

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: _____