

APPLICATION FOR HOTEL-MOTEL ROOM TAX CERTIFICATE OF REGISTRATION

Ordinance 2016-30
Chapter 8.48

-Borough Use Only-

IMPORTANT NOTICE
Send white copy to:
**Fairbanks North Star Borough
Treasury & Budget Division
PO Box 71320
Fairbanks AK 99707-1320
(907) 459-1441**

Date of Application: _____

Account Number

SECTION I. PREMISES TO BE REGISTERED (Must be completed, one per location)

1. Business Name:	
2. Business Location (Number & Street):	Mailing Address if different
3. Legal Description of Business Location (Lot #, Block #, and Subdivision):	PAN/Real Property TAX I.D. #
4. Business Location: Fairbanks () North Pole () Borough/Outside Cities ()	5. Date business started:
6. Number of rooms available for rent:	7. Estimated Monthly Taxable Income:
8. Primary Contact Person:	Phone:
Title:	Email:

SECTION II. OPERATOR INFORMATION (Must be completed)

1. Alaska Business License #: (Attach copy of license.)	Expiration Date:	Standard Industry Code (SIC):
2. Type of Business Organization (check one):	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership
	<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Business Trust
	<input type="checkbox"/> Bed & Breakfast	<input type="checkbox"/> Lodge/Vacation Home
	<input type="checkbox"/> Hotel/Motel	
3. Type of Business (check one)		
4. Name of Business Organization:	Business Phone:	
5. Mailing Address of Business Organization:	Website URL:	
6. Name(s) of Business Owner(s), Corporate Officers, General Partner(s), or Trustee. Use additional sheets as necessary		
Full Name (print):	Title:	Phone:
Full Name (print):	Title:	Phone:
Full Name (print):	Title:	Phone:

SECTION III. Declaration (Must be completed)

I declare that I have examined this application, including any accompanying listings, and to the best of my knowledge and belief, it is true, correct, and complete. If any of the above information changes, I will contact the Fairbanks North Star Borough immediately. I further certify that I have received a copy of Chapter 8.48 of the FNSB Code, Hotel-Motel Room Tax and understand the responsibilities, liabilities and requirements set forth therein.

Name and signature of owner, general partner, trustee, or corporate officer of business to be registered.

Name (Print): _____ Title: _____

Signature: _____ Date: _____