

CITY OF KLAWOCK TAX EXEMPT APPLICATION

Business/Personal Name: _____

Mailing Address: _____
P.O. BOX CITY STATE ZIP CODE

Primary Physical Address: _____

Phone/Cell Number : _____

Birth date: _____ Age: _____ Sex: _____

Type of Exemption

SENIOR CITIZEN. Please Provide **proof** that you are an **Alaskan Resident** 60 years of age or older. Exemption from paying tax will be to purchase items for personal use only.

WHOLE SALE PURCHASE. Please provide a **copy** of your **business license**, a list of what type of items you sell, a list of what times you expect to be tax exempt. The City of Klawock will determine which items are tax exempt.

This Tax Exempt Card offered subject to all terms and conditions in the City of Klawock Ordinance 9.01.010-9.01.110. A copy may be purchased from the City Offices. It is your responsibility to use this card in a legal manner. This card is not transferable.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause of denial.

SIGNATURE: _____ **DATE:** _____

WITNESS: _____ **DATE:** _____
(only if applicant signed with an "X")

EXEMPT #: _____ BUSINESS LBL #: _____ SIC CODE #: _____