

## Angoon Business Registration Application



## City of Angoon

In Care of:

Alaska Municipal Sales Tax Program

One Sealaska Plaza Suite 302 Juneau AK 99801

(907)790-5300

amstp@akml.org

$\square$ New Registration	$\square$ Change in Ownership	$\square$ Annual Renewal	
Business Identification			
Business Name:			
AK Business License No			
Doing Business As:			
Line of Business (Enter 2-digit code from AK business license)			
Federal ID No			
<b>Business Contact Information</b>			
Mailing Address (Street):			
City:	State:	Zip:	
Contact Name and Title:			
Contact Phone No			
Permits and Certifications			
$\square$ Vendor (AMC 5.04.020) \$50 (V	alid January 1-December 31) REQUIR	ED for all businesses	
$\square$ Bed Tax (AMC 4.52) No fee (Valid	January 1-December 31) REQUIRED for l	odging businesses	
Please remit check payment v	vith this application, make check p	ayable to AMSTP	

Other Business Information				
Physical Location (Street):				
City:	State:	Zip:		
Business Phone No	Email:			
Type of Organization:				
Under penalty of unsworn falsification, I attest that to the best of my knowledge that the information provided on this application is true and correct.				
Print Name:				
Signature:		Date:		