under penalty of making a false statement, that to the best of nformation provided is true. I acknowledge that I must file a tax return for	my knowledge and belief, the provide the second sec
services were performed, until I notify CBW in writing that I've ceased bu be required to obtain city utility services based on my service location.	siness. Lacknowledge that Ln
Signed Do	
Printed Name Tit	-
	ate

205 Brueger St. PO Box 531 Wrangell, Alaska 99929 Phone (907) 874-2381 Fax (907) 874-3952

□ Yes

🗆 No

□ N/A

Is business required to obtain city utilities?