



**KENAI PENINSULA BOROUGH  
APPLICATION FOR CERTIFICATE OF REGISTRATION  
TO COLLECT SALES TAX**  
144 N. Binkley Soldotna, Alaska 99669-7599  
Phone (907) 714-2175  
Web Site: [www.kpb.us](http://www.kpb.us)  
Email: [salestax@kpb.us](mailto:salestax@kpb.us)

<b>Account#:</b>									
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**SECTION 1. ENTITY TYPE: Please select ONE box (Note: Failure to provide the proper documents could delay registration.)**

<input type="checkbox"/> Individual/Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Limited Liability Company (LLC) <b>LLC State Documents Required</b>
<input type="checkbox"/> Corporation <b>Corporation State Documents Required</b>	<input type="checkbox"/> Non-Profit <b>Non-Profit IRS 501(C) Documents Required</b>	<input type="checkbox"/> Church or Religious Organization: <b>IRS 501(C) or Non-Profit Certificate from the State of Alaska</b>

**SECTION 2. BUSINESS INFORMATION**

Business Name (Doing or Conducting Business As, Individual, Company)	Date Opened On The Peninsula
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Additional DBA/Name Used (Corporate name, LLC, Parent Company, Etc.):

Business Address-Street No. (NO PO Boxes)	N,E,S,W	Street Name	Ste/Apt#
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City	State	Zip + 4	Country
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Mailing Address	N,E,S,W	Street Name	Ste/Apt#
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City	State	Zip + 4	Country
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Business Email Address	Area Code	Business Phone	Area Code	Business Fax
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Business Parcel #	Alaska State Business License #	NAICS Code	Federal Tax I.D #
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Briefly Describe Business Conducted:

Do you own your business location?	Yes	No	If yes, is this your residence?	Yes	No	If No, complete the following Landlord/Property Manager Information:
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Landlord/Property Manager Name	Address	N,E,S,W	Street Name	Ste/Apt#
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City	State	Zip+4	Country	Area Code	Phone No.
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Method used in submitting Sales Tax Returns:	Cash	Accrual	Is this a seasonal business?	Yes	No	If yes, business conducted from:	Month	To	Month
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**SECTION 3. PERSON RESPONSIBLE FOR FILING OR AGENT FOR SERVICES OF PROCESS**

Person Responsible For Filing Returns	Title/Company	Area Code	Contact Phone
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Mailing Address	City	State	Zip+4
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**SECTION 4. PREVIOUS TAX REGISTRATION**

Previous Sales Tax Registration Number	Former Business Name	Date of New Ownership
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Previous Owner Name	Previous Owner Mailing Address, City, State, Zip
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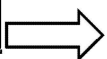
**SECTION 5. BUSINESS REFERENCE**

Name 1.	(Area Code) Phone No.
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Address	City	State	Zip+4
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Name 2.	(Area Code) Phone No.
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Address	City	State	Zip+4
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**SECTION 6. OWNER INFORMATION**

1	Name - Last, First, Middle Initial				Title	Date of Birth
	Mailing Address				Social Security #	
	City	State	Zip+4	Country	(Area Code) Phone No.	
	Registration No. & DBA of other businesses owned:					
2	Name, - Last, First, Middle Initial				Title	Date of Birth
	Mailing Address				Social Security #	
	City	State	Zip+4	Country	(Area Code) Phone No.	
	Registration No. & DBA of other businesses owned:					
3	Name – Last, First, Middle Initial				Title	Date of Birth
	Mailing Address				Social Security #	
	City	State	Zip+4	Country	(Area Code) Phone No.	
	Registration No. & DBA of other businesses owned:					
4	Name – Last, First, Middle Initial				Title	Date of Birth
	Mailing Address				Social Security #	
	City	State	Zip+4	Country	(Area Code) Phone No.	
	Registration No. & DBA of other businesses owned:					

**SECTION 7. SIGNATURE AND DISCLOSURE**

**NOTE:** A PURCHASE/SUCCESSOR OF AN ONGOING BUSINESS MAY BE HELD LIABLE FOR UNPAID SALES TAX OBLIGATIONS OF THE PREVIOUS OWNER OF THE ASSUMED BUSINESS. (KPB 5.18.130 (B))

I/WE ARE AWARE THAT THE BOROUGH **MUST** BE NOTIFIED IN WRITING OF ANY CHANGE IN ADDRESS, OWNERSHIP, FILING STATUS, CLOSURES OF BUSINESS, OR ANY CORRECTIONS IN GENERAL TO THIS RECORD.

**I DECLARE, UNDER PENALTY OF PERJURY, THAT THIS APPLICATION IS TRUE AND COMPLETE. I ACCEPT THE LICENSE AUTHORIZED AND ISSUED IN RESPONSE TO THIS APPLICATION WITH THE CONDITION THAT I REPORT TIMELY AND PAY ANY AND ALL TAXES DUE BY ME TO THE KENAI PENINSULA BOROUGH.**

Partnerships require the signatures of **ALL** Partners listed on this application. Limited Liability Companies, Corporations, and Sole Proprietors require the signature of at least one owner, officer, or member of the organization.

_____	_____	_____	_____
Print Name	Signature	Title	Date
_____	_____	_____	_____
Print Name	Signature	Title	Date
_____	_____	_____	_____
Print Name	Signature	Title	Date
_____	_____	_____	_____
Print Name	Signature	Title	Date