



**Northwest Arctic Borough, Alaska**

Finance Department  
P.O. Box 1110  
Kotzebue, AK 99752  
Ph (907)442-2500 Fax (907)442-2930  
Toll Free 800-478-1110 (in AK)  
Email us: [finance@nwabor.org](mailto:finance@nwabor.org)

For Office Use Only	
Tax Account No.	_____
Date:	_____
Initials:	_____

**MARIJUANA EXCISE TAX REGISTRATION FORM**

<i>Business Identification</i>		
Business Name:	Alaska Entity No:	
DBA Name:	Alaska Business License No:	
Federal EIN:	Alaska MJ License No:	
<i>Contact Information</i>		
Mailing Address:		
City:	State:	Zip:
Contact name and title:	Contact Phone:	
Business Email:	Business Phone:	
<i>Physical Sales Location</i>		
Physical Location 1:		
Physical Location 2:		
Physical Location 3:		
<b>NOTICE:</b>		
A copy of your State of Alaska Marijuana License must accompany this registration form.		
<input type="checkbox"/> Copy of Alaska Marijuana License Attached		

Under penalty of unsworn falsification, I attest that to the best of my knowledge that the information provided on this application is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title