

CITY OF NOME, ALASKA

Office of the City Clerk
P.O. Box 281
Nome, Alaska 99762-281
(907)443-6663 (907)443-5345 fax

2026 APPLICATION FOR MUNICIPAL SALES TAX EXEMPTION

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: