



Petersburg Borough  
Finance Department  
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## 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: \_\_\_\_\_ AK State License #: \_\_\_\_\_

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



### 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: \_\_\_\_\_

\_\_\_\_\_