

NON-PROFIT EXEMPTION APPLICATION

ORGANIZATION NAME:	
MAILING ADDRESS:	
PHONE NUMBER:	EMAIL:
PERSON OF CONTACT:	
PURPOSE OF ORGANIZAT	ION:
WHAT IS YOUR ORGANIZ	ATION'S FISCAL YEAR?
	A SECTION 501 C (3 OR 4) WITH THE IRS?
-IS YOUR EXEMPTION O -DID YOU ASK FOR AN I	CURRENT? EXTENSION TO FILE WITH THE IRS?
	ECTION THAT COMPETES WITH LOCAL BUSINESSES ROUGH?
DO YOU HAVE A SUBSECT	ION THAT MAKES A PROFIT?
SIGNATURE:	DATE:
PRINT NAME:	<i>TITLE:</i>
OFFICE USE ONLY:	
APPROVAL NOTES:	EXEMPTION NUMBER:
	Finance Department
PO Box 329 Petersbur	rg, AK 99833 · Phone (907)772-4425 Fax (907)772-3759

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