



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

RENEW Business Name Registration (AS 10.35)

- A business name registration expires on December 31st of its fifth year (per AS 10.35.060) and may renew every five years (per AS 10.35.070), starting October 1st of the expiring year.
- The original corresponding Alaskan Business License must be current and valid to renew the corresponding business name registration. For more information go to www.BusinessLicense.Alaska.Gov
- The information you submit is a public record and will be posted on the State's website.

1. Important:

AS 10.35.040(b), AS 10.35.050, and AS 10.35.070

Under Corporation Statutes, Title 10, a person conducting business [as an unincorporated business or DBA] may register its name [for the purpose of exclusive rights] if the name is distinguishable on record of the department from the name of any other organized entity, reserved name or registered name. — AS 10.35.040

Under Business Licensing Statutes, AS 43.70, there is no restriction on issuing multiple business licenses with the exact same name. The department is required to issue a business license under AS 43.70, even if exclusive rights to a name have been secured under Corporation Statutes, Title 10, AS 10.35.

The person with exclusive rights may seek a court order to prohibit the use by another person of a name that is not distinguishable on record from the business name registration. The person with exclusive rights may seek a court order and damages through the Alaska Court System. — AS 10.35.040(b)

The renewal must set out the facts required in the original business name registration application.
— AS 10.35.070

2. Fee:

☐ \$25 Nonrefundable Filing Fee (CORF)

3 AAC 16.010(a)

Mail this form and the non-refundable \$25 filing fee in U.S. dollars to the letterhead address. Make the check or money order payable to the State of Alaska, or use the attached credit card payment form.

3. RENEWING Business Name Registration Information:

AS 10.35.050

Renewing Business Name Registration:

_____ (must exactly match the name on the renewing business name registration)

Business Name Registration #:

_____ (mandatory)

AK Business License #:

_____ (mandatory)

BL Ownership:

☐ Sole Proprietor

☐ Partnership

☐ Entity (INC, LLC, etc.)

4. Business Address:

AS 10.35.050

Physical Address: _____

Mailing Address: _____

5. Owner of the Business:

AS 10.35.050

Name of Owner: _____

If the owner is an entity, then provide the Alaska Entity Number: _____

Mailing Address: _____

6. If the business is owned by a partnership (in item #3), then list all additional owners (partners):*(Attach an 8.5x11 supplement if necessary)*

AS 10.35.050

Name of Owner: _____

Mailing Address: _____

7. Business Statements:

AS 10.35.050

Nature of the Business is: _____

**8. Required Signature:**

AS 10.35.050

RENEW Business Name Registrations must be signed by the owner of the business. — AS 10.35.050

- If the business (listed in Item #3) is a Sole Proprietor then the sole individual (listed in Item #5 above) must sign.
- If the business (listed in Item #3) is a Partnership then one of the owning partners (listed on Item #5 or Item #6) must sign.
- If the business (listed in Item #3) is owned by an entity (listed in Item #5 above) then the signer must be on record with this office as an authorized signer for the owning entity and identify their signing authority, such as: corporation President; or LLC Member. Example: *John Doe, President of owning entity XYZ Incorporated.*

Signature: _____

Date: _____

Printed Name: _____

Signer's relation to business: _____



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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:



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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.