



**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\*\***

<b>Business Information</b>	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
<b>Contact Information</b>	Mailing Address		
	City		State    Zip
	Business Phone Number	Business Cell Phone Number	Business E-mail Address
	Physical Location (Street Address)		
	City		State    Zip
<b>Operational Information</b>	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	<b>SOLE PROPRIETORSHIP INFORMATION</b>				
	Last Name	First Name	Social Security Number	Date of Birth	
	<b>PARTNERSHIP INFORMATION</b>				
	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
	<b>CORPORATION INFORMATION</b>				
	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	
<b>LIMITED LIABILITY CORPORATION</b>					
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.				