



**P.O. Box 46**  
**Kotzebue, Alaska 99752**  
**(907) 442-3401**  
**(907) 442-3742 F.**  
**[www.cityofkotzebue.com](http://www.cityofkotzebue.com)**

## APPLICATION FOR CERTIFICATE OF SALES TAX EXEMPTION

Authority: Kotzebue Municipal Code §3.20

### SECTION I BUSINESS OR ENTITY: (Pursuant to KMC §3.20.)

Business Name:	Phone Number:	
Mailing Address:	Email Address:	
Federal Tax ID #:	AK Business License #:	City Business License #:

### SECTION II

This application for exemption, from the payment of City sales tax, is requested for goods and services purchased for the exclusive use of the undersigned individual(s) or business pursuant to Kotzebue Municipal Code 3.20.140:

### SECTION III

I do declare, under penalties of perjury, that this application has been examined by me. To the best of my knowledge and believe it is a true, correct and complete application. I understand that, pursuant to KMC §3.20, unauthorized use of the Certificate of Sales Tax Exemption or Sales Tax Exemption Card shall result in revocation of the certificate and card, and forfeiture of City sales tax exemption status.

Printed Name of Owner or Agent	Owner or Agent's Signature	Date
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Revised: June 21, 2013

**Valid: 1/1/2024 through 12/31/2024**

Renewed annually upon completion of form.