



Municipality of Anchorage
 Treasury Division / Room Tax
 Telephone (907) 343-6686 or (907) 343-6967

**APPLICATION FOR ROOM TAX
 CERTIFICATE OF REGISTRATION**

IMPORTANT NOTICE

Send original form to:
 Municipality of Anchorage
 Treasury Division
 Room Tax
 P.O. Box 196650
 Anchorage AK 99519-6650

Date of Application : _____

PLEASE TYPE OR PRINT CLEARLY

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

1. Name of Lodging Facility:		6. Number of rooms available for rent :	
2. Physical Location of Lodging Facility: (number & street):		7. Check box if applying for a seasonal certificate and list date range (s) per calendar year rooms will be available for rent/occupancy. <input type="checkbox"/> From: _____ To: _____	
3. Legal description of Lodging Facility location (Lot#, Block#, and Subdivision):			
4. MOA Real Property Tax I.D. #:			
5. Primary contact person:	Title:	Phone:	Fax:
Email:			

SECTION II. OPERATOR INFORMATION (Must be completed)

1. Alaska Business License #:	Standard Industry Code (SIC):		
2. Form of Business Organization (check one):			
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other (list)
<input type="checkbox"/> Joint Venture	<input type="checkbox"/> Business Trust	<input type="checkbox"/> 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. EXEMPT OPERATORS

YES **NO** The business organization has applied for and received an exemption from federal income taxation under 26 USC 501(C)(3). If yes, a copy of the Internal Revenue Service determination of exemption must be attached to this application.

The room rent is is not unrelated business taxable income pursuant to 26 USC 512.

SECTION IV. SECURITY FOR FIDUCIARY PERFORMANCE (Required)

Attach documentation of guarantee as required by AMC 12.20.035. Check box if AMC 12.20.035 E applies.

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 12.20, Room Tax, and understand the fiduciary 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: _____ Date: _____

Signature _____