



Application For:
Certification of Authority to Collect Sales Tax

Please type or print legibly

Certificate Number: _____

Business Name: _____

Applicant Name: _____
Individual, Partner's Name(s), or Corporate Name

Mailing Address: _____

Physical Address: _____

Phone: () _____ Fax: () _____ E-mail: _____

Dillingham Business License #: _____ Alaska Business License #: _____

Federal ID Number/EIN/SSN: _____

Name(s) and address of any partners or corporate officers and titles:

Type of Business: Contractor [] Retailer [] Other [] (Specify) _____

Date Business Started or Purchased: _____

If you purchased business, please give name of previous owner(s): _____

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

Do you presently conduct a business in Dillingham? Yes [] No []

If yes, give a name of other business: _____

Did you formerly conduct a business in Dillingham? Yes [] No []

If yes, give name of former business: _____

Acknowledgment

I certify that all statements made in this application are true and made for the purpose of being issued a certificate of authority to collect sales tax, and the business agrees to comply with all applicable city ordinances.

Signature

Printed Name

Title

Date

Office Use Only
Approved: Yes [] No []
Reason: _____
Signature of Authorizing Official: _____
Date: _____