



# APPLICATION FOR RESALE OF GOODS CERTIFICATE

City Clerk's Office  
City of Nome  
P.O. Box 281  
Nome, AK 99762  
907-443-6603

All businesses making local purchases for resale must apply for and obtain a Resale of Goods Certificate for exemption. Resale of Goods Certificates are only issued to businesses that are registered and current in filing and remitting sales tax. Certificates will not be issued if account is not in compliance.

Certificates are valid on a calendar year basis. Application will not be processed if information is not complete or if application fee is not submitted.

This is a **NEW APPLICATION** \_\_\_\_\_ **RENEWAL** \_\_\_\_\_ for January 1 through December 31, \_\_\_\_\_.

Business Name \_\_\_\_\_ Tax Account Number \_\_\_\_\_

Mailing Address \_\_\_\_\_ Street Address \_\_\_\_\_

Person Responsible for Resale Certificate(s) \_\_\_\_\_

Type of Business Activity \_\_\_\_\_

**TYPES OF ITEMS TO BE PURCHASED FOR RESALE (limit 4) – Please see Resale Codes listing**

**RENEWALS:** Review last year's Resale of Goods Certificate. Do you want the same codes?

Circle YES or NO

If you circled NO, please select new codes and enter below. Please list all codes, not just changes.

**NEW APPLICATIONS** and **RENEWALS** requesting code changes: Enter Resale Codes below.

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

**CERTIFICATE FEE: \$150.00** Limit 4 cards per business.

Name of person(s) who will carry card(s). PLEASE PRINT:

- |          |          |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

**ORIGINAL RESALE CARDS MUST BE PRESENTED TO THE SELLER AT THE TIME OF PURCHASE IN ORDER TO RECEIVE THE EXEMPTION, NO COPIES.**

I declare subject to the penalties prescribed in the City of Nome Municipal ordinances that this application has been examined by me and to the best of my knowledge and belief is a true and complete application. I acknowledge that I am solely responsible for purchasing within the categories listed, and I am responsible for sales tax liability resulting from misuse of the resale certificate. I understand that misuse of the Resale Certificate is unlawful and subject to prosecution and fine.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Clerk's office use only			
Number of Cards _____	Date Rec'd _____	Receipt # _____	Amt. Paid _____
Tax Account Compliance	YES NO	Date Issued _____	Expiration Date: 12/31/20__