

Prisoner Application To Operate a Business

Part I (To be completed by prisoner)

1. Prisoner's Name: _____ 2. OTIS No. _____
3. Name of Business: _____
4. Description of proposed business activities to be accomplished by the prisoner: _____

5. Estimated number of business phone calls per week: _____
6. Estimated number of business visits per week: _____
7. Estimated number of pieces of business mail per week: _____
8. Describe the type and amount of incoming or outgoing personal property expected and type of packages expected in/out regarding mail:

9. I have attached a copy of my State of Alaska Business License Application and License for current year.
10. I have attached a copy of the Business License and federal income tax form for the year of operation of the business during which I began my current incarceration.
11. I have attached a copy of the Better Business Bureau (B.B.B.) Standard Business Questionnaire.
12. I have attached a copy of my application for membership in the B.B.B. and a copy of the B.B.B. response to my application.

OR

For the businesses ineligible for B.B.B. membership application due to less than six months operation:

- a. I have attached a copy of my B.B.B. membership application and a money order payable to the B.B.B. in the amount of membership dues, to be held in secured property until the date at which my business has been operated for six months.
- b. I understand that my approval of this application to operate a prisoner business is void as of the date my business has been in operation for six months if I have not contacted the superintendent or designee to submit my B.B.B. membership application and fee by that time.
- c. I have attached my letters of reference and Authorization for Release of Case Record Information (Form 602.01B) from non-prisoners, verifying that I have knowledge and ability to operate this business within the legal and ethical requirements to the profession, trade, or business.
13. I have signed and attached Authorization for Release of Information for Prisoner Business Operations (form 815.05D) FOR THE better Business Bureau, Internal Revenue Service, and Department of Community and Economic Development.

I _____ acknowledge that I have read, understand, and accept the requirements and provisions of this policy.

Prisoner's Signature

Witness Signature

Date

Date

Part II: (To be completed by Institutional Probation Officer.)

- 1. Application received (date)
- 2. Copy of Pre-sentence Report attached:
- 3. Current classification matrix attached:
- 4. Summary of prisoner's institutional behavior not reflected on classification matrix:

- 5. Comments of prisoner's institutional security and counseling staff attached (if applicable):

Part III: Superintendent's Action

Date received: _____ Action Taken: _____ Approved: _____ Denied: _____

Reasons: _____

Signature: _____ Date: _____

Part IV: Director's Action

Date received: _____ Action Taken: _____ Approved: _____ Denied: _____

Reasons: _____

Signature: _____ Date: _____

Part V: Deputy Commissioner's Action

(Note: For prisoners who have not operated the proposed business prior to incarceration.)

Date received: _____ Action Taken: _____ Approved: _____ Denied: _____

Reasons: _____

Signature: _____ Date: _____

Distribution: Superintendent
Prisoner
Case Record