For Office Use Only

PLEASE COMPLETE THE FOLLOWING INFORMATION: (Type or Print) Application date:
I,
with title 10 of the Anchorage municipal code for the 20 , hereby make application for a new SHOOTING GALLERY LICENSE in accorcance
$\qquad$ (Initial) I have read and understand AMC 10.45 and will comply with all applicable requirements of Title 10.
$\qquad$ (Initial) I understand that this license is only required if the activity is conducted as part of a circus, carnival, fair or other temporary amusement concession.

ANY CHANGE IN INFORMATION REQUIRES A NEW LICENSE

Applicant's Name*: $\qquad$ (Phone)
*Must be 18 years or older.
Applicant's Mailing Address: $\qquad$
Applicant's Street Address: $\qquad$
Business Name: $\qquad$ (Phone)

Business Mailing Address: $\qquad$
Business Street Address: $\qquad$
Email Address (required**):
${ }^{* *}$ All correspondence regarding this application and subsequent license will be sent via provided email address.

## PLEASE COMPLETE THE FOLLOWING:

1. List the name and type of concession to be conducted as part of a circus, carnival, fair or other amusement concession: (Name) (Type)
2. List all live ammunition and firearms to be used: $\qquad$
3. Detail safeguards to be employed for containing discharged ammunition within the area: $\qquad$

## PROVIDE THE FOLLOWING WITH YOUR APPLICATION:

UState of Alaska Business License \#: $\qquad$ Date Issued: $\qquad$ Expiration Date: $\qquad$
IF BUSINESS ENTITY, PLEASE COMPLETE:

| Corporate Officer's Name | Telephone | Address |  |
| :--- | :--- | :--- | :--- |
| Registered Agent: |  |  | Zip Code |
| President: |  |  |  |
| Vice President: |  |  |  |
| Secretary: |  |  |  |
| Treasurer: |  |  |  |

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

| FOR OFFICE USE ONLY |  |  |  |  |  |  | Credit Card | Check No. | Receipt No. |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| I.D. Furnished and Number | Fee Paid: $\$$ | Cash | Cres |  |  |  |  |  |  |

