Municipality of Anchorage, Treasury Division
RETAIL SALES TAX ON MARIJUANA AND MARIJUANA PRODUCTS
Continuation Schedule for Name(s) of business owners(s), officer(s), directors(s), general partner(s), member(s) of LLC, or trustee(s)

PLEASE TYPE OR PRINT CLEARLY

Attach to the Application for a Certificate of Registration

IMPORTANT NOTICE

Send original form to:
Municipality of Anchorage
Treasury Div., Marijuana Tax
632 W. 6th Ave., Suite 330
P.O. Box 196650
Anchorage AK 99519 - 6650

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Applicant Business Name (Retail Marijuana Store Name or Name Listed on Applicant's SOA Business License)

Full Name (Print)	Title / Relationship to Retailer	Phone Number

Reminder: Attach to the Application for a Certificate of Registration