



**JUNEAU POLICE DEPARTMENT
Application**

City and Borough of Juneau, Alaska
Juneau Police Department
6255 Alaway Ave, Juneau, AK 99801
Ph (907) 586-0600

Certificate of Public Convenience & Necessity

FOR POLICE DEPARTMENT USE ONLY		
Reviewer:	Comments:	
Approved Yes () No ()	Date:	Date Denial Letter Sent:
Fee Collection Receipt Number: Amount Received:		Received By:
Permit Number:	Issue Date:	Issued By:

****PLEASE TYPE OR PRINT ALL INFORMATION****

Business Information	Is this a: New Application () Renewal () Class A () Class B () Class C ()		
	Business Name		Alaska Business License Number
	Type of Organization: Sole Proprietorship () Partnership () Corporation () Limited Liability Corporation ()		
	Federal EIN Number	CBJ Sales Tax Account Number	CBJ Business Personal Property Number
Contact Information	Mailing Address		
	City		State Zip
	Business Phone Number	Business Cell Phone Number	Business E-mail Address
	Physical Location (Street Address)		
	City		State Zip
Operational Information	Year-Round Yes () Seasonal From: To:		
	Hours of Operation: From: To:		

Under penalty of perjury, I attest that to the best of my knowledge that the information provided on this application is true and correct.

Signature

Date

**Continued on the back of the form -
Applicants must complete both sides.**

Continued

Business Owners, Officers, Directors, Members, Managers	SOLE PROPRIETORSHIP INFORMATION				
	Last Name	First Name	Social Security Number	Date of Birth	
	PARTNERSHIP INFORMATION				
	Please complete the following for all Partners				
	Written Partnership Agreement or Limited Partnership reported to State of Alaska Must Accompany this Application				
	General Partnership ()		Limited Partnership ()		
	Last Name	First Name	Social Security #	Date of Birth	% Of Ownership
	CORPORATION INFORMATION				
	Please complete the following for all Officer, Directors and 5% Shareholders				
	Articles of Incorporation filed with the State Of Alaska Must Accompany this Application				
	Last Name	First Name	Social Security #	Title and/or % Shareholder	
LIMITED LIABILITY CORPORATION					
Please complete the following for all Members or Managers					
Articles of Organization filed with the State of Alaska must Accompany this Application					
Last Name	First Name	Social Security #	Member's Title		
Required Attachments	Required Attachments				
	Current Alaska Business License				
	Vehicle Inventory				
	Driver Roster				
	Color Photograph showing insignia/logo for each type of vehicle.				
	Insurance policies covering all vehicles authorized under the certificate.				