April 2004 Form

# Sales Tax Resale Application

Year:_____ New Application_____ Renewal_____

Resale Cards are valid on a calendar year basis. The resale card will only be issued to businesses who are registered with the city and are current in filing and remitting sales tax.

Business Name:_____ Sales Tax Acct. No.:_____

Owner's Name:_____ Phone No.:_____

Physical Address:_____

Mailing Address:_____ City:_____ State:_____ Zip:_____

Type of Business Activity:_____

Type of Items to be purchased for resale: 1._____

2._____ 3._____

4._____ 5._____

If there will be more than one authorized purchaser on this card please list their names below and a separate card will be issued for that person.

Additional Authorized Purchasers: _____

_____ _____

I acknowledge that I am solely responsible for purchases made on this card. I understand that misuse of the resale card is unlawful and subject to prosecution, a fine and the card being revoked.

Signature:_____ Printed Name:_____

Card Number Issued:_____ Date:_____

City of Craig
PO Box 725
Craig, Alaska 99921
Phone: (907)826-3275 Fax: (907)826-3278