

**APPLICATION FOR MARIJUANA AND MARIJUANA PRODUCT SALES TAX CERTIFICATE OF REGISTRATION**

FNSBC 8.54.050

-Borough Use Only-

**IMPORTANT NOTICE**  
 Send white copy to:  
**Fairbanks North Star Borough**  
**Treasury & Budget Division**  
**PO Box 71320**  
**Fairbanks AK 99707-1320**  
**(907) 459-1443**

Date of Application: \_\_\_\_\_

\_\_\_\_\_  
 Account Number

**SECTION I. BUSINESS TO BE REGISTERED (Must be completed, one per location)**

1. Business Name: \_\_\_\_\_

2. Business Location (Number & Street): \_\_\_\_\_ Mailing Address if different \_\_\_\_\_

3. Business Location: Fairbanks ( ) North Pole ( ) Borough/Outside Cities ( ) Date business started: \_\_\_\_\_

4. Primary Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

**SECTION II. OPERATOR INFORMATION (Must be completed)**

1. Alaska Business License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Standard Industry Code (SIC): \_\_\_\_\_

2. Type of Business Organization (check one):  
 \_\_\_Sole Proprietor \_\_\_Partnership \_\_\_Corporation  
 \_\_\_Joint Venture \_\_\_Business Trust \_\_\_Other (list)

3. Name of Business Organization: \_\_\_\_\_ Business Phone: \_\_\_\_\_

4. Mailing Address of Business Organization: \_\_\_\_\_

5. Name(s) of Business Owner(s), Corporate Officers, General Partner(s), or Trustee. Use additional sheets as necessary

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

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

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

**SECTION III. 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. If any of the above information changes, I will contact the Fairbanks North Star Borough immediately. I further certify that I have received a copy of Title 8.54 of the FNSB Code, Marijuana and Marijuana Product Sales Tax and understand the responsibilities, liabilities and requirements set forth therein.

Name and signature of owner, general partner, trustee, or corporate officer of business to be registered.

Name (Print): \_\_\_\_\_ Title: \_\_\_\_\_

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