

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

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 NAICS Code Porprietorship Sole Proprietorship 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 Water-borne Transportation Water-borne Transportation Water-borne Transportation Uiquuro Sales Hotel/Motel, B&B, or Short Term Rental SECTION 2. CONTACT INFORMATION Mailing Address: City: SECTION 3. PERSON RESPONSIBLE FOR FILING OR AUTHORIZE SECTION 3. PERSON RESPONSIBLE FOR FILING OR AUTHORIZE Contact Rame: City: SECTION 4. PREVIOUS OWNER (if applicable) Former Business Name: Previous Owner Mailing Address:	CITY OF WHITTIER USE ONLY								
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	Previous Owner Name:								
City: State: Zip:	Previous Owner Mailing Add	lress:					1		
	City:				State:		Zip:		

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SECTION 5. OWNER INFORMATION - <u>Required</u> for all owners and authorized representatives**								
1	Last Name:	First Name:			MI:			
	Title:	Cell #:	Work #:					
	Mailing Address:	SSN:	DOB:					
		Driver License #: State of Is			e:			
2	Last Name:	First Name:			MI:			
	 Title:	Cell #: Work		#:				
	Mailing Address:	SSN:		DOB:				
		Driver License #:		State of Issue:				
3	Last Name:	First Name:			MI:			
5	Title:	Cell #: Work		#:				
	Mailing Address:	SSN:		DOB:				
		Driver License #:	State of Iss		e:			
4	Last Name:	First Name:			MI:			
	Title:	Cell #: Work		. #:				
	Mailing Address:	SSN:	DOB:					
		Driver License #:		State of Issue:				
5	Last Name:	First Name:			MI:			
	Title:	Cell #: Work #		#:				
	Mailing Address:	SSN:	DOB:					
		Driver License #:	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 <u>financially responsible</u> 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.			

ון נוווג טעאווינאא א גערטיטראטאר, אוי טון גער טי אויבנטי טן גווב נטיטטראטאראעגע אוווא זטרא.