

CITY OF UNALASKA
Office of the City Clerk
PO Box 610 Unalaska, AK 99685
Phone (907)581-1251 Fax (907)581-1417

**APPLICATION FOR SALES TAX EXEMPTION CERTIFICATE
FOR NONPROFIT ORGANIZATIONS**

Name of Organization: _____

Mailing Address: _____

Contact Person: Name: _____

Title: _____

Phone: _____ Fax: _____

Email: _____

I hereby apply for a Sales Tax Exemption Certificate under U.C.O. 6.40.030(Q). I certify that the attached evidence of our Internal Revenue Service classification as a 501(c) organization is in good standing.

Signature of Authorized Representative

Date

Application MUST be accompanied by a copy of the letter from the Internal Revenue Service announcing your classification as a 501(c) organization

CITY CLERK'S OFFICE USE ONLY

Approved

Denied

Certificate Number Issued: _____

Date: _____

Signature: _____