



**Municipality of Anchorage, Treasury Division
APPLICATION FOR RENTAL VEHICLE TAX
CERTIFICATE OF REGISTRATION**

IMPORTANT NOTICE

Send original form to:
Municipality of Anchorage
Treasury Div., Vehicle Tax
632 W. 6th Ave., Suite 330
P.O. Box 196650
Anchorage, AK 99519-6650

PLEASE TYPE OR PRINT CLEARLY

SECTION I. PREMISES TO BE REGISTERED (Must be completed)

Rental Agency Name:

Mailing Address:

Physical Location Where Motor Vehicle Rental Transactions Take Place (use additional sheets as necessary):

Primary contact person:

Title:

Phone:

Fax:

Email:

SECTION II. RENTAL AGENCY INFORMATION (Must be completed)

1. Alaska Business License #:

Standard Industry Code (SIC):

2. Form of Business Organization (check one):

Sole Proprietor

Partnership

Corporation

Other (list)

Joint Venture

Business Trust

Limited Liability Company

If the business organization is a corporation, list Alaska Corporate #:

3. Name of business organization:

Business Phone:

4. Doing business as (if different than #3):

5. Mailing address of business organization:

6. Name(s) of business owner(s), officer(s), director(s), general partner(s), member(s) of LLC, or trustee. Use additional sheets as necessary.

Full Name (print):

Title:

Phone:

Full Name (print):

Title:

Phone:

Full Name (print):

Title:

Phone:

SECTION III. MOTOR VEHICLE INVENTORY (Must be completed)

Complete and attach the Rental Motor Vehicle Inventory Schedule (use as many inventory schedule sheets as necessary).

SECTION IV. SECURITY FOR FIDUCIARY PERFORMANCE (Required)

Attach documentation of guarantee as required by AMC 12.45.055.

SECTION V. DECLARATION (Must be completed)

By signing below 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. I certify that I have received a copy of Anchorage Municipal Code (AMC) Chapter 12.45, Rental Tax on Retail Rental of Motor Vehicles, and understand the responsibilities, liabilities, and requirements set forth therein. I further certify that I am an owner, trustee, managing partner, managing member, corporate officer, or other person duly authorized to contractually bind, in the State of Alaska, the business named on this application.

Name (print): _____

Title: _____

Signature: _____

Date: _____