



THE STATE
of **ALASKA**

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

BUS

FOR DIVISION USE ONLY

Business Licensing

PO Box 110806, Juneau, AK 99811

Website: BusinessLicense.Alaska.Gov

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TBR:

Business License: RENEWAL Application

AS 43.70 and 12 AAC 12

For immediate processing, you may RENEW your Alaska Business License at www.BusinessLicense.Alaska.Gov.

If submitting this form hard copy instead of online:

- Submit this application via U.S. mail, along with all appropriate fees. Do not e-mail filings or payments.
- Standard processing time from March - September is up to 3 weeks from the date received. During heavy filing seasons, October - February, please expect processing times to be delayed. Filings are reviewed in the date order received. We do not offer expediting services.

Fees are non-refundable once a business license, endorsement or telemedicine registration have been issued.

IMPORTANT: Per AS 43.70.020(d), if you have an entity, you must be in compliance (good standing) with the Corporations Section. If you have a professional license, it must be current to receive or renew an Alaska Business License. To check the status of your entity or professional license, go to www.Corporations.Alaska.Gov and www.ProfessionalLicense.Alaska.Gov.

PART I Business Information

Enter the exact name you will be operating and advertising under. A "Business Name" is also known as a trade, DBA (doing business as), or AKA (also known as) name. Per 12 AAC 12.020(g), you must operate and advertise in the exact business name listed below.

If you are operating and advertising under more than one business name, then you must submit a separate Business License application and its applicable fees for each business name.

For additional information and assistance, go to: www.BusinessLicense.Alaska.Gov under HOW TO, click "Selecting a Name for Your Business." This contains information on conducting a search to ensure your name is available, avoiding name restrictions, and exclusive rights to business names.

Business Name on Record (Must be Exact):				
Business License Number (Required):				
Mailing Address:	P.O. Box or Street	City	State	Zip
Physical Address:	Street	City	State	Zip
Email Address:		Phone Number:		

PART II 6-Digit NAICS Codes

Provide the 6-digit NAICS code(s) which best describe your primary and secondary business activities. You may provide up to ten (10) NAICS codes and attach a separate sheet if necessary. Go to www.BusinessLicense.Alaska.Gov, click Line of Business/Alaska NAICS Codes for a list of NAICS codes, a link to the Federal U.S. Census Bureau NAICS codes, and for other information.

Important: If any of your business activities require Professional Licensing through www.ProfessionalLicense.Alaska.Gov (construction contractor, medical, dental, hairdresser, nursing, engineering, etc.), then you must list those NAICS Codes as your primary and/or secondary NAICS codes.

Primary NAICS Code:
(Required)

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Secondary NAICS Code:
(If Applicable)

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PART III Alaska Professional License Number (If Applicable)

Any line of business subject to regulatory provisions (based on the six-digit NAICS codes in Part III) must provide an associated current and valid Alaska Professional License Number as evidence this provision has been met.

Provide the owner's name as it appears on the professional license. **Note:** Owners for the following professions may be an individual or an entity: Architects, Engineers, and Land Surveyors; Construction Contractors; Public Accountancy; Collection Agency, or Big Game Guides or Transporters.

PRIMARY Professional License Number:

Name on Professional License:

SECONDARY Professional License Number:

Name on Professional License:

IF your professional license is for one of the following professions:

Barber; Esthetician; Hairdresser; Manicurist; Body Piercing; Tattooing; and/or Permanent Cosmetic Coloring,

THEN check the appropriate box below:

☐ I am renting a chair to practice my profession and own my own business. I do not own the shop where I will practice my profession. I am not an employee of the Shop Owner from whom I am renting a chair.

☐ I am a Shop Owner and my Shop Owner's professional license number is: _____.

For more information, go to: www.BusinessLicense.Alaska.Gov and click on Barber and Hairdressers FAQs.

PART IV Business License Fees

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Regular Fees - 12 AAC 12.010(a)

License Term:	☐ 1-Year Fee – Business License Expiring 12/31/2026	\$ 50.00
	☐ 2-Year Fee – Business License Expiring 12/31/2027	\$100.00

PART IV Business License Fees *(continued)*

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Discount Fees - 12 AAC 12.010(b), 12 AAC 12.030(9) and AS 43.70.030(a)

Discounts only apply to a Sole Proprietor (one (1) natural individual). Discounts DO NOT apply to an entity (corporation, LLC, LLP, or LP). IF you are a qualified Sole Proprietor, then you may select from one (1) of the options below. Do not select both options.

Senior Discount (all three checkboxes must apply):

- ☐ I am a Sole Proprietor (one (1) natural individual). I am not operating as an entity (corporation or LLC).
- ☐ I will be at least 65 years of age during this licensing period (December 31, 2026 or 2027)
- ☐ My birthdate is: _____.

Disabled Veteran Discount (both checkboxes must apply):

- ☐ I am a Sole Proprietor (one (1) natural individual). I am not operating as an entity (corporation or LLC).
- ☐ I have attached a copy of my service-connected disability determination letter or ID from Veterans Affairs to this business license application.

License Term:	☐ 1-Year DISCOUNT Fee – Business License Expiring 12/31/2026	\$25.00
	☐ 2-Year DISCOUNT Fee – Business License Expiring 12/31/2027	\$50.00

PART V Endorsement Fees *(If Applicable)*

END - \$100 per location

Select ONE (1):

- ☐ This business will not sell tobacco products, electronic smoking products, or products containing nicotine.
Continue to PART VI.
- OR -
- ☐ This business will sell tobacco products, electronic smoking products, or products containing nicotine. I further understand I must attach the Business License: Endorsement RENEWAL (*form #08-4935*) and the applicable fees (**\$100.00 fee for each location**) to this application.

PART VI Telemedicine Business Registration *(If Applicable)*

TBR - \$100

Select ONE (1):

- ☐ This business will not offer telemedicine services.
Continue to PART VII.
- OR -
- ☐ This business will offer telemedicine services as defined below. I am including the **\$100.00** fee for the Telemedicine Business Registration, together with any other applicable fees for business licensing or endorsements.

"Telemedicine services" means the delivery of health care services using the transfer of medical data through audio, visual, or data communications that are performed over two or more locations by a provider who is physically separated from the recipient of the health care services. - AS 44.33.381

PART VII Agreement

I hereby certify I am the person herein named and subscribing to this application. I further certify I have read the complete application, and I know the full content thereof. I declare all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license, registration, certificate, or permit to practice in the state of Alaska.

I further understand it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

Applicant Signature:		Date:	
Applicant Printed Name:		Title:	



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State of Alaska
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:			
Profession Type (e.g., Acupuncture):		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 (fine, exam, etc.):		
1.			
2.			
TOTAL:			

Name (as shown on credit card):			
Mailing Address:			
Phone Number:		Email (Optional):	
Signature of Credit Card Holder:			

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

1. Credit Card Number:		All 3 fields MUST be completed. This section will be destroyed after the payment is processed.
2. Expiration Date:		
3. Security Code:		