



Municipality of Anchorage, Treasury Division
APPLICATION FOR A TEMPORARY SPECIAL USE
CERTIFICATE OF REGISTRATION
ALCOHOLIC BEVERAGES RETAIL SALES TAX
INSTRUCTIONS

IMPORTANT NOTICE

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

GENERAL INFORMATION:

You must submit this application if:

- You are a sole proprietor, partnership, corporation, LLC or other organization which intends to engage in the retail sales of alcoholic beverages in the Municipality of Anchorage, Alaska.
- You will be responsible for collecting and remitting the municipal alcoholic beverages retail sales tax.
- You are operating under a special event permit issued by the State of Alaska where retail sales of alcoholic beverages are anticipated to exceed \$5,000 or \$250 in alcoholic beverages retail sales tax due.

For assistance:

- If you have any questions about this application, filing tax returns or any other municipal retail sales tax-related matters, contact the Treasury Tax Enforcement Officers at (907) 343-6670 or wwpt@anchorageak.gov.
- A variety of information, including AMC 12.65 and forms, is available on our website at www.muni.org/alcoholtax.

Additional instructions are included in the appropriate section of the application.

An application is considered complete only when all applicable information and any required prepaid tax deposit have been provided to Treasury.

Treasury requires at least five business days after the application is submitted and deemed complete in order to verify the information and documentation provided before issuing the Certificate of Registration.

Complete this application and mail to:

Municipality of Anchorage
Finance Dept, Treasury Div.
Alcohol Sales Tax
P.O. Box 196650
Anchorage, AK 99519-6650



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Please Type Or Print Clearly

SECTION I. CONTACT INFORMATION

Name of special event:

Enter the name and contact information of the authorized representative Treasury can contact in case we have any questions regarding this application.

Enter applicant's complete mailing address where mail is customarily received, business phone number, and business website.

Name:

Title:

Phone:

Fax:

Email:

Business Mailing Address:

Primary Business Phone Number: Business Website:

SECTION II. EVENT TO BE REGISTERED

Enter the State of Alaska business license number and name as listed on the business license. Expired licenses will delay processing of the application.

Enter the date of the special event in the Municipality.

Enter applicant's Alaska business license number and the organization's name as shown in Alaska corporation records (if applicable). An entity with a status other than in good standing may delay processing of the application.

Alaska Business License #:

Retailer name as shown on the State business license:

AMCO Permit #:

Name on Special Event Permit:

SECTION III. PREMISES TO BE REGISTERED (MUST BE COMPLETE)

Enter the physical location(s) where business will be conducted. You may use the separate continuation schedule if you have multiple locations instead of completing this section. The continuation schedule, form 41-009 can be found at www.muni.org/alcoholtax.

Enter applicant's Alcohol & Marijuana Control Office (AMCO) license number and/or AMCO permit number.

Enter estimated sales of alcohol at event. • Enter tax deposit required. • Enter type of Point of Sales System (POS) in use.

Street name and number, city and zip code of each location	AMCO Permit Number	Estimated Sales	Tax Deposit (5%)	Point of Sale (POS) System In Use
			Total Tax Deposit	



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Special Event Organizer and Name:

SECTION IV. AFFIRMATION AND SIGNATURE (Must be complete)

By signing below, I declare that I have examined this application, including any accompanying listings, and to the best of my knowledge and belief, declare that it is true, correct, and complete. I certify that I have received a copy of AMC 12.65 Alcoholic Beverages Retail Sales Tax, and that I 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.

By signing below, I acknowledge that a certificate issued under AMC 12.65 is a privilege for a Retailer to have, and that there is no right, entitlement or property interest created by the issuance of a certificate to a Retailer.

By signing below, I acknowledge that I am binding the Retailer, including any responsible party, to the declarations, certifications and affirmations set forth in this application, and that I am binding the Retailer, including any responsible party, to the fiduciary responsibilities, liabilities, and requirements set forth in AMC 12.65.

Name (Print):

Title (Print):

Signature:

Date:

FINAL INFORMATION

Attach the following document to your application:

1. Current State of Alaska Business License.
2. Current State of Alaska Alcohol & Marijuana Control Office Permit.

Please allow at least five business days for Treasury to complete processing of a properly submitted application.

Reminder: A submitted application is not considered completed unless all sections have been completed, all required documents provided, and *if required*, the prepaid tax deposit provided as security for fiduciary performance has been reviewed and accepted by Treasury.