



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 _____,

Phone number: _____

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__