



Alaska Municipal Sales Tax Program
 City of Angoon
 1 Sealaska Plaza, Ste 302
 Juneau, AK 99801



Angoon Business Closure Form

Part A - Closure Information

Account #:		Business Name:			
Last day of business in Angoon / closure date:					
Reason for Account Closure <i>(select all that apply):</i>					
<input type="checkbox"/>	No longer conducting business in Angoon				
<input type="checkbox"/>	Sold rental property <i>(please complete New Owner Information section below)</i>				
<input type="checkbox"/>	Sold business <i>(please complete New Owner Information section below)</i>				
<input type="checkbox"/>	Other – Please explain:				

Part B – New Owner Information

New Owner Name(s):					
Mailing Address:					
City:		State:		ZIP:	
Phone:		Email:			

Part C – Contact information & signature

Mailing Address:					
Phone:		Email Address:			
Company Representative:				Title:	
<i>Under penalties of perjury, I affirm that the information provided above is true and correct.</i>					
Signature:				Date:	

*This form may be returned to the Alaska Municipal Sales Tax Program via email at amstp@akml.org or by mail to AMSTP, One Sealaska Plaza, Ste 302 Juneau, AK 99801