

# Alaska Business License Application

State of Alaska / Department of Community and Economic Development  
 Division of Occupational Licensing / Business Licensing Program  
 P.O. Box 110806, Juneau, AK 99811-0806  
 Telephone: (907) 465-2550  
 E-mail: [license@dced.state.ak.us](mailto:license@dced.state.ak.us)

## DEPARTMENT USE ONLY

Rec. \_\_\_\_\_ Initials: \_\_\_\_\_

BUS \$ \_\_\_\_\_ TOB \$ \_\_\_\_\_

☐ New ☐ Renewal

OL: ☐ Verified Corp: ☐ Card Sent

License No. \_\_\_\_\_

Issued: \_\_\_\_\_ By: \_\_\_\_\_

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

**Business License Fee: \$200**

**Sole Proprietor, who is age 65 years or older, or who will reach 65 within one year: \$100**

**Tobacco Sales Endorsement Fee: \$100 per location or outlet**

**These fees are nonrefundable.**

## Please read the application instructions for important license information.

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 to be used (dba): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

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

ACTIVITIES (Choose the activity code within your Line of Business that best describes your Primary business activity and Secondary activity):

PRIMARY Activity: \_\_\_\_\_ SECONDARY Activity (if any): \_\_\_\_\_

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

**DO YOU SELL TOBACCO PRODUCTS AS A RETAILER?** ☐ Yes ☐ No If "Yes," your business license must have a tobacco endorsement for each location or outlet where tobacco products are sold. You must complete the **Tobacco Endorsement Section** of this application.

Business is: (check one)

☐ Corporation, or LLC  
 Corporation Name: \_\_\_\_\_ EIN: \_\_\_\_\_

☐ Sole Proprietorship (one individual owner)  
 Name (first, middle initial, last): \_\_\_\_\_ SSN: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ (mm/dd/yyyy)

☐ Partnership, LLP, or 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 person completing this application on behalf of the business. State the person's title or position in the business.

**I declare, under penalty of perjury, that this application is true and complete, including any information I have provided in the tobacco endorsement section.**

Signature

Printed Name

Title

Date

# **TOBACCO ENDORSEMENT Section**

## **of the Alaska Business License Application**

If you sell tobacco products, you must obtain a tobacco endorsement for *each* location or outlet where tobacco products are sold. The fee is \$100 for each tobacco endorsement. This is in addition to the business license fee.

A business license with a tobacco endorsement will be printed for each location or outlet and must be displayed at the location or outlet. The endorsement expires at the same time as the business license to which it attaches. There are significant penalties for improper sales of tobacco. It is your responsibility to familiarize yourself with the laws concerning sales of tobacco products.

**Complete the information below for each tobacco endorsement. Provide the *physical* address of each location or outlet in a location where tobacco products are to be sold. Copy this form or attach additional page to purchase more tobacco endorsements.**

**Business Name used (*must be same as the name on the Business License*):**

**Business License Number (*if license currently exists*):** \_\_\_\_\_

OFFICE USE ONLY	
<b>A. Physical Address:</b>  _____ <div>City State Zip Code</div> <div>AK</div>	TE#: _____ Paid: <input type="checkbox"/> Receipt #: _____ S/P Mailed: _____ By: _____
<b>B. Physical Address:</b>  _____ <div>City State Zip Code</div> <div>AK</div>	TE#: _____ Paid: <input type="checkbox"/> Receipt #: _____ S/P Mailed: _____ By: _____
<b>C. Physical Address:</b>  _____ <div>City State Zip Code</div> <div>AK</div>	TE#: _____ Paid: <input type="checkbox"/> Receipt #: _____ S/P Mailed: _____ By: _____
<b>D. Physical Address:</b>  _____ <div>City State Zip Code</div> <div>AK</div>	TE#: _____ Paid: <input type="checkbox"/> Receipt #: _____ S/P Mailed: _____ By: _____
<b>E. Physical Address:</b>  _____ <div>City State Zip Code</div> <div>AK</div>	TE#: _____ Paid: <input type="checkbox"/> Receipt #: _____ S/P Mailed: _____ By: _____