# BUSINESS REGISTRATION FORM

<table>
<thead>
<tr>
<th>BP Property Account No.</th>
<th>Sales Tax Account No.</th>
<th>Date</th>
<th>Initials</th>
<th>CBJ USE ONLY</th>
</tr>
</thead>
</table>

## Business Identification

- **Is this a:**
  - New Business ( )
  - Change in Ownership ( ) *Complete Previous Owner section below*

- **Business Name**
- **AK Business License No.**

- **Doing Business As**

- **Line of Business** *(Enter 2-digit code from AK Business License)*
  - **Federal ID No.**

## Sales Tax Contact Information

- **Mailing Address**
  - **City**
  - **State**
  - **Zip**
  - **Contact Name**
  - **Contact Title**
  - **Contact Phone No.**

## Business Personal Property Contact Information

*Complete this section only if Property Tax Contact Information differs from Sales Tax Contact Information*

- **Mailing Address**
  - **City**
  - **State**
  - **Zip**
  - **Contact Name**
  - **Contact Title**
  - **Contact Phone No.**

## Other Business Info

- **Physical Location** *(Street Address)*
  - **City**
  - **State**
  - **Zip**
  - **Business Phone No.**
  - **Business Email:**

## Type of organization:

- **Sole Proprietorship** ( )
- **Partnership** ( )
- **Corporation** ( )
- **Other** ( )

- Will this business be selling **☐ Liquor** or **☐ Marijuana**?
- Is it a Hotel/Motel or Bed & Breakfast?

## Previous Owner

- **Previous Owner Name**
- **Previous Owner Address**
  - **City**
  - **State**
  - **Zip**

---

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.

**Signature**

**Date**

*If this business is a corporation, an officer or director of the corporation must sign this form.*

*Continued on the back of the form - Applicants must complete both sides.*
<table>
<thead>
<tr>
<th>Owner Information</th>
<th>Individual Information is required on all owners of the business**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name</td>
<td>First Name</td>
</tr>
<tr>
<td>Mailing Address</td>
<td>Middle Initial</td>
</tr>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>City</td>
<td>Zip</td>
</tr>
<tr>
<td>Work Phone</td>
<td>Social Security No.</td>
</tr>
<tr>
<td>Home Phone</td>
<td>Driver’s License No.</td>
</tr>
<tr>
<td>Office or Title</td>
<td>Date of Birth</td>
</tr>
</tbody>
</table>

**Attach additional owner information if necessary.**