



Lake and Peninsula Borough

P.O. Box 495
King Salmon, Alaska 99613
Telephone: (907) 246-3421



2018 APPLICATION FOR RAW FISH SALES, USE AND SEVERANCE TAX

Name _____

P.O. Box or Street Address _____ City _____ State _____ Zip _____

Phone _____ Cell _____ Fax _____

E-Mail _____ Web-Address _____

Local Address _____ City _____ State _____ Zip _____

Phone _____ Cell _____ Fax _____

E-Mail _____ Web-Address _____

Entity Information

Business Location	Vessel Name(s), and Area(s) of Operation
Check <input checked="" type="checkbox"/> All That Apply	1
Egegik <input type="checkbox"/>	2
Chignik <input type="checkbox"/>	3
Pilot Point <input type="checkbox"/>	4
Naknek <input type="checkbox"/>	5
Port Heiden(Area M) <input type="checkbox"/>	6
	7

*If this entity owns, or operates more than 7 fishing vessels, please provide their names and area(s) of operation on a separate sheet of paper.

Primary Contact

First _____ Last _____

Phone _____ Fax _____ E-Mail _____

Address (if different from above) _____ City _____ State _____ Zip _____

Partner(s)/Officer(s)

First	Last
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Phone	Fax	E-Mail
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First	Last
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Phone	Fax	E-Mail
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First	Last
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Phone	Fax	E-Mail
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Check List of Documentation to be Included:

- Copy of the applicant's most recent Alaska Fisheries Business License Application, including: Schedules A and B.
- Applicant's most recent fisheries business tax returns.
- Statement of the extent of property owned by the applicant within the borough against which the tax liability of the applicant may be collected, including: Description, Location, and Value.

Alaska Business License#:	LPB Registration #(s):

I, the undersigned, do hereby certify that I have fully examined this document, and that the information provided is true and complete to the best of my knowledge, and that I have enclosed the application fee of **\$200.00** for each location in its full amount. I, the undersigned, understand that the Lake and Peninsula Borough may impose a tax lien on my property at any time in the event of tax delinquency.

LPB Borough Applicant or Agent Signature

Printed Name

Date