

**CITY OF UNALASKA**  
Office of the City Clerk  
PO Box 610 Unalaska, AK 99685  
Phone (907)581-1251 Fax (907)581-1417

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**APPLICATION FOR SALES TAX EXEMPTION CERTIFICATE  
FOR NONPROFIT ORGANIZATIONS**

**Name of Organization:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Contact Person:** Name: \_\_\_\_\_

Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**I hereby apply for a Sales Tax Exemption Certificate under U.C.O. 6.40.030(Q). I certify that the attached evidence of our Internal Revenue Service classification as a 501(c) organization is in good standing.**

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

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**Application MUST be accompanied by a copy of the letter from the Internal Revenue Service announcing your classification as a 501(c) organization**

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**CITY CLERK'S OFFICE USE ONLY**

Approved

Denied

Certificate Number Issued: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_