



# City and Borough of Sitka

TAX DIVISION

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## CLOSURE NOTICE

Please close my sales tax account with the City & Borough of Sitka.

Name of Business \_\_\_\_\_

Sales Tax No \_\_\_\_\_ Date of Closure \_\_\_\_\_

Reason for closure \_\_\_\_\_

## TRANSFER OWNERSHIP OR SOLD BUSINESS

If you sold your business or transferred ownership to another party, the Sales Tax Department must be notified of this change

Name of Purchaser \_\_\_\_\_

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

Date Sold/Transferred \_\_\_\_\_

I understand that should I re-open or start another business, I will need to register with the Sales Tax Department before conducting business in the City & Borough of Sitka.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print Name*

\_\_\_\_\_  
*Phone No*