

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

**APPLICATION FOR SALES TAX EXEMPTION CERTIFICATE
FOR PURCHASE OF GOODS FOR RESALE**

City of Unalaska Business License #: _____

Name of Business: _____

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(T). I am requesting the sales tax exemption for purchase of the following type(s) of merchandise for resale:

1. _____ 2. _____ 3. _____

(Please see resale code listing. You may choose no more than 3.)

I declare that I will follow all requirements of the Unalaska Code of Ordinances and related policies and procedures as they relate to the use of the City of Unalaska Sales Tax Exemption Certificate. I understand that misuse of the Exemption Certificate is unlawful and that I am responsible for any sales tax liability, interest, penalties and fines that may result from such misuse.

Signature of Authorized Representative

Printed Name

Title

Date

CITY CLERK'S OFFICE USE ONLY

Approved

Denied

Certificate Number Issued: _____

Date: _____

Signature: _____