

# APPLICATION FOR TOBACCO DISTRIBUTION EXCISE TAX CERTIFICATE OF REGISTRATION

Ordinance 2016-30  
FNSBC 8.44

-Borough Use Only-

\_\_\_\_\_ Account Number

Date of Application: \_\_\_\_\_

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

<b>SECTION I. BUSINESS TO BE REGISTERED (Must be completed, one per location)</b>			
1. Business Name: _____			
2. Business Location (Number & Street): _____		Mailing Address if different _____	
3. Business Location: Fairbanks ( <input type="checkbox"/> ) North Pole ( <input type="checkbox"/> ) Borough/Outside Cities ( <input type="checkbox"/> )			Date business started: _____
4. Primary Contact Person: _____		Title: _____	Phone: _____
<b>SECTION II. DISTRIBUTOR INFORMATION (Must be completed)</b>			
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: _____
<b>SECTION III. DECLARATION (Must be completed)</b>			
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 FNSBC 8.44, 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: _____	