



Finance Department - Sales Tax
 155 Heritage Way, Juneau AK 99801
 (907) 586-5215 Fax (907) 586-0365
 Sales.Tax.Office@juneau.gov

BUSINESS REGISTRATION FORM

CBJ USE ONLY

Sales Tax Account: _____ Date: _____ Initials: _____ Filing Frequency: _____

SECTION 1. BUSINESS INFORMATION

New Business Change in Ownership Start Date of Business Activity in Juneau: _____

Business Name: _____

DBA/Additional Name Used: _____

AK Business License No. _____ NAICS Code _____ Federal Tax ID or Owner SSN _____

Type of Organization: Sole Proprietorship Partnership Limited Liability Company
 Corporation Other: _____

General Description of Business Activity: _____

Additional taxes are applicable on some items. Will this business be selling any of the following? (check all that apply)

Marijuana/Marijuana products Retail Liquor Hotel/Motel, B&B, or Short Term Rental

SECTION 2. CONTACT INFORMATION

Mailing Address: _____

City: _____ State: _____ Zip: _____

Business Phone: _____ Business Email: _____

Physical Address (Street Address) if different: _____

City: _____ State: _____ Zip: _____

SECTION 3. PERSON RESPONSIBLE FOR FILING OR AUTHORIZED AGENT

Contact Name: _____ Phone: _____ Title: _____

Company (if different): _____ Contact Email: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

SECTION 4. PREVIOUS OWNER (if applicable)

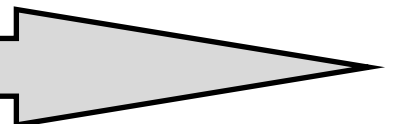
Former Business Name: _____

Previous Owner Name: _____

Previous Owner Mailing Address: _____

City: _____ State: _____ Zip: _____

Continued on the back—Applicants must complete both sides



SECTION 5. OWNER INFORMATION - Required for all owners and authorized representatives**

1	Last Name:	First Name:		MI:
	Title:	Cell #:	Work #:	
	Mailing Address:	SSN:		DOB:
		Driver License #:		State of Issue:
2	Last Name:	First Name:		MI:
	Title:	Cell #:	Work #:	
	Mailing Address:	SSN:		DOB:
		Driver License #:		State of Issue:
3	Last Name:	First Name:		MI:
	Title:	Cell #:	Work #:	
	Mailing Address:	SSN:		DOB:
		Driver License #:		State of Issue:
4	Last Name:	First Name:		MI:
	Title:	Cell #:	Work #:	
	Mailing Address:	SSN:		DOB:
		Driver License #:		State of Issue:
5	Last Name:	First Name:		MI:
	Title:	Cell #:	Work #:	
	Mailing Address:	SSN:		DOB:
		Driver License #:		State of Issue:

***Attach additional owner information if necessary*

Please read and initial the following statements, then sign at the bottom:

_____ Under penalty of perjury, I attest that the information provided on this application is true and correct to the best of my knowledge. I accept the sales tax account authorized and issued in response to this application, with the condition that I report timely and pay all sales taxes due by me to the City & Borough of Juneau.

_____ I understand that I am financially responsible for the sales taxes that I collect on behalf of the City & Borough of Juneau, and which I will hold in trust until such time as I remit the funds to the City. I acknowledge that the Sales Tax Code imposes late fees, penalties, and interest on late sales tax returns and payments.

_____ I am aware that the Sales Tax Office must be notified in writing of any change in address, ownership, filing status, closures of business, or any corrections to this record.

Signature*: _____ Date: _____

Printed Name: _____ Title: _____

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