



Petersburg Borough Sales Tax Registration Application

Business Identification Information

Business Name: _____
Owner: _____ Federal I.D or Social Security #: _____
Is this a New Business? _____ Business Start Date: _____
Is this a change of Ownership to a business? _____ Date Purchased: _____
Previous Owner Information: _____

Business Contact Information

Business Mailing Address: _____
City: _____ State: _____ Zip: _____
Physical Address of Business: _____
(Please identify the location in Petersburg where business will be taking place)
Phone: _____ Email: _____
Person of Contact Info: _____

Business Specification Information

Type of Business: Retail Lodging Service Direct Sales Other
Please Specify: _____

Transient Room Tax Sales: Yes No Borough-Use Business: Yes No

Application is continued on the back of this form. Please be sure to complete each section that applies to your business. 

I certify, to the best of my knowledge, that the information provided above is correct and complete.

Signature of Applicant

Name & Title

Date

OFFICE USE ONLY

Sales Tax ID: _____ Date Issued: _____ Comm. Dev. Approval: _____
Conditional Use Permit: _____ Notes: _____



Petersburg Borough
Finance Department
PO Box 329 Petersburg, AK 99833
Phone (907)772-4425 Fax (907)772-3759
www.petersburgak.gov

Lodging Facility Information

Specification: Bed & Breakfast ___ Lodge/Resort ___ Hotel ___ Housing Rental ___

Type of Rental Service: Short Term ___ Long Term (over 30 days) ___ Mixed ___

The Petersburg Borough Transient Room Tax Ordinance implements that a 4% Transient Room Tax shall be collected and remitted monthly. Please see Ordinance for more information.

Borough-Use Business Information

What Borough Department do you provide services for? _____

Please specify the services you provide: _____

Will you be providing services/sales other than those for the Petersburg Borough? _____

Office Use Only: Accounts Payable Vendor ID: _____ W-9 Completed: _____

Direct Sales – Independent Distributor Information

Please provide information about the company in which you sell products for

Company Name: _____ **Company Phone:** _____

Company Mailing Address: _____

Will you be providing services/sales other than those for the Petersburg Borough? _____

Office Use:

Accounts Payable Vendor ID: _____ W-9 Completed: _____ Notes: _____

Summer Market Business Information

Will you be conducting any business outside of the scheduled local markets? _____

(If yes, Please list other locations) _____

OFFICE USE ONLY

Sales Tax ID: _____ Date Issued: _____ Comm. Dev. Approval: _____

Conditional Use Permit: _____ Notes: _____