			For Office Use Only
OFFICE OF THE MUNICIPAL CLERK			Tor Onice Use Only
P.O. Box 196650 Anchorage, Alaska 99519-6650		1	_icense #:
MuniLicenses@anchorageak.gov	SHOOTING GALLERY LICENSE APPL (LICENSES ARE NOT TRANSFERABLE)		Date Issued:
PLEASE COMPLETE THE FOLLOWING INFORMATION			
Application date:			
	, hereby make application for a $\Box$ new SHOC	OTING GALLERY	LICENSE in accorcance
with title 10 of the Anchorage municipal code for the			
	C 10.45 and will comply with all applicable requi		
	only required if the activity is conducted as par	t of a circus, carr	ival, fair or other
temporary amusement concession.	ANGE IN INFORMATION REQUIRES A NEW LICENS	SE .	
	ANGE IN INFORMATION REGOINES A NEW LICENS		
Applicant's Name*:		(Phone)	
*Must be 18 years or older.			
Applicant's Mailing Address:			
Applicant's Street Address:			
Business Name:		_ (Phone)	
Business Mailing Address:			
Business Street Address:			
Email Address (required**):		_	
**All correspondence regarding this application and sul	bsequent license will be sent via provided email addres	SS.	
PLEASE COMPLETE THE FOLLOWING:		(NI	
<ol> <li>List the name and type of concession to be conducted Type)</li> </ol>			
Type)			
2. List all live ammunition and firearms to be used:			
3. Detail safeguards to be employed for containing disch	perced opprunition within the proc		
b. Detail saleguards to be employed for containing disci			
PROVIDE THE FOLLOWING WITH YOUR APPL			
State of Alaska Business License #:	Date Issued:Exp	piration Date:	
F BUSINESS ENTITY, PLEASE COMPLETE:			
Corporate Officer's Name	Telephone	Address	Zip Code
Registered Agent:			
President: Vice President:			

Directors and Stockholders holding 30% or more of stock in the corporation:

Name:		
Name:		
Name:		

I state, under penalty of perjury, that my name and signature or mark are shown on this application and that I am the individual making the foregoing application and authorized agent for this business and that the answers to the questions and other statements contained in this application are true and complete to my knowledge. WARNING: I understand that it is illegal to falsely sign or forge a signature. Falsely signing this declaration is an offense and may be prosecuted. It is a crime to submit a false written statement. AMC 8.30.170 - Unsworn falsification in the second degree. Unsworn falsification is a class A misdemeanor. AS 11.56.220, AS 11.56.235, AS 11.56.240

Signature of	Applicant		Date					
FOR OFFICE USE ONLY								
I.D. Furnished and Number	Fee Paid: \$	Cash	Credit Card	Check No.	Receipt No.			

Secretary: Treasurer: