

APPLICATION FOR MARIJUANA AND MARIJUANA PRODUCT SALES TAX CERTIFICATE OF REGISTRATION

FNSBC 8.54.050

-Borough Use Only-

IMPORTANT NOTICE
Send white copy to:
**Fairbanks North Star Borough
Treasury & Budget Division
PO Box 71320
Fairbanks AK 99707-1320
(907) 459-1443**

Date of Application: _____

Account Number

SECTION I. BUSINESS TO BE REGISTERED (Must be completed, one per location)

1. Business Name: _____

2. Business Location (Number & Street): _____ Mailing Address if different _____

3. Business Location: Fairbanks () North Pole () Borough/Outside Cities () Date business started: _____

4. Primary Contact Person: _____ Title: _____ Phone: _____

SECTION II. OPERATOR INFORMATION (Must be completed)

1. Alaska Business License #: _____ Expiration Date: _____ Standard Industry Code (SIC): _____

2. Type of Business Organization (check one):
 Sole Proprietor Partnership Corporation
 Joint Venture Business Trust Other (list) _____

3. Name of Business Organization: _____ Business Phone: _____

4. Mailing Address of Business Organization: _____

5. Name(s) of Business Owner(s), Corporate Officers, General Partner(s), or Trustee. Use additional sheets as necessary

Full Name (print): _____ Title: _____ Phone: _____

Full Name (print): _____ Title: _____ Phone: _____

Full Name (print): _____ Title: _____ Phone: _____

SECTION III. DECLARATION (Must be completed)

I declare that I have examined this application, including any accompanying listings, and to the best of my knowledge and belief, it is true, correct, and complete. If any of the above information changes, I will contact the Fairbanks North Star Borough immediately. I further certify that I have received a copy of Title 8.54 of the FNSB Code, Marijuana and Marijuana Product Sales Tax and understand the responsibilities, liabilities and requirements set forth therein.

Name and signature of owner, general partner, trustee, or corporate officer of business to be registered.

Name (Print): _____ Title: _____

Signature: _____ Date: _____