

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)

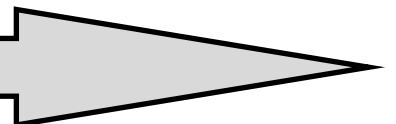
Former Business Name: \_\_\_\_\_

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\*\***

<b>1</b>	Last Name:	First Name:		MI:
	Title:	Cell #:	Work #:	
	Mailing Address:	SSN:		DOB:
		Driver License #:		State of Issue:
<b>2</b>	Last Name:	First Name:		MI:
	Title:	Cell #:	Work #:	
	Mailing Address:	SSN:		DOB:
		Driver License #:		State of Issue:
<b>3</b>	Last Name:	First Name:		MI:
	Title:	Cell #:	Work #:	
	Mailing Address:	SSN:		DOB:
		Driver License #:		State of Issue:
<b>4</b>	Last Name:	First Name:		MI:
	Title:	Cell #:	Work #:	
	Mailing Address:	SSN:		DOB:
		Driver License #:		State of Issue:
<b>5</b>	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.*