



Finance Department - Sales Tax
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2025 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: <i>(select <u>one</u> that best describes property being rented)</i> | | | |
| <input type="checkbox"/> House | <input type="checkbox"/> Mobile Home | <input type="checkbox"/> Suite (private bath) | <input type="checkbox"/> Camper/RV |
| <input type="checkbox"/> Condo | <input type="checkbox"/> Apartment | <input type="checkbox"/> Bedroom (shared bath) | <input type="checkbox"/> Boat |
| <input type="checkbox"/> Townhome | <input type="checkbox"/> Accessory 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, 2025, and I will need to renew annually while I continue to list my short term rental unit.

Signature: _____ Date: _____

Printed Name: _____