



**APPLICATION FOR CERTIFICATE OF REGISTRATION  
SALES, SERVICES AND RENTAL TAX  
CITY OF BETHEL CODE 4.16.090**

MAIL TO: City of Bethel - Sales Tax Office  
P.O. Box 388  
Bethel, AK 99559  
forbusinesses@cityofbethel.net

NEW APPLICATION  
 RENEWAL APPLICATION

Phone: (907) 543-2047 Fax: (907) 543-3817

Date of Application:		Bethel Business ID (issued by City):
Name of Business:		
Physical Address of Business:		
Mailing Address of Business:		
Phone Number:	Cell Phone Number:	Fax Number:
Email:	Name of Owner:	Owner's Contact Number:
Owner's Mailing Address (If different from business address)		
Type of Business Activity		
Date Business Started	Type of Organization (check one): <input type="checkbox"/> Proprietorship <input type="checkbox"/> Partnership <input type="checkbox"/> LLC <input type="checkbox"/> Corporation	Social Security Number  Or EIN
Alaska Business License Number	Expiration Date	NAICS Code: Business activity for the State of Alaska (must submit code)
City of Bethel Business License Number	Expiration Date	

*Additional pages required with signatures for each additional owner.*

I agree to abide by the City of Bethel Sales Tax Code as set out in the Bethel Municipal Code, section 4.16.

\_\_\_\_\_  
Owner Signature

\_\_\_\_\_  
Dated

Sales Tax Certificate Registration