

## Conditional Use Permit Certificate of Compliance Yearly Report

City of Kenai
Planning and Zoning Department
210 Fidalgo Avenue
Kenai, AK 99611
(907) 283-8200
planning@kenai.city
www.kenai.city/planning

	CC	ONDITIONAL USE PERMIT			
Granted by Planning	& Zoning Resolution:				
Use:					
CONDITIONAL USE PERMIT OWNER					
Name on Conditional Use Permit:					
Business Name (if ap	plicable):				
Mailing Address:					
City:		State:		Zip Code:	
Phone Number(s):		•	-		
Email:					
	PI	ROPERTY INFORMATION			
Property Owner's Nar	me:				
Kenai Peninsula Boro	ough Parcel #:				
Legal Description:					
ACTIVITY OVER THE PAST YEAR					
This report covers activity over the year: 20					
Describe business activity for the past year allowed by this conditional use permit:					
REQUIRED ATTACHMENTS					
If applicable, I have attached my State of Alaska Business License. The expiration date of the license is:					
I have attached a certificate of sales and property tax compliance from the Kenai Peninsula Borough.					☐ YES
CONDITIONAL USE PERMIT OWNER'S SIGNATURE					
I certify that to the best of my knowledge, the information on this form is complete and accurate. I have reviewed the enclosed copy of my conditional use permit and the required conditions.					
Signature:					
Printed Name:				Date:	
For City Planning and Zoning Only (Initial if Compliant)		Permittee is in Compliance, uding following any required conditions of the permit:			
For City Finance Use Only (Intial if Current)	Current on W	urrent on Lease Payments: /ater and Sewer Payments: on Assessment Payments:			

## Tax Compliance Certification Kenai Peninsula Borough

Finance Department

144 N. Binkley Street Phone: (907) 714-2197 Soldotna, Alaska 99669-7599 or: (907) 714-2175 www.kpb.us Fax: (907) 714-2376 For Official Use Only 1.) Fill in all information requested. 2.) Sign and date. 3.) Submit with solicitation, or other. For Department: Reason for Certificate: ☐ Solicitation Other: Dept. Contact: **Business Name:** Other: ☐ Individual ☐ Corporation ☐ Partnership Business Type: Owner Name(s): **Business Mailing Address:** Business Telephone: **Business Fax:** Email: As a business or individual, have you ever conducted business or owned real or personal property within the Kenai Peninsula Borough? (If yes, please supply the following account numbers and sign below.) If no, please sign below.) Kenai Peninsula Borough Code of Ordinances, Chapter 5.28.140, requires that businesses/individuals contracting to do business with the Kenai Peninsula Borough be in compliance with Borough tax provisions. No contract will be awarded to any individual or business who is found to be in violation of the Borough Code of Ordinances in the several areas of taxation. REAL/PERSONAL/BUSINESS PROPERTY ACCOUNTS TAX ACCOUNTS/STATUS (TO BE COMPLETED BY KPB) ACCT. NO. ACCT. NAME YEAR LAST PAID **BALANCE DUE** ☐ In Compliance ☐ Not in Compliance Date **KPB Finance Department (signature required) SALES TAX ACCOUNTS** TAX ACCOUNTS/STATUS (TO BE COMPLETED BY KPB) ACCT. NO. ACCT. NAME FILED THRU M/F's **BALANCE DUE** ☐ In Compliance ☐ Not in Compliance **KPB Sales Tax Division (signature required)** Date CERTIFICATION: I, , hereby certify that, to the (Name of Applicant) best of my knowledge, the above information is correct as of \_

Signature of Applicant (Required)