

APPLICATION FOR CERTIFICATE OF REGISTRATION

(SALES AND SERVICE TAX)

TO: CITY OF KODIAK

P.O. BOX 1397

KODIAK, ALASKA 99615

Voice - 907-486-8655 or Fax - 907-486-8600

New Application

Update information only

	DATE OF APPLICATION	ACCOUNT NO.
NAME OF FIRM _____		
BUSINESS PHONE _____	FAX _____	E-MAIL _____
LOCATION OF BUSINESS ADDRESS _____		
MAILING ADDRESS _____		
	STREET	CITY STATE ZIP
NAME OF OWNER _____		
HOME ADDRESS _____ HOME PHONE _____		
	STREET	CITY STATE ZIP
TYPE OF BUSINESS ACTIVITY PER BUSINESS LICENSE _____		
DATE BUSINESS STARTED _____		
ALASKA BUSINESS LICENSE NUMBER (Include your activity code): _____		
TYPE OF ORGANIZATION <input type="checkbox"/> INDIVIDUAL <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> CORPORATION <input type="checkbox"/> OTHER (EXPLAIN BELOW)		
IS BUSINESS SEASONAL _____ IF YES, APPROXIMATE DATES THAT BUSINESS IS OPERATED EACH YEAR FROM _____ TO _____ NO. OF MONTHS _____		
SOCIAL SECURITY # or EIN # _____		
BIRTHDAY _____ I agree to abide by the City of Kodiak City Code for Sales Tax Section 3.08 THE ABOVE INFORMATION IS KEPT CONFIDENTIAL AND IS USED FOR IDENTIFICATION PURPOSES ONLY.		
SIGNATURE & TITLE OF APPLICANT _____		
_____ TO BE COMPLETED IF A PARTNERSHIP OR CORPORATION _____		
NAME _____		TITLE _____
MAILING ADDRESS _____		HOME ADDRESS _____ PHONE _____
NAME _____		TITLE _____
MAILING ADDRESS _____		HOME ADDRESS _____ PHONE _____
NAME _____		TITLE _____
MAILING ADDRESS _____		HOME ADDRESS _____ PHONE _____
NAME _____		TITLE _____
MAILING ADDRESS _____		HOME ADDRESS _____ PHONE _____