



THE STATE
of **ALASKA**

Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing

COR

FOR DIVISION USE ONLY

Corporations Section

Street: State Office Building, 333 Willoughby Avenue, 9th Floor

Mail: PO Box 110806, Juneau, AK 99811-0806

Phone: (907) 465-2550 • Fax: (907) 465-2974

Email: corporations@alaska.gov

Website: Corporations.Alaska.Gov

NEW Application Only

Business Name Reservation

AS 10.35

- A business name may be reserved by a person intending to start a business or a person intending to change the name of the person's business. — AS 10.35.010
- Name reservation is for exclusive use of the name for a period of 120 days. — AS 10.35.020(a)
- The name must be distinguishable, per 3 AAC 16.120, from other names on record. — AS 10.35.020(a)
- The name cannot give the impression the business is already incorporated. — AS 10.35.020(a)
- A business name reservation may only renew twice and, upon renewal, must include a statement of intent to start a business. — 3 AAC 16.010(c)

Required Fee:	☐ Nonrefundable Filing Fee (CORF) 3AAC 16.010(b)	\$25.00
----------------------	---	----------------

Name to Reserve:	Do not include a corporate indicator (such as INC, LLC, LP, etc.)

Owner Name:	
Mailing Address:	
Physical Address:	

Signature of the owner or the person authorized to sign on behalf of the owner entity:			
This New Business Name Reservation form must be signed by the Owner. If the Owner is an entity, then the signer must be authorized to sign on behalf of the owner entity. (For example: John Smith, President of owning entity XYZ Incorporated.)			
Sign	Print Name	Title	Date

NOTE: If you wish to form an entity under the name you have reserved and the reservation is still active, a notice of cancellation must be sent to this office prior to formation. The notice must include the following: name of the entity, Alaska Entity Number associated with the name reservation, a statement requesting the cancellation, the signature of the applicant (or if the applicant is an entity, the signature of an authorized person from the entity). To prevent a gap between the cancellation of the Business Name Reservation and using the same name to register an entity, submit both filings together hardcopy.



THE STATE
of **ALASKA**

Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing

COR

FOR DIVISION USE ONLY

Corporations Section

State Office Building, 333 Willoughby Avenue, 9th Floor
PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2550 • Fax: (907) 465-2974
Email: corporations@alaska.gov
Website: Corporations.Alaska.Gov

Contact Information

- Return this form with your filing
- This information may be used by the Division to assist with processing your attached filings
- This form will not be filed for record, or appear online

Entity Information	Enter your entity information as it appears on this filing.
Entity Name:	
AK Entity #:	

Contact Person	Whom may we contact with any questions or problems with this filing?
Company:	
Contact:	
Mailing Address:	Address: City: State: ZIP:
Phone:	
Email:	

Document Return Address	Provide an address for the return of your filed documents.
☐ Return my filings to the address provided ABOVE	
☐ Return my filings to this address provided BELOW	
Company:	
Contact:	
Mailing Address:	Address: City: State: ZIP:



THE STATE
of **ALASKA**

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

FOR DIVISION USE ONLY

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550

Credit Card Payment Form

All major credit cards are accepted. For security purposes, do not email credit card information. Include this credit card payment form with your application.

Name of Applicant or Licensee: _____

Program Type: _____ License Number (if applicable): _____

I wish to make payment by credit card for the following (check all that apply): **AMOUNT**

☐ Application Fee: _____

☐ License or Renewal Fee: _____

☐ Other (name change, wall certificate, fine, duplicate license, exam, etc.): _____

1. _____

2. _____

TOTAL: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

08-4438

Rev 12/26/18

Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!

1. Account Number: _____

2. Expiration Date: _____

3. Billing ZIP Code: _____

4. Security Code: _____

All four fields **MUST**
be completed!

This section will be
destroyed after the
payment is processed.