



**City of Fairbanks**  
800 Cushman Street  
Fairbanks, AK 99701  
(907)459-6704 or Fax (907)459-6722  
Email: citybilling@fairbanks.us

## Application for Excise Tax Certificate of Registration

<input type="checkbox"/> NEW			<input type="checkbox"/> CHANGE			TODAY'S DATE:			<b>For Office Use Only</b>		
									ACCOUNT NO:		
Business Name (DBA)*:											
Physical Address: <small>(Principal Place of Business - List Others on Reverse Side)</small>											
Business Mailing Address:											
City:						State:			Zip Code + 4:		
Contact Name:				Phone:				Fax:			
Email Address:									<input type="checkbox"/> Please check here if you would like future correspondence via EMAIL (Whenever Possible)		

Start Date:		<input type="checkbox"/> Check if Business is Seasonal		Months of Operation Each Year: <small>(Informational Purposes Only)</small>			
City Business License No:		State Business License No:		Motor Fuel Distribution License No:		Name of License Holder	

Owner's Full Name:						
Type of Organization: <small>(please select one)</small>		<input type="checkbox"/> Individual	<input type="checkbox"/> Limited Liability Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other

Mailing Address: <small>(If Different from Business)</small>			
City:		State:	Zip Code + 4:
Are you purchasing this Business? If so, list Seller's Name			

Print Name of Tax Form Preparer:		Phone:
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I hereby state that the information provided is true and complete to the best of my knowledge.

\_\_\_\_\_  
AUTHORIZED SIGNER

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
TITLE

\_\_\_\_\_  
DATE