*City of Aniak*

*P.O. Box 189 Aniak, Alaska 99557*
*Ph: (907)675-4481*
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# Business Registration for Sales Tax Collection

- New Business
- Change in Ownership

## Business Identification

Start Date of Business: _____

Type of Business: _____

Business Name: _____

Owner(s) : _____

Alaska Business License Number: _____ EIN/SS#: _____

## Contact Information

Name of Contact for Business: _____

Phone Number: _____ Email Address: _____

Mailing Address: _____

## Other Business Information

Physical Location Address: _____

City: _____ State: _____ Zip code: _____

Business Phone Number: _____ Business Email: _____

General Description of Business Activities:

_____

Printed Name & Title of Authorized Representative: _____

Signature: _____

Received by: Date: