



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, 9<sup>th</sup> 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: Owner's Legal Name Change

**12 AAC 02.900(c)**

This form is ONLY to notify the Business Licensing Section when there is a LEGAL name change of the owner of the business license. Per 12 AAC 02.900(c), notification of an owner's name change must be submitted to this office within 30 days of the change.

NOTE: A legal name change means there has been a LEGAL change of the name of the business owner due to a LEGAL event such as, but not limited to: marriage, divorce, court-approved legal name change, or if the owner is an entity and the entity has amended (legally changed) its name on record with the Corporations Section.

This form is NOT for a change in ownership (who owns the business license). A business license is NOT transferable or assignable. A change in the ownership in the business requires a new business license (form 08-4181).

For more information regarding business licensing, go to: [www.BusinessLicense.Alaska.Gov](http://www.BusinessLicense.Alaska.Gov) and click on *Changes to Business Licenses FAQs*.

IMPORTANT: Separate notification may be required to notify the Corporations Section and Professional Licensing Section. For more information, go to:

- [www.Corporations.Alaska.Gov](http://www.Corporations.Alaska.Gov)
- [www.ProfessionalLicense.Alaska.Gov](http://www.ProfessionalLicense.Alaska.Gov)

Online filing is not available for this form. Submit this form by fax or mail. 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.

12 AAC 02.105(3) and AS 08.01.010(10)

<b>Required Fee:</b>	<input type="checkbox"/> Non Refundable Filing Fee (BUS1)	<b>\$5.00</b>
Mail or fax this form and the non-refundable \$5 filing fee in U.S. dollars to the letterhead address. Make the check or money order payable to the State of Alaska, or use the attached credit card payment form.		

<b>1. Business License Name:</b> (must match name on the business license certificate.)
Business License Name: _____
Business License Number ( <i>mandatory</i> ): _____

**2. Current Name of Owner:** The owner's name as it currently appears on the business license prior to this filing.

CURRENT Owner's Name: \_\_\_\_\_

**3. New Name of Owner:** The owner's name as it will appear on the business license as a result of this filing.

NEW Owner's Name: \_\_\_\_\_

If the owner is an entity (corporation, LLC, etc.), then provide its Alaska Entity Number:

Not Applicable

Alaska Entity Number: \_\_\_\_\_

**4. Evidence of Legal Name Change:**

I have attached a copy of the legal name change document supporting the owner's legal name change.

**5. Signature:**

The request to change the owner's legal name for this business license must be signed by the owner of the business.

- If the business is a sole proprietor, then the sole individual owner must sign.
- If the business is a partnership, then one of the owning partners must sign.
- If the business is owned by an entity, then the signer must be on the record with this office as an authorized signer for the owning entity and identify their signing authority, such as: corporation President or LLC member. Example: John Doe, President of owning entity XYZ Incorporated.

By my signature below, I declare under the penalty of perjury that the information provided on the application is true and correct to the best of my knowledge:

**Signature of Owner:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name of Owner:** \_\_\_\_\_

**Title of Owner:** \_\_\_\_\_

*(Provide title based on the type of organization, such as; Sole Proprietor, Partner, or President of <owner entity name>, etc.)*

**Address Change:** If the businesses physical and/or mailing addresses have changed, submit Business License Change of Address Form (08-4054) along with the appropriate fee.



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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)

<b>CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed!</b>	
<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 <b>MUST</b> be completed!</p> <p>This section will be destroyed after the payment is processed.</p>