



**City of Palmer • Department of Finance**

231 W. Evergreen Avenue • Palmer, AK 99645

Phone: 907-745-3271 Fax: 907-745-0930

**2024 Contractor Sales Tax Exemption Request  
(For Purchases Made Within the City)**

**The fee for an exemption is \$250.**

**The exemption is effective January 1, 2024, and ends December 31, 2024**

**Please complete the information below:**

Certificate # \_\_\_\_\_

Alaska Business License No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Occupational License No. \_\_\_\_\_ Expiration Date \_\_\_\_\_

Business Name: \_\_\_\_\_

Phone No. \_\_\_\_\_ Contact Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Physical Address \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Please provide a detailed explanation of the nature of your business:**

\_\_\_\_\_  
\_\_\_\_\_

This exemption does not apply to the purchase or rental of tools & equipment or the purchase of fuel, clothing and food or similar items of property utilized, but not incorporated into the project. Per PMC 3.16.055

**NOTE:** Not intended for services other than subcontractor's services incorporated into construction or renovations of real property.

I understand that violation of the terms of this certificate will result in revocation and civil penalty not to exceed \$300. I, the undersigned, declare that the foregoing facts are true.

**Form must be completed in full with required documentation attached annually.**

\_\_\_\_\_  
Signature of Owner or Authorized Representative

\_\_\_\_\_  
Date

*For Office Use Only*

PAID: CASH/ CC/ CHECK # \_\_\_\_\_

APPROVED BY: \_\_\_\_\_

DATE OF APPROVAL: \_\_\_\_\_

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