

BUSINESS CLOSURE FORM

Sales Tax Department
710 Mill Bay Road Kodiak, AK 99615
(907) 486 - 8655



Account Information			
Business License Number: _____			
Business Name: _____			
Address: _____			
Street	City	State	Zip
Business Type: _____			

Closure Information			
Last Day of Business: _____			
Reason: _____			
Transfer of Ownership			
Name: _____		Telephone: _____	
Business Name, if changed: _____			
Mailing Address: _____			
Street	City	State	Zip
Email Address: _____			

Signature	
<i>I, _____, do hereby certify that the foregoing information is true and correct.</i>	
_____	_____
Signature	Date

Items to Send with This Form: Final Sales Tax Return and Sales Tax Payment

Once this form is completed, please mail or email (add 'BCF' to the subject box) it to:

P.O. Box 1397
Kodiak, AK 99615
salestax@city.kodiak.ak.us