



## Application for Nonprofit Sales Tax Exemption Certificate

**1) ORGANIZATION NAME**

(Legal name as provided on Articles of Incorporation, or if unincorporated, the governing document)

**2) ORGANIZATION MAILING ADDRESS**

Street Address or P.O. Box number

My organization maintains a physical presence in the City/Borough of Juneau

YES                      NO

City	State/Province	Zip Code	Country if outside U.S.
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>

**3) CONTACT INFORMATION OF REPRESENTATIVE SUBMITTING THIS APPLICATION**

Name	Title
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>

Email Address	Daytime Phone and Extension
<input style="width: 100%; height: 100%;" type="text"/>	<input style="width: 100%; height: 100%;" type="text"/>

**4) READ AND INITIAL**

- I hereby apply\* for a Sales Tax exemption Certificate under Provision 12 of the Sales Tax Ordinance CBJ 69.05.040.
- I certify the attached evidence of our IRS classification of 501(c)(3), 501(c)(4), or 501(c)(19) is in good standing
- I am aware that all nonprofit organizations that maintain a physical presence within the City and Borough of Juneau must register with the Sales Tax Office and report their sales.
- I am aware this certificate exempts the organization's purchases and those sales that are not subject to federal income tax.

5) \_\_\_\_\_

<b>Signature</b>	<b>Date</b>
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**\* Applications MUST be accompanied by the following required attachments:**

- 1) A copy of the letter from the Internal Revenue Service announcing your classification status as a 501(c)(3), a 501(c)(4), or a 501(c)(19), and
- 2) Payment of the \$20.00 application fee, and
- 3) A completed CBJ Business Registration Form - This only applies to nonprofit organizations that maintain a physical presence within the City and Borough of Juneau that have not previously registered with the Sales Tax Office.

**Applications received without the required documents or payment will not be processed.**

FOR OFFICE USE ONLY			
Certificate Number _____	Date _____		
_____	Fee Paid \$ _____	Cash ___	Check # _____
CBJ Revenue Officer	Sales Tax Account No. _____		
<b>APPLY TO PAC: 215010101 4300</b>			