



P.O. Box 46  
Kotzebue, Alaska 99752

City Hall  
(907) 442-3401

Police Dept.  
(907) 442-3351

Fire Dept.  
(907) 442-3404

Public Works  
(907) 442-3401

<b>CITY USE ONLY</b>	
Receipt No: _____	
Receipt Date: _____	
<input type="checkbox"/> NEW	<input type="checkbox"/> RENEWAL
City License Number: _____	

**APPLICATION FOR CERTIFICATION OF AUTHORITY TO COLLECT SALES TAX**

In accordance with requirements of Kotzebue Municipal Code Chapter §3.20, I hereby apply for a Certificate of Registration and Authority to Collect Sales Tax. (All fields required. Indicate "N/A" if not applicable)

**INDICATION OF OWNERSHIP:**       SOLE PROPRIETORSHIP      EIN OR SSN: \_\_\_\_\_  
 CORPORATION OR LLC  
 PARTNERSHIP OR LLP OR LP  
(If corporation or partnership, please list below)

**BUSINESS NAME:** \_\_\_\_\_

**BUSINESS OWNER:** \_\_\_\_\_

**PARTNERSHIP or CORPORATION:**

Name of Applicant	Title
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Name of Applicant	Title
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(If there are more than two partners, please attach a list of partner names)

**TYPE OF BUSINESS:**     RENTAL     RESTAURANT     RETAIL     OTHER

(Please indicate type or line of business if "Other")

**BUSINESS LOCATION:** \_\_\_\_\_

(If business is conducted in more than one location within the City of Kotzebue, please list ALL locations above)

**ALASKA BUSINESS LICENSE NUMBER:** \_\_\_\_\_  
(Proof of an Alaskan business license if required if the State of Alaska requires the person to have a state business license or permit.)  
KMC3.20.170(C)

**RESIDENTIAL ADDRESS:** \_\_\_\_\_

**MAILING ADDRESS:** \_\_\_\_\_  
(Post Office Box or Street)

\_\_\_\_\_  
(City) (State) (Zip Code)

**PHONE NUMBER:** Day: \_\_\_\_\_ Evening: \_\_\_\_\_ Cell: \_\_\_\_\_

\_\_\_\_\_  
(E-Mail Address)

**Is your business seasonal?**  **Yes**  **No**

\_\_\_\_\_  
(List dates of operation if seasonal)

**Are you purchasing or have you purchased the above business?**  **Yes**  **No**

**If "YES", please complete the following:**

**Seller's Name:** \_\_\_\_\_

**Seller's Mailing Address:** \_\_\_\_\_

**Date Started:** \_\_\_\_\_

**I certify, under penalty of perjury, that this application is true and complete, and that I have not had any business license or tax license suspended or revoked within six months of today's date.**

\_\_\_\_\_  
Signature Printed Name Title Date

\_\_\_\_\_  
Signature Printed Name Title Date

**Valid from July 1, 20\_\_ through June 30, 20\_\_.**

**Businesses shall apply for renewal of their sales tax licenses by June 30<sup>th</sup> of each year.**

**MAIL COMPLETED APPLICATION AND \$50.00 REMITTANCE TO:**

**CITY OF KOTZEBUE  
SALES TAX DEPARTMENT  
P.O. BOX 46  
KOTZEBUE, AK 99752-0046**