

**CITY OF NOME**  
Office of the City Clerk  
P.O. Box 281  
Nome, Alaska 99762  
(907)443-6663 ~ (907)443-5345 fax

**Hotel/Motel Operator License Application 2010**

Name of Applicant: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_ Telephone # \_\_\_\_\_

Applicant Mailing Address: \_\_\_\_\_ Telephone # \_\_\_\_\_

Residential Address: \_\_\_\_\_ Telephone # \_\_\_\_\_

**N.O. 17.30.030** (a) No person may operate a hotel or motel within the city without first procuring a license to do so from the office of the city clerk. **There shall be a *one-time, non-refundable fee of \$15.00* with the *original application for the license, which shall thereafter be renewed annually without further payment at the same time and in the same manner as for the renewal of a sales tax license in accordance with Section 17.10.060.*** The hotel/motel operator's license shall be non-transferable.

**N.O. 17.30.130** For the purpose of this chapter, the following words and phrases shall have the meanings respectively ascribed to them in this section:

“Hotel” or “motel” means a structure kept, used or maintained as or advertised or held out to the public to be an inn, motel, hotel, apartment hotel, bed and breakfast, dormitory or other place where sleeping or rooming accommodations are available for lease or rent, whether with or without meals, but does not include hospitals, sanitariums or nursing homes, or incidental and de minimis use of residential housing.

I, \_\_\_\_\_, certify that I have not had any business license or tax license suspended or revoked within the previous six months and have complied with all State and Federal licensing and registration requirements. I swear (or affirm) that the above application is true, correct and complete to the best of my knowledge.

SIGNED and DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Applicant

City of Nome Sales Tax License #: \_\_\_\_\_  
Evidence of State/Federal Licensing: Alaska Business License #: \_\_\_\_\_ SIC#: \_\_\_\_\_  
Federal Business License #: \_\_\_\_\_

**City Clerk Use Only:**

Renew \_\_\_\_\_ New \_\_\_\_\_ License # Issued: \_\_\_\_\_

Date Issued: \_\_\_\_\_ Rcpt #: \_\_\_\_\_

Amt. Paid: \_\_\_\_\_ Date Pd: \_\_\_\_\_

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