



## BUSINESS REGISTRATION FORM

Finance Department, Sales Tax Office  
 155 South Seward St, Juneau, AK 99801  
 Ph (907) 586-5265 Fax (907) 586-0365  
 Sales.Tax.Office@Juneau.org

CBJ USE ONLY			
BP Property Account No.	Sales Tax Account No.	Date	Initials

<b>Business Identification</b>	Is this a:    New Business (   )            Change in Ownership (   ) * <i>Complete Previous Owner section below</i>		
	Business Name		AK Business License No.
	Doing Business As		
	Line of Business (Enter 2-digit code from AK Business License)	Federal ID No.	
<b>Contact Information</b>	Sales Tax Contact Information		
	Mailing Address		
	City	State	Zip
	Contact Name and Title	Contact Phone No.	
	Business Personal Property Contact Information <i>Complete this section only if Property Tax Contact Information differs from Sales Tax Contact Information</i>		
	Mailing Address		
<b>Other Business Info</b>	Physical Location (Street Address)		
	City	State	Zip
	Business Phone No.		Business Email:
	General Description of Business Activity		
	Start Date of Business Activity in Juneau		
	Type of organization:    Sole Proprietorship (   )    Partnership (   )    Corporation (   )    Other (   ) _____		
	Will this business be selling <input type="checkbox"/> Liquor or <input type="checkbox"/> Marijuana?		Is it a Hotel/Motel or Bed & Breakfast?
	CBJ Use Only M   Q   Y		
<b>*Previous Owner</b>	Previous Owner Name		
	Previous Owner Address		
	City	State	Zip

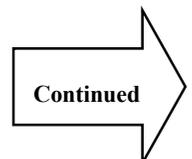
**Under penalty of unsworn falsification, I attest that to the best of my knowledge that the information provided on this application is true and correct.**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

*If this business is a corporation, an officer or director of the corporation must sign this form.*

**Continued on the back of the form -  
 Applicants must complete both sides.**



Owner Information	Individual Information is required on all owners of the business**		
	Last Name	First Name	Middle Initial
	Mailing Address		
	City	State	Zip
	Street Address		
	City	State	Zip
	Work Phone	Social Security No.	
	Home Phone	Driver's License No.	State
Office or Title		Date of Birth	
Owner Information	Individual Information is required on all owners of the business**		
	Last Name	First Name	Middle Initial
	Mailing Address		
	City	State	Zip
	Street Address		
	City	State	Zip
	Work Phone	Social Security No.	
	Home Phone	Driver's License No.	State
Office or Title		Date of Birth	
Owner Information	Individual Information is required on all owners of the business**		
	Last Name	First Name	Middle Initial
	Mailing Address		
	City	State	Zip
	Street Address		
	City	State	Zip
	Work Phone	Social Security No.	
	Home Phone	Driver's License No.	State
Office or Title		Date of Birth	
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	Mailing Address		
	City	State	Zip
	Street Address		
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	Home Phone	Driver's License No.	State
Office or Title		Date of Birth	
Owner Information	Individual Information is required on all owners of the business**		
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	City	State	Zip
	Street Address		
	City	State	Zip
	Work Phone	Social Security No.	
	Home Phone	Driver's License No.	State
Office or Title		Date of Birth	

\*\*Attach additional owner information if necessary.