



City and Borough of Juneau, Alaska  
**BUSINESS REGISTRATION FORM**

City and Borough of Juneau, Alaska  
 Finance Department, Sales Tax Office  
 155 South Seward St, Juneau, AK 99801  
 Ph (907) 586-5265 Fax (907) 586-0365

| CBJ USE ONLY            |                       |      |          |
|-------------------------|-----------------------|------|----------|
| BP Property Account No. | Sales Tax Account No. | Date | Initials |

|                                |  |                   |   |     |
|--------------------------------|--|-------------------|---|-----|
| <b>Business Identification</b> | Is this a:    New Business (    )            Change in Ownership (    ) * <i>Complete Previous Owner section below</i>   |                   |   |     |
|                                | Business Name  |                   | AK Business License No.                 |     |
|                                | Doing Business As  |                   |   |     |
|                                | Line of Business (Enter 2-digit code from AK Business License)   |                   | Federal ID No.                          |     |
| <b>Contact Information</b>     | Sales Tax Contact Information  |                   |   |     |
|                                | Mailing Address  |                   |   |     |
|                                | City   |                   | State                                   | Zip |
|                                | Contact Name and Title   |                   | Contact Phone No.                       |     |
|                                | Business Personal Property Contact Information<br><i>Complete this section only if Property Tax Contact Information differs from Sales Tax Contact Information</i> |                   |   |     |
|                                | Mailing Address  |                   |   |     |
|                                | City   |                   | State                                   | Zip |
| Contact Name and Title         |  | Contact Phone No. |   |     |
| <b>Other Business Info</b>     | Physical Location (Street Address)   |                   |   |     |
|                                | City   |                   | State                                   | Zip |
|                                | Business Phone No.   |                   | Business Email:                         |     |
|                                | General Description of Business Activity   |                   |   |     |
|                                | Start Date of Business Activity in Juneau  |                   |   |     |
|                                | Type of organization:    Sole Proprietorship (    )    Partnership (    )    Corporation (    )    Other (    ) _____  |                   |   |     |
|                                | Will this business be selling liquor?  |                   | Is it a Hotel/Motel or Bed & Breakfast? |     |
| <b>*Previous Owner</b>         | Previous Owner Name  |                   |   |     |
|                                | Previous Owner Address   |                   |   |     |
|                                | City   |                   | State                                   | Zip |

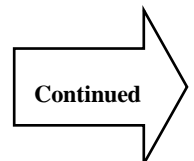
**Under penalty of unsworn falsification, I attest that to the best of my knowledge that the information provided on this application is true and correct.**

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

*If this business is a corporation, an officer or director of the corporation must sign this form.*

**Continued on the back of the form - Applicants must complete both sides.**



|                   |  |                      |                |
|-------------------|--|----------------------|----------------|
| Owner Information | Individual Information is required on all owners of the business** |                      |                |
|                   | Last Name  | First Name           | Middle Initial |
|                   | Mailing Address  |                      |                |
|                   | City   | State                | Zip            |
|                   | Street Address   |                      |                |
|                   | City   | State                | Zip            |
|                   | Work Phone   | Social Security No.  |                |
|                   | Home Phone   | Driver's License No. | State          |
| Office or Title   |  | Date of Birth        |                |
| Owner Information | Individual Information is required on all owners of the business** |                      |                |
|                   | Last Name  | First Name           | Middle Initial |
|                   | Mailing Address  |                      |                |
|                   | City   | State                | Zip            |
|                   | Street Address   |                      |                |
|                   | City   | State                | Zip            |
|                   | Work Phone   | Social Security No.  |                |
|                   | Home Phone   | Driver's License No. | State          |
| Office or Title   |  | Date of Birth        |                |
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|                   | Mailing Address  |                      |                |
|                   | City   | State                | Zip            |
|                   | Street Address   |                      |                |
|                   | City   | State                | Zip            |
|                   | Work Phone   | Social Security No.  |                |
|                   | Home Phone   | Driver's License No. | State          |
| Office or Title   |  | Date of Birth        |                |
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|                   | Street Address   |                      |                |
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|                   | Work Phone   | Social Security No.  |                |
|                   | Home Phone   | Driver's License No. | State          |
| Office or Title   |  | Date of Birth        |                |

\*\*Attach additional owner information if necessary.