

# CITY OF WASILLA

FINANCE DEPARTMENT

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## 2024 WHOLESALE/MANUFACTURER/RESALE SALES TAX EXEMPTION

**FEE: \$10.00**

*GOOD ON PURCHASES FOR RESALE ONLY FOR BUSINESSES LOCATED OR MAKING SALES  
INSIDE THE CITY AND REGISTERED WITH A CITY BUSINESS LICENSE.*

*Please print. Incomplete applications will be returned.*

Business Name _____
1. Owner's Name _____
2. Owner's Name _____
Mailing Address: _____ PO Box # or Street Address _____ City _____ State _____ Zip Code _____
<b><u>PHYSICAL LOCATION OF BUSINESS</u></b>
Telephone # _____
Email Address _____
<b><u>CONTACT PERSON/MANAGER</u></b> (IF DIFFERENT THAN ABOVE)
Name _____

<b><u>APPLICATION IS</u></b>
New: <input type="checkbox"/>
Renewal: <input type="checkbox"/>

<b><u>BUSINESS LOCATION</u></b>
Inside City Limits: <input type="checkbox"/>
Outside City Limits: <input type="checkbox"/>
# of Wasilla Locations _____

<b><u>REQUIRED BUSINESS LICENSES:</u></b>
City of Wasilla Lic#: _____ Expires _____
State of Alaska Lic#: _____ Expires _____
Application will <b>NOT</b> be processed unless a copy of State of Alaska license is attached. Expiration dates <b>must</b> be 2024 or greater

<b><u>BUSINESS NAME OF SELLERS</u></b>
<b><u>Name(s) of local business(es) for purchases of products for resale or manufacture are to be listed here:</u></b>
_____ Seller
_____ Seller
_____ Seller

As the owner of the above named, State of Alaska Licensed resale or manufacturer business, I hereby register for a *City of Wasilla* WHOLESALE/MANUFACTURER/RESALE SALES TAX EXEMPTION as a buyer under the provisions of Wasilla Municipal Code 5.16.080.

Type of purchases to be made \_\_\_\_\_  
Service or Product manufactured or re-sold \_\_\_\_\_

I, the undersigned, declare that the foregoing facts are true, that I have read and understand the statutory regulations under which this exemption is granted, and I furthermore certify that the purchases made by or on behalf of the buyer named above on which no sales tax is collected are bona fide "for re-sale" or "for manufacture for resale". Granting of this exemption by the City is based on the best information available and ordinances or regulations in effect at the time of issue.

**This form must be completed in full & filed each year with the required documentation attached.**

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

<b>CERTIFICATE #WM-</b> _____ (Account#)	<b>EXPIRATION DATE 12/31/2024</b>
<b>Cash/CC/Check#</b> _____	<b>RECEIPT #</b> _____
<b>APPROVED</b> _____	<b>DATE</b> _____