



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 Section

PO Box 110806, Juneau, AK 99811-0806

Phone: (907) 465-2550

Website: www.BusinessLicense.Alaska.Gov

Endorsement RENEWAL Application

AS 43.70.075

Effective 1/1/2019: An Endorsement is required to sell tobacco products, electronic smoking products, or products containing nicotine.

Complete this form if your business will sell products requiring an endorsement.

An Endorsement is required for each location or outlet where products requiring an Endorsement are sold. An Endorsement cannot stand on its own; it must be attached to a business license.

ENDORSEMENT FEE: \$100 per location, in addition to the business license fee, per AS 43.70.075(b) and 12 AAC 12.010(d).

Endorsements expire on the same date as the business license to which they are attached. Endorsements must be renewed at the same time as the business license to which they are attached.

TIP: The Endorsement fee is a flat rate of \$100 per location, whether you purchase a one or two-year business license. For a bargain, purchase your business license with an endorsement(s) for two years.

REQUIRED SIGNAGE: A person who holds an Endorsement must post on the licensed premises a warning sign. This sign must be displayed in a conspicuous location to a person purchasing or consuming products requiring an Endorsement. There are significant penalties for improper sales of products requiring an Endorsement. It is the licensee's responsibility to be familiar with the proper sale of products requiring an Endorsement. AS 43.70.075(f)

For more information regarding Endorsements, go to: www.BusinessLicense.Alaska.Gov and click *Endorsement FAQs*.

PART I Business Information

Business Name on Record (Must be Exact):	This must be the EXACT same name as on your business license.
Business License Number (Required):	

PART II Location Information

List the PHYSICAL address of EACH location where you will be selling products requiring an Endorsement.
Fees are not refundable once the license and endorsements have been issued.

	Street	City	State	Zip
Location 1: (\$100 Fee)				
Location 2: (\$100 Fee)				
Location 3: (\$100 Fee)				
Location 4: (\$100 Fee)				

PART II Location Information (continued)

List the PHYSICAL address of EACH location where you will be selling products requiring an Endorsement.

Fees are not refundable once the license and endorsements have been issued.

Location 5: (\$100 Fee)	Street	City	State	Zip
Location 6: (\$100 Fee)	Street	City	State	Zip
Location 7: (\$100 Fee)	Street	City	State	Zip
Location 8: (\$100 Fee)	Street	City	State	Zip
Location 9: (\$100 Fee)	Street	City	State	Zip
Location 10: (\$100 Fee)	Street	City	State	Zip
Location 11: (\$100 Fee)	Street	City	State	Zip
Location 12: (\$100 Fee)	Street	City	State	Zip
Location 13: (\$100 Fee)	Street	City	State	Zip
Location 14: (\$100 Fee)	Street	City	State	Zip
Location 15: (\$100 Fee)	Street	City	State	Zip
Location 16: (\$100 Fee)	Street	City	State	Zip
Location 17: (\$100 Fee)	Street	City	State	Zip
Location 18: (\$100 Fee)	Street	City	State	Zip
Location 19: (\$100 Fee)	Street	City	State	Zip
Location 20: (\$100 Fee)	Street	City	State	Zip

Copy this form or attach additional pages to purchase more endorsements.



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Signature Page

Applicant Name:	
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PART III Agreement

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

I understand that 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, certificate, or permit to practice in the state of Alaska.

I further understand that 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:	
Title of Applicant:	(Based on type of organization, such as: Sole Proprietor, Partner or President of <owner entity name>, etc.)		
Phone Number:		Email Address:	



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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: _____

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: _____

08-4438

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Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!
1. Credit Card Number: _____
2. Expiration Date: _____
3. Security Code: _____
All 3 fields MUST be completed!
This section will be destroyed after the payment is processed.