

STATE OF ALASKA

Department of Commerce, Community and Economic Development Division of Corporations, Business and Professional Licensing BUSINESS LICENSE PROGRAM P.O. Box 110806

Juneau, Alaska 99811-0806 Phone: (907) 465-2550 BUS/TOB

ALASKA BUSINESS LICENSE RENEWAL APPLICATION

All business licenses expire on December 31. An annual license expires on December 31 of the year it was purchased. A biennial license expires on December 31 of the year after it was purchased. Please complete the appropriate section(s) below

biennial license expires on December 31 of the year	after it was purchased. Please complete the	e appropriate section(s) below.	
Business License Number:			
Business Name: List the name attached to the Business License Number		_	
If applicable, please provide your professional or occ	cupational license number:		
Choose license duration:			
2009 Annual License, \$100	☐ 2009/2010 Biennial License, \$150		
☐ Sole Proprietor, 65 Years or Older (Annual) \$50	Date of Birth (required):		
☐ Sole Proprietor, 65 Years or Older (Biennial) \$75	Date of Birth (required):		
☐ Tobacco End	orsement, \$100 for <i>each</i> endorsement		
List the Tobacco Endorsement Numbers to be renev	wed (attach additional page if needed):		
			
If applicable, complete the following to update inform	mation already on file.		
Mailing Address: of the principal place of business	Street Address or PO Box		
of the principal place of business	Greet Address of 1 & Box		
City	State	Zip Code	
Physical Address: of the principal place of business	Street Address		
City	State	Zip Code	
Business Phone Number:			
By signing this application I declare, under pena	Ity of perjury, that this application is true	and complete.	
Printed name and title of the person completing	the application on behalf of the business	:	
Name:	Title:		
Signature:	Date:		