



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
 Email: salestax@kpb.us

Account#:									
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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) LLC State Documents Required
<input type="checkbox"/> Corporation Corporation State Documents Required	<input type="checkbox"/> Non-Profit Non-Profit IRS 501(C) Documents Required	<input type="checkbox"/> Church or Religious Organization: IRS 501(C) or Non-Profit Certificate from the State of Alaska

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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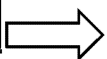
SECTION 5. BUSINESS REFERENCE

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