

2023-2024 SHORT TERM RENTAL REGISTRATION FORM

CBJ USE ONLY		
STR Registration #:	Date:	Initials:

SECTION 1. SHORT TERM RENTAL UNIT INFORMATION				
Business Name:				
DBA/Other Name Used:				
AK Business License No.	CBJ Sales Tax Acct. No.			
Physical Address (Street Address):				
# of Bedrooms:	Overnight Capacity:			
Property Type: (select <u>one</u> that best describes property being rented)				
House Mobile Home	Suite (private bath)			
Condo Apartment	Bedroom (shared bath) Boat			
Townhome Accessory Dwelling Unit	ccessory Dwelling Unit			
SECTION 2. PROPERTY OWNER				
Owner Name(s):				
Phone:	Email:			
Mailing Address:				
City:	State:	Zip:		
SECTION 3. PROPERTY MANAGEMENT (IF NOT OWNER MANAGED)				
Contact Name:	Company:			
Phone:	Email:			
Mailing Address:				
City:	State: Zip:			

I understand that the property owner must register their business with the Sales Tax Office and is ultimately responsible for all taxes, fines, fees, interest, and/or penalties associated with this short term rental unit, whether or not they have a third party register and file tax returns on their behalf.

I understand that this registration is valid until December 31, 2024, and I will need to renew annually while I continue to list my short term rental unit.

Signature: ______

Date: _____

Printed Name: _____