



Finance Department - Sales Tax
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SHORT TERM RENTAL REGISTRATION FORM

CBJ USE ONLY

STR Registration #:

Date:

Initials:

SECTION 1. SHORT TERM RENTAL UNIT INFORMATION

Business Name:

DBA/Additional Name Used:

Physical Address (Street Address):

of Bedrooms:

Overnight Capacity:

Property Type:

(select one that best describes property being rented)

- | | |
|------------------------------------|--|
| <input type="checkbox"/> House | <input type="checkbox"/> Suite (private bath) |
| <input type="checkbox"/> Condo | <input type="checkbox"/> Bedroom (shared bath) |
| <input type="checkbox"/> Townhome | <input type="checkbox"/> Camper/RV |
| <input type="checkbox"/> Apartment | <input type="checkbox"/> Boat |

Listing Type:

(select one that best describes short term rental listing)

- | |
|---|
| <input type="checkbox"/> Entire Home/Apt |
| <input type="checkbox"/> Private Room |
| <input type="checkbox"/> Shared Room |
| <input type="checkbox"/> Bed & Breakfast (multiple bedrooms/suites) |

SECTION 2. PROPERTY OWNER CONTACT INFORMATION

Owner Name(s):

Phone:

Email:

Mailing Address:

City:

State:

Zip:

SECTION 3. PROPERTY MANAGEMENT CONTACT (IF NOT OWNER MANAGED)

Contact Name:

Company:

Phone:

Email:

Mailing Address:

City:

State:

Zip:

I understand that this registration is valid for one calendar year, and I will need to renew annually while I continue to list my short term rental unit.

Signature: _____

Date: _____

Printed Name: _____