



**Please include the following information or documents to finalize your application.**

1. Business license number \_\_\_\_\_ State \_\_\_\_\_  
Expiration date \_\_\_\_\_

2. Liability Insurance:  
Name of Carrier & Policy Number  
\_\_\_\_\_  
Name of Agent \_\_\_\_\_

3. Check payable to BBAA, Total Paid: \$ \_\_\_\_\_

I acknowledge and by my signature certify that the information contained above is true and correct, that liability insurance will be maintained, and that I will comply with all requirements of membership in the Bed & Breakfast Association of Alaska.

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Signature Date \_\_\_\_\_

\*\*\*\*\*For Office Use Only\*\*\*\*\*

Date Rec'd \_\_\_\_\_