



**CITY OF KING COVE  
P.O. BOX 37  
KING COVE, AK 99612  
Phone: (907) 497-2340  
Fax: (907) 497-2594**

**APPLICATION FOR CITY BUSINESS REGISTRATION**

**NAME OF BUSINESS:** \_\_\_\_\_

**NAME OF OWNER:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ADDRESS OF HEADQUARTERS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**LOCATION OF BUSINESS:** \_\_\_\_\_

**NATURE OF BUSINESS:** \_\_\_\_\_