

CITY AND BOROUGH OF SITKA
PLANNING DEPARTMENT
SHORT-TERM RENTAL &
BED & BREAKFAST
ANNUAL REPORT

DUE March 1, 2016

RECEIVED MAR 10 2016

APPLICANT'S Name: Colleen & Roger Ingman
PHONE NUMBER: 907 738 1811
MAILING ADDRESS: PO BOX 1155 SITKA AK 99835

OWNER'S NAME: _____
(If different from applicant)
REGISTERED NAME OF BUSINESS WITH SALES TAX: Sitka Rose B & B
PHONE NUMBER: _____
MAILING ADDRESS: _____

PROJECT ADDRESS: _____
LEGAL DESCRIPTION Lot: 6C Block: _____
Subdivision: Boddy PLAT 83-32
U.S. Survey: _____ Zoning Classification: _____

Date of Assembly approval: 8/14/2012

Date of activation of the conditional use permit: _____
BUSINESS REGISTERED: 11/1/2012 No. 1900712

Number of nights a room in the bed and breakfast or short-term rental has been rented during the 12 month period from July 1, 2014 to June 30, 2015: 32

Number of nights of bed taxes reported to the City of Sitka's Sales Tax Department: 32

18 NIGHTS GOV EXEMPT
8 NIGHTS BED TAX ONLY wholesale
6 NIGHTS FULLY TAXABLE @ 12%
SIGNATURE OF APPLICANT: _____ DATE: 3/10/16

SIGNATURE OF OWNER: _____ DATE: 3/10/16
(If different from applicant)