



GROUND TRANSPORTATION FEE REGISTRATION FORM

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

CITY OF WHITTIER USE ONLY

Ground Transportation Fee 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:
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Business Name:

DBA/Additional Name Used:

AK Business License No.	NAICS Code	Federal Tax ID or Owner SSN
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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. CHIEF EXECUTIVE OFFICER - CONTACT INFORMATION

Mailing Address:

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

City:	State:	Zip:
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SECTION 3. CHIEF FINANCIAL OFFICER, CONTROLLER, TREASURER, COMPTROLLER - CONTACT INFORMATION

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

City:	State:	Zip:
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SECTION 4. PERSON RESPONSIBLE FOR FILING WITH AUTHORITY TO PAY - CONTACT INFORMATION

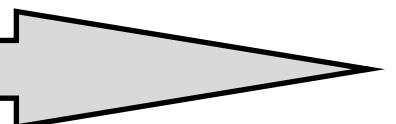
Former Business Name:

Previous Owner Name:

Previous Owner Mailing Address:

City:	State:	Zip:
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Continued on the back—Applicants must complete both sides



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

1	Last Name:	First Name:		MI:
	Title:	Cell #:	Work #:	
	Mailing Address:	SSN:		DOB:
		Driver License #:		State of Issue:
2	Last Name:	First Name:		MI:
	Title:	Cell #:	Work #:	
	Mailing Address:	SSN:		DOB:
		Driver License #:		State of Issue:
3	Last Name:	First Name:		MI:
	Title:	Cell #:	Work #:	
	Mailing Address:	SSN:		DOB:
		Driver License #:		State of Issue:
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 #:		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 Ground-Based Passenger Fee account authorized and issued in response to this application, with the condition that I timeline report and pay all fees due to the City of Whittier.

_____ I understand that I am financially responsible for the fees 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 Ground-Based Passenger Fee imposes late fees, penalties, and interest on late Ground Passenger Fee returns and payments.

_____ I am aware that the City 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 Commercial Recreational Ground Passenger Fee Code Chapter 10.30 can be found online at:
https://library.municode.com/ak/whittier/codes/code_of_ordinances?nodeId=TIT3REFI_CH3.10PATRBUA