



# City and Borough of Sitka Cigarette and Tobacco Products Excise Tax License Application

Send Application with payment to:  
City and Borough of Sitka  
Finance Department  
Excise Tax  
100 Lincoln Street  
Sitka, Alaska 99835

## LICENSE YEAR JANUARY 1 – DECEMBER 31, 2007

The license will be issued in the name of the applicant given below. All City and Borough of Sitka cigarette or tobacco tax returns must be filed under the name of the licensee.

NAME UNDER WHICH BUSINESS WILL BE CONDUCTED:		LICENSEE NO:	
NAME AND ADDRESS OF APPLICANT:		FEDERAL EIN OR SSN*	
		CONTACT NAME:	TELEPHONE NUMBER:
		EMAIL ADDRESS:	FAX NUMBER:
PHYSICAL LOCATION(S) WHERE THIS LICENSE IS APPLICABLE  _____  _____  _____  _____  _____  _____		<b>TYPE OF BUSINESS ACTIVITY:</b>  <input type="checkbox"/> A. Buyer <input type="checkbox"/> B. Direct-Buyer Retailer <input type="checkbox"/> C. Distributor / Wholesaler <input type="checkbox"/> D. Manufacturer <input type="checkbox"/> E. Vending Machine Operator _____ Number of vending machines operated <input type="checkbox"/> F. Retail Only	

\* If your business hasn't been issued a federal employer identification number (EIN), please provide your social security number (SSN). The information is used by the City and Borough of Sitka for identification purposes only.

Explain in general the nature of your business:
Indicate the source of your cigarette and tobacco product purchases:

**LICENSE FEE:**

A \$100.00 license fee must accompany this application. Make your check payable to:  
**CITY AND BOROUGH OF SITKA**

**NOTE:**

A copy of your State of Alaska Cigarette and Tobacco Products License issued under AS 43.50.010-.390 must accompany this application.

SIGNATURE:	DATE:
NAME (PLEASE PRINT):	TITLE (PLEASE PRINT):