



**Finance Department, Sales Tax Office**  
 155 South Seward St, Juneau, AK 99801  
 Ph (907) 586-5265 Fax (907) 586-0365  
 Email: sales.tax.office@juneau.org

**APPLICATION FOR  
 RESALE OF GOODS CERTIFICATE**

Businesses making local purchases for resale must obtain a Resale of Goods Certificate for their purchases to be exempt. Resale of Goods Certificates are only issued to businesses that are registered and current in filing and remitting sales tax. Certificates will not be issued if account is not in compliance.

Certificates are valid on a calendar year basis. Application will not be processed if information is not complete or if application fee is not submitted.

Resale applications are processed each Thursday. Applications received after 4:30 p.m. on Wednesday will not be processed until the following week.

This is a NEW APPLICATION \_\_\_\_\_ RENEWAL \_\_\_\_\_ for January 1 through December 31, \_\_\_\_\_

Business Name \_\_\_\_\_ Sales Tax Account Number \_\_\_\_\_

D.B.A. \_\_\_\_\_ Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Type of Business Activity \_\_\_\_\_

**Resale Certificate Fee: \$10.00**

*Applicants will only be issued one Resale Certificate.*

**Resale Code Selection** (limit 4) - Please see Resale Codes listing.

<u>Renewals:</u>	Do you want the same codes as last year? Circle <u>YES</u> or <u>NO</u> If you circled NO, please enter all desired codes below. Limit of 4 codes.
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**NEW APPLICATIONS and RENEWALS requesting code changes: Enter codes below.**

1.	3.
2.	4.

I declare subject to the penalties prescribed in City and Borough ordinances that this application has been examined by me and to the best of my knowledge and belief is a true and complete application. I acknowledge that I am solely responsible for purchasing within the categories listed, and I am responsible for sales tax liability resulting from misuse of the resale certificate. I understand that misuse of the Resale Certificate is unlawful and subject to prosecution and fine.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

For Sales Tax Office Use Only			
Application Fees Paid: _____	Remitted: eGovern: _____	Cash _____	Check No. _____
Sales Tax Exemption Number _____	Expiration Date _____	<b>December 31, 2020</b>	
Staff Authorization _____	Issue Date _____		