

APPLICATION FOR NON-PROFIT SALES TAX EXEMPTION CERTIFICATE CITY OF BETHEL CODE 4.16.190

MAIL TO: City of Bethel – Sales PO Box 1388			Office	☐ NEW APPLICATION	
_	Bethel AK			UPDATED APPLICATION	
				RENEWAL APPLICATION	
Phone: (907) 543-1379		Fax: (907):	543-3817		
Date of Application:		Name of Organiza		ration:	
Physical Address of Orga	nization:				
Mailing Address of Organization:					
Phone#:		Cell #:		Fax #:	
Email:		Type of Organization Activity			
Alaska Business License Number		Expiration Date		NAICS Code:	
				Organization activity for the State of Alaska (must submit code)	
City of Bethel Business Number	License	Expiration Date		EIN #:	
The following must be					
A copy of the letter from the Internal Revenue Service announcing your classification status as a 501(c) and type of 501(c)					
Copy of City of Bethel Business License					
Copy of State of Alaska Business License					
I agree to abide by the section 4.16.	City of B	Sethel Sales Tax	Code as set out	in the Bethel Municipal Code,	
Signature (Authorized	Dated		1		
			[Printed Nar	_[Printed Name & position]	
FOR OFFICE USE ONLY					
Exemption #:			# of Certifica	# of Certificate(s) Issued:	