



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

Application for Sales Tax Certificate of Registration

<input type="checkbox"/> NEW			<input type="checkbox"/> CHANGE			TODAY'S DATE:			For Office Use Only		
									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>				
Type of Tax: <small>(please select one)</small>			<input type="checkbox"/> Alcohol (5%)		<input type="checkbox"/> Marijuana (5%)		<input type="checkbox"/> Tobacco (8%)		<input type="checkbox"/> Hotel/Motel (8%)	
City Business License No:		State Business License No:		AMCO License No: <small>(If Applicable)</small>			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