



THE STATE
of **ALASKA**
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing

BUS

FOR DIVISION USE ONLY

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
Business Licensing Section
Street: 333 Willoughby Avenue, 9th Floor, Juneau, AK 99801
Mail: PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2550 • Fax: (907) 465-2974
Website: *BusinessLicense.Alaska.Gov*

Business License: Certificate Copy Request

AS 43.70 and 12 AAC

FREE: Additional copies of business license certificates are available free on the web.

1. Go to: www.BusinessLicense.Alaska.Gov
2. Select "Search Business Licenses"
3. Enter your name or business license number and click "Search"
4. Click "Print Business License" on the license detail page

MAILED: To request this office to mail you a copy(s) of a business license certificate, submit this form by fax or mail with the appropriate nonrefundable fee of \$5 per copy. **DO NOT** email this form or payment.

Online Filing is not available for this form; submit this form by fax or mail only. DO NOT email this form or payment.

Processing Time: Standard processing time from March-September is 10-15 business days. During heavy business license filing seasons, October-February, the processing time will be delayed. Filings are reviewed in date order received. We do not offer expediting services.

1. Business Name (<i>must match name on business license certificate</i>):	
2. Business License Number (<i>mandatory</i>):	
3. Fee: \$5 Nonrefundable Per Copy	
Number of copies: _____	X \$5 nonrefundable fee = Total: \$ _____ (BUS1)
4. Mailing Address (<i>where do you want the certificate copy mailed</i>):	
5. Name of person requesting copy(s) of the business license certificate:	
Signature of Applicant:	
Printed Name of Applicant:	Date:
Email:	Phone Number:



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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: _____

Program Type: _____ 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 (name change, wall certificate, fine, duplicate license, exam, etc.):

1. _____

2. _____

TOTAL: _____

Name (as shown on credit card): _____

Mailing Address: _____

Phone Number: _____ Email (optional): _____

Signature of Credit Card Holder: _____

08-4438

Rev 12/26/18

Credit Card Payment Form (all major cards accepted)

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!	
<p>1. Account Number: _____</p> <p>2. Expiration Date: _____</p> <p>3. Billing ZIP Code: _____</p> <p>4. Security Code: _____</p>	<p>All four fields MUST be completed!</p> <p>This section will be destroyed after the payment is processed.</p>