

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 MAILED:

LICENSE EXPIRES ON DECEMBER 31 OF EACH YEAR STATE OF ALASKA ENDORSEMENT: EXP DATE: NAME UNDER WHICH BUSINESS WILL BE CONDUCTED: MAILING ADDRESS: FEDERAL EIN OR SSAN* CONTACT NAME IF DIFFERENT: TELEPHONE NUMBER: PHYSICAL LOCATION(s) OF BUSINESS: EMAIL ADDRESS:I MSB ACCT NUMBER: TYPE OF BUSINESS ACTIVITY: (CHECK EACH BOX THAT APPLIES PER ORDINANCE 05-068) ☐ A. Buyer ☐ B. Direct-Buyer Retailer ☐ C. Distributor ☐ D. Manufacturer ☐ E. Vending Machine Operator Number of vending machines operated EXPLAIN, IN GENERAL, THE NATURE OF YOUR BUSINESS: ☐ F. Wholesaler-Distributor LIST SUPPLIERS WHERE YOU WILL ACQUIRE CIGARETTES AND OTHER TOBACCO PRODUCTS. ATTACH ADDITIONAL SHEETS IF NEEDED. CIGARETTE RETAILERS, OTHER TOBACCO PRODUCT RETAILERS, DIRECT-BUYING RETAILERS, BUYERS, AND VENDING MACHINES MUST COMPLETE THIS SECTION. Supplier Name Supplier's Complete Address **Account Number 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 Alaska Cigarette and Tobacco Products License issued under AS 43.50.010-.390 must be attached to this application or the SOA number provided for easy online identification. SIGNATURE: TITLE (PLEASE PRINT): DATE: NAME (PLEASE PRINT):

CHECK #:

DATE RECV:

LICENSE FEE PAID:

BOROUGH USE ONLY:

^{*}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