

Alaska Municipal Sales Tax Program City of Thorne Bay 1 Sealaska Plaza, Ste 200 Juneau, AK 99801



## **Thorne Bay Business Closure Form**

## Part A - Closure Information

Acc	ount #:		Business Name:				
Last day of business in Thorne Bay / closure date:							
Reason for Account Closure (select all that apply):							
	No longer conducting business in Thorne Bay						
	Sold rental property (please complete New Owner Information section below)						
	Sold business (please complete New Owner Information section below)						
	Other – Pl	ease explain:					

## Part B – New Owner Information

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

## Part C – Contact information & signature

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

\*This form may be returned to the Alaska Municipal Sales Tax Program via email at <u>amstp@akml.orq</u>