



Finance Department - Sales Tax  
 P.O. Box 608, Whittier, AK 99693  
 (907)472-2327 Fax (907)472-2404  
 finance@whittieralaska.gov

## SALES TAX REGISTRATION FORM

### CITY OF WHITTIER USE ONLY

Sales Tax Account Number:	Date:	Initials:	Filing Frequency:
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### SECTION 1. BUSINESS INFORMATION

New Business	Change in Ownership	Start Date of Business Activity in Whittier:	
Business Name:			
DBA/Additional Name Used:			
AK Business License No.	NAICS Code	Federal Tax ID or Owner SSN	
Type of Organization:	Sole Proprietorship	Partnership	Limited Liability Company
	Corporation	Other: _____	
General Description of Business Activity:			

**Additional information may be required for certain businesses. Will this business be selling/performing any of the following? (check all that apply)**

Ground Transportation	Water-borne Transportation	Liquor Sales	Hotel/Motel, B&B, or Short Term Rental
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### SECTION 2. CONTACT INFORMATION

Mailing Address:		
City:	State:	Zip:
Business Phone:	Business Email:	
Physical Address (Street Address) if different:		
City:	State:	Zip:

### SECTION 3. PERSON RESPONSIBLE FOR FILING OR AUTHORIZED AGENT

Contact Name:	Phone:	Title:
Company (if different):	Contact Email:	
Mailing Address:		
City:	State:	Zip:

### SECTION 4. PREVIOUS OWNER (if applicable)

Former Business Name:		
Previous Owner Name:		
Previous Owner Mailing Address:		
City:	State:	Zip:

Continued on the back—Applicants must complete both sides

**SECTION 5. OWNER INFORMATION - Required for all owners and authorized representatives\*\***

<b>1</b>	Last Name:	First Name:		MI:
	Title:	Cell #:	Work #:	
	Mailing Address:	SSN:		DOB:
		Driver License #:		State of Issue:
<b>2</b>	Last Name:	First Name:		MI:
	Title:	Cell #:	Work #:	
	Mailing Address:	SSN:		DOB:
		Driver License #:		State of Issue:
<b>3</b>	Last Name:	First Name:		MI:
	Title:	Cell #:	Work #:	
	Mailing Address:	SSN:		DOB:
		Driver License #:		State of Issue:
<b>4</b>	Last Name:	First Name:		MI:
	Title:	Cell #:	Work #:	
	Mailing Address:	SSN:		DOB:
		Driver License #:		State of Issue:
<b>5</b>	Last Name:	First Name:		MI:
	Title:	Cell #:	Work #:	
	Mailing Address:	SSN:		DOB:
		Driver License #:		State of Issue:

*\*\*Attach additional owner information if necessary*

**Please read and initial the following statements, then sign at the bottom:**

\_\_\_\_\_ Under penalty of perjury, I attest that the information provided on this application is true and correct to the best of my knowledge. I accept the sales tax account authorized and issued in response to this application, with the condition that I \_\_\_\_\_ report timely and pay all sales taxes due to the City of Whittier.

\_\_\_\_\_ I understand that I am financially responsible for the sales taxes that I collect on behalf of the City of Whittier, and which I will hold in trust until such time as I remit the funds to the City. I acknowledge that the Sales Tax Code imposes late fees, penalties, and interest on late sales tax returns and payments.

\_\_\_\_\_ I am aware that the Sales Tax Office must be notified in writing of any change in address, ownership, filing status, closures of business, or any corrections to this record.

Signature\*: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

*\*If this business is a corporation, an officer or director of the corporation must sign this form.*

Whittier Sales Tax Code Chapter 3.08 can be found online at:

[https://library.municode.com/ak/whittier/codes/code\\_of\\_ordinances?nodeId=TIT3REFI\\_CH3.08COSATA](https://library.municode.com/ak/whittier/codes/code_of_ordinances?nodeId=TIT3REFI_CH3.08COSATA)