SALES TAX EXEMPTION APPLICATION
FORM REVISED 10/21

PAGE 1

GENERAL INFORMATION:

- The applicant must file this application no later than December 1 prior to the calendar
  year for which the exemption is sought.
- The City Clerk as local assessor may at any time require additional information and proof,
  in whatever form he or she considers necessary, or the legal right and the amount of the
  exemption claimed.
- The applicant shall have the burden of establishing eligibility for an exemption, and the
  exemption ordinance and statutes shall be strictly construed in favor of taxation.
- Copies of the State statute (29.45.030) and Nome Code of Ordinances (17.10 – 17.30)
  pertaining to exemptions are available at Nome City Hall upon request.

1. Applicant: __________________________________________, Phone: _______________

Mailing Address _______________________________ City ___________ State ____________

Physical Address _______________________________ City ___________ State ____________

IRS Tax Exempt ID #_________________________ (please include IRS determination letter)

HAVE YOU PREVIOUSLY APPLIED FOR TAX EXEMPTION? YES NO

HAVE YOU BEEN DENIED FOR EXEMPTION IN THE PAST? YES NO

HAVE YOU BEEN PARTIALLY EXEMPTED IN THE PAST? YES NO

2. Grounds For Exemption Requested:

- NON-PROFIT RELIGIOUS
- CHARITABLE
- CEMETERY
- HOSPITAL
- EDUCATIONAL

3. Description of organization’s primary activities and/or services:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

4. Description of anticipated purchases on which exemption will be claimed:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

5. Description of anticipated community benefit arising from the tax exemption:

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________

______________________________________________________________________________
DATED this________________day of _____________________, Year__________.

Under penalty of perjury, the undersigned declares that he and/or she has examined this Application, including accompanying documents and statements, and to the best of his/her knowledge and belief, it is true, correct, and complete.

______________________________

APPLICANT

______________________________

PREPARER

STATE OF ALASKA )
 )ss
SECOND JUDICIAL DISTRICT )

SUBSCRIBED AND SWORN to or affirmed before me at ______________
On this __________day of ____________, ______

______________________________

NOTARY PUBLIC IN AND FOR THE STATE OF ALASKA
My Commission Expires___________

City Clerk Use Only:

Received _____________ No. ____________

Issued: Denied: