APPLICATION FOR TOBACCO DISTRIBUTION EXCISE TAX CERTIFICATE OF REGISTRATION

Ordinance 2016-30
Code Chapter 8.44

Date of Application:_____

-Borough Use Only-

_____
Account Number

IMPORTANT NOTICE
Send white copy to:
Fairbanks North Star Borough
Treasury & Budget Division
PO Box 71320
Fairbanks AK 99707-1320
(907) 459-1443

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

1. Business Name:

2. Business Location (Number & Street): Mailing Address if different

3. Business Location: Fairbanks ( ) North Pole ( ) Borough/Outside Cities ( ) Date business started:

4. Primary Contact Person: Title: Phone:

SECTION II. DISTRIBUTOR INFORMATION (Must be completed)

1. Alaska Business License #: Expiration Date: Standard Industry Code (SIC):

2. Type of Business Organization (check one): Sole Proprietor Partnership Corporation
___Joint Venture Business Trust Other (list)

3. Name of Business Organization: Business Phone:

4. Mailing Address of Business Organization:

5. 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 8.44 of the FNSB Code, Tobacco Distribution Excise 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:_____