



Municipality of Anchorage, Treasury Division
REGISTRATION to Acquire TAX EXEMPT
Cigarettes & Other Tobacco Products
 Registration Period: July 1 - June 30

IMPORTANT NOTICE

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

Registration Expires: June 30 Each Year

Application Year July 1 **- June 30**

Important Notice: This form is applicable only to those merchants whose principal place of business is located outside the municipality and who acquire cigarettes and other tobacco tax products in the Municipality of Anchorage (MOA) from MOA-licensed distributors for resale outside the MOA at their principal place of business.

SECTION I. APPLICANT NAME AND BUSINESS LICENSE INFORMATION (Must be completed)

Enter information from your State of Alaska business license in the appropriate boxes. Enter only the main portion of your business license number in Box 2a and only the one or two digit tobacco endorsement number in Box 2b. If your business license has more than one tobacco endorsement, leave Box 2b blank and either complete Section V or the multi-location schedule.

If your business is registered with the State of Alaska Corporations Division, complete the appropriate boxes for your entity in box 4a & 4b.

Expired business licenses will delay the processing of your application.

Corporate entities not in good standing may experience delays in application processing.

1. Business name as shown on the Alaska business license: 2a. Alaska business license #: 2b. Tobacco endorsement #:

3a. Form of business organization (Check one):

- Sole Proprietor Partnership Limited Liability Company Corporation
 Joint Venture Business Trust Other (list)

3b. If Other, describe form of business:

4a. Alaska Corp. Entity # (If applicable): 4b. Name of business organization as shown in Alaska corporate records (if applicable):

5. Doing business as (DBA) (if different from Item #1):

6. Mailing address of business organization: 7. Business phone number: 8. Business fax number:

9. Business e-mail address:

SECTION II. CONTACT INFORMATION (Must be completed)

List the primary contact person if we have any questions about the application or the business. List the 10-digit phone number and fax number. Complete the mailing address if it is different from that listed in Section I.

Name: Phone: Fax:
 Title: E-mail:

2. Mailing address if different from the address in Section I:

SECTION III. RESPONSIBLE PARTIES (Must be completed)

Enter the name(s) of responsible parties (see AMC 12.45.010 for definition of responsible party), including business owners(s), officer(s), directors(s), general partner(s), member(s) of LLC, or trustee(s). You may use the ownership continuation schedule instead completing the table below.

| Full Name (Print) | Title(s) | Phone |
|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |



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| Full Name (Print) | Title(s) | Phone |
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| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

SECTION IV. SUPPLIERS FROM WHOM EXEMPT CIGARETTES AND OTHER TOBACCO PRODUCTS WILL BE ACQUIRED (Must be completed)

Enter the name of business(es) where applicant will be purchasing its cigarettes and other tobacco products exempt of MOA tax and the associated membership or customer number(s) at those business(es).

| MOA Business Name | Applicant Membership or Customer Number (s) |
|----------------------|---|
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |

SECTION V. RETAIL LOCATIONS WHERE CIGARETTES AND OTHER TOBACCO PRODUCTS WILL BE RESOLD (Must be completed)

Enter the street name and number, city and zip code where cigarettes and other tobacco products acquired exempt from MOA tax will be resold. Enter the state business license number and the one or two digit tobacco endorsement number. You may also use the Multi-Location Schedule instead of completing the table below.

| Street Address, City and Zip Code | Bus. License # | Tob. Endorsement # |
|-----------------------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |

SECTION VI. REQUIRED FEE (Must be completed)

REQUIRED:

A \$100.00 registration fee for the first location, plus \$10.00 for each additional location, must accompany this application. Examples: fee to register one location is \$100.00, fee to register two locations is \$110.00, fee to register three locations is \$120.00, etc.

Amount of Fee
Enclosed

Registration Fee is Non-Refundable (AMC 12.45.070B).

SECTION VII. BINDING AGREEMENTS (Must be completed)

Binding agreements are required by AMC chapter 12.40.028. The application signer must initial each of the listed agreements for this application to be complete. Compliance with AMC chapter 12.40 requirements ensures continuing eligibility to acquire cigarettes and other tobacco products exempt of the municipal cigarette and other tobacco products excise tax.

BINDING AGREEMENTS:

Initial each of the binding agreements below after printing out the form.

Any complaints against the applicant filed by the department in the Alaska Court System related to AMC chapter 12.40 shall be within in the venue of the Third Judicial District in Anchorage (AMC 12.40.028B4).



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In the event a person associated with the applicant business commits civil fraud as defined by AMC chapter 12.40, the applicant business shall remit to the Municipality an amount that equals the taxes that would have been paid to the Municipality if all cigarettes and other tobacco products acquired exempt of the tax by the applicant would have been fully taxable under AMC chapter 12.40 (AMC 12.40.028B5).

In the event the applicant's registration is revoked by the department, applicant will become ineligible to register under AMC chapter 12.40 for a period of five years beginning with the date of revocation (AMC 12.40.028B6).

Applicant fully understands the applicable requirements and responsibilities of AMC chapter 12.40 (AMC 12.40.028B7).

Applicant is authorizing the local government of jurisdiction where applicant's business is physically located to release copies of the applicant's business tax records to the Municipality of Anchorage upon request by the Department (AMC 12.40.028B8).

SECTION VIII. AFFIRMATION AND SIGNATURE (Must be completed)

An authorized person must sign the application and initial all binding agreements in order to complete the application.

AFFIRMATION:

I certify under penalty of unsworn falsification that the statements made and information contained on this form are true and correct, to the best of my knowledge, information and belief. If signing for a commercial entity, I have full authority to do so.

By signing below, I consent to the above listed binding agreements.

Name (Print):

Title:

Signature:

Date:

FINAL INSTRUCTIONS AND CAUTIONS:

Ensure the application is complete, necessary schedules have been attached, and the fee included prior to submitting to Treasury. Incomplete applications will not be processed by the department and will be returned to the applicant.

Allow at least five business days for processing after a completed application has been received by Treasury. Once approved, your business will be added to the lists of registrants published on the municipal web site as part of Treasury's normal update process.

Due to heavy volume, we recommend you do not wait until the latter part of June to submit your application.

Additional information, forms and copies of cigarette and other tobacco products regulations may be obtained at the web site listed below:

www.muni.org/tobaccotax