

Alaska Business License Application

State of Alaska
 Department of Community and
 Economic Development
 Business Licensing Program
 P.O. Box 110806
 Juneau, AK 99811-0806
 Telephone: (907) 465-2550

Sign your application and return it to the address above with a check or money order. **These fees are nonrefundable.** Make checks payable to: State of Alaska

DEPARTMENT USE ONLY

Rec. _____ Initials: _____

BUS \$ _____ TOB \$ _____

☐ New ☐ Renewal

OL: ☐ Verified TOB Sign Sent

Corp: ☐ Card Sent on: _____

License No. _____

Issue _____ By: _____

Standard Business License Fee (Without Tobacco Endorsement)
Business License Fee Including Tobacco Sales Endorsement

☐ \$50
☐ \$75

Once your application is complete, the license will be issued for the remaining period of the year in which you applied, and all of the following calendar year.

Business Name: _____

Mailing Address: _____

City: _____ State: _____ ZIP Code: _____

Physical Address: _____

City: _____ State: _____ ZIP Code: _____

Telephone Number: _____ (Do not use dashes or spaces in the telephone number.)

LINE OF BUSINESS: (Choose one 2-digit Line of Business from the code list enclosed): _____

ACTIVITIES: (Identify the 4-digit or 6-digit activity code within the Line of Business that best describe your primary, and secondary – if any – business activity)

PRIMARY Activity: _____ SECONDARY Activity: _____

If a permit and/or professional license is required, list the type of license, name of license holder, license number, and position in the business: _____

Does this business export a product or service to a foreign country? ☐ Yes ☐ No

DO YOU SELL TOBACCO PRODUCTS AS A RETAILER? ☐ Yes ☐ No If "Yes," your business license must have a tobacco endorsement. The tobacco endorsement fee is \$25.00 in ADDITION to the \$50.00 business license fee.

Business is: (check one)

☐ Corporation, or Limited Liability Company (LLC) EIN: _____
 Corporation Name: _____

☐ Sole Proprietorship (one individual owner) SSN: _____
 Sole Proprietor's Name (first, middle initial, last): _____

☐ Partnership, Limited Liability Partnership (LLP), or Limited Partnership (LP)
 (Please provide the social security number of the primary partner and names of the first two partners.
 If there are more than two partners, please attach a complete list of partner names.)

Partner 1: _____ SSN: _____

Partner 2: _____

This application **must** be signed and dated by the natural person completing this application on behalf of the business, and state the person's title or position in the business.

I declare, under penalty of perjury, that this application is true and complete.

 Signature

 Printed Name

 Title

 Date