



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

Business Identification	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.						
Contact Information	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								
Other Business Info	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?						
	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">CBJ Use Only</td> <td style="width:33%;"></td> <td style="width:33%;"></td> </tr> <tr> <td style="text-align: center;">M Q Y</td> <td></td> <td></td> </tr> </table>				CBJ Use Only			M Q Y	
CBJ Use Only									
M Q Y									
*Previous Owner	Previous Owner Name								
	Previous Owner Address								
	City		State	Zip					

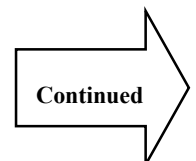
Under penalty of unsworn falsification, I attest that to the best of my knowledge that the information provided on this application is true and correct.

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		
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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.