



**APPLICATION FOR SALES TAX EXEMPTION & CERTIFICATE
FOR Qualified Non-Profits and Government Organizations**

NEW APPLICATION

Entity Name _____

Contact Person _____

Mailing Address _____

Physical Address _____

Phone (_____) _____ Email _____

DLG Business License# _____ Alaska Business License# _____

EIN or SSN _____

- The City reserves the right to ask for further proof of eligibility.
- To qualify for a sales tax exemption on purchases made in the City of Dillingham it must be for one of the following purposes:

CHECK ONE: Religious Charitable Government

I certify that all statements made in this application are true and made for the purpose of being issued a certificate of exemption, and the business agrees to comply with all applicable city ordinances. I understand **the issuance of a sales tax exempt certificate is strictly for the purchases made by the qualified entity for its use.** Should the requirement for an exemption no longer apply the City of Dillingham Finance Dept. will be properly notified.

Signature

Printed Name and Title

Date

Office Use Only		
Approved:	Yes	No
_____ Signature of Authorizing Official		
_____ Date		
Certificate No. _____		