



CITY OF SAINT PAUL
 P.O. BOX 901
 ST. PAUL ISLAND, ALASKA
 99660-0901
 (907) 546-3121
 FAX (907) 546-3199

APPLICATION FOR A CERTIFICATE OF REGISTRATION

The Undersigned makes application for a certificate of authority to collect Sales Tax
 and submits the following information:

Name of Applicant/Business:			
Mailing Address:			
State:		Zip Code:	

Is this a renewal of a previous registration?: Yes No
 If this is a renewal and there are no changes from the previous year, your signature, printed name, application fee and a copy of your AK Business License complete this application. Please mail to the address above.

Date Business was Started or Purchased:	
Type of Business:	
AK Business License Number:	

(Fill out a separate application for each ABL Number)

Type of Ownership: Individual Co-Partnership Corporation LLC Other (specify):

Are you the owner of the premises where your business is conducted? Yes No

Owner:	
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List the name(s) and home address(es) of the owner, partners, or corporate officers:

Name	Title	Home Address

List all locations where you conduct business:

Business Name	Location

I HEREBY CERTIFY that the statements herein have been examined by me and are, to the best of my knowledge and belief, true and complete.

Signature	Title
Printed Name	Date

Please submit this form to the City of Saint Paul by January 15 of each year for renewal, or within 24 hours of starting a business operation within the City limits. Failure to register on time may result in a \$300 initial penalty and up to \$300 per day of operation without a certificate (Ch. VII – Sales Tax, Sec. 7.6).

A \$40 fee must accompany this form.