



Northwest Arctic Borough, Alaska

Finance Department
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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:		
<i>NOTICE:</i>		
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