



**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