



CITY AND BOROUGH OF SITKA

A COAST GUARD CITY

BUSINESS CLOSURE NOTICE

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

Sales Tax #: _____
 Name of Business: _____
 Mailing Address: _____
 Reason for Closure: _____
 Date of Closure: _____

TRANSFER OF 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 Number

Submit Form by Mail

City of Sitka
 Sales Tax Department
 100 Lincoln Street
 Sitka, AK 99835

Submit Form by Email

tax@cityofsitka.org

Submit Form by Fax

907-747-0536

*****FOR OFFICE USE ONLY*****

Planning: _____ Assessing: _____