



**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: \_\_\_\_\_

**SECTION II. RENTAL AGENCY INFORMATION (Must be completed)**

Alaska Business License #:	Form of Business Organization (check one):
	<input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other (specify)
	<input type="checkbox"/> Joint Venture <input type="checkbox"/> Business Trust <input type="checkbox"/> LLC (Limited Liability Company)

**If corporation, complete the following:**

Complete Corporation Name: \_\_\_\_\_ State in Which Incorporated: \_\_\_\_\_

Corporate Mailing Address: \_\_\_\_\_ State Corporation Number: \_\_\_\_\_

Registered Address: \_\_\_\_\_

**If not a corporation, complete the following (use additional sheets if 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)**

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 further 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.

Name and signature of owner, general partner, trustee, managing member of LLC, or corporate officer of the business being registered:

Name (print): \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_