



Matanuska-Susitna Borough Cigarette and Tobacco Products 2024 Distributor License Application

Send application with payment to:
Matanuska-Susitna Borough
Excise Tax Office
350 E Dahlia Avenue
Palmer Alaska 99645

LICENSE YEAR JANUARY 1 – DECEMBER 31, 2024

NAME UNDER WHICH BUSINESS WILL BE CONDUCTED:		STATE OF ALASKA ENDORSEMENT	
NAME IF DIFFERENT THAN ABOVE AND ADDRESS OF BUSINESS	FEDERAL EIN OR SSAN*		MSB ACCOUNT CODE
	CONTACT NAME IF DIFFERENT:	TELEPHONE NUMBER:	
LIST ALL PHYSICAL LOCATION(S) WHERE THIS LICENSE IS APPLICABLE:	FAX NUMBER:	EMAIL ADDRESS:	
	TYPE OF BUSINESS ACTIVITY: (CHECK EACH BOX THAT APPLIES PER ORDINANCE 05-068) <input type="checkbox"/> A. Buyer <input type="checkbox"/> B. Direct-Buyer Retailer <input type="checkbox"/> C. Distributor <input type="checkbox"/> D. Manufacturer <input type="checkbox"/> E. Vending Machine Operator _____ Number of vending machines operated <input type="checkbox"/> F. Wholesaler-Distributor		

*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.

Licenses will only be issued after a review of the State of Alaska Business License is paid.

Please verify and correct if needed, make corrections directly to this form.

State of Alaska Endorsement:
_____ Expires: _____

EXPLAIN IN GENERAL THE NATURE OF YOUR BUSINESS:
INDICATE THE SOURCE OF YOUR CIGARETTE AND TOBACCO PRODUCT PURCHASES:

LICENSE FEE: \$100.00 Make your check payable to: MATANUSKA - SUSITNA BOROUGH

SIGNATURE:		TITLE (PLEASE PRINT):		DATE:
NAME (PLEASE PRINT):				
BOROUGH USE ONLY:	LICENSE FEE PAID:	CHECK #:	DATE RECV:	LICENSE MAILED: