



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: Change of NAICS Code(s)

AS 43.70.020(a)(2) and 12 AAC 12.030(2)

This form is ONLY to notify the Business Licensing Section when there is a change in the NAICS code of a current and valid business license.

Provide the six (6) digit NAICS code(s) which best describe your business's primary and/or secondary lines of business activities.

IMPORTANT: Any line of business subject to regulatory provision (i.e., professional license required) must list those lines of business as the primary and/or secondary line(s) of business and must provide an associated current and valid Alaska Professional License Number as evidence this provision has been met.

For more information, go to www.BusinessLicense.Alaska.Gov and click on *Line of Business/Alaska NAICS Code*.

Note: If your business is owned by an entity, then separate notification may be required to notify the Corporations Section. For more information, go to: www.Corporations.Alaska.Gov

AS 08.01.010(10)

No Fee:	<input type="checkbox"/> No fee is associated with this form.	\$0.00
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1. Business Name: (must match name on business license certificate)	
Business License Name:	_____
Business License Number (<i>mandatory</i>):	_____

2. Current NAICS Code(s) to be removed from the record								
Provide the six (6) digit NAICS code(s) currently on record which will be removed as a result of this filing:								
Primary NAICS Code:	<table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> </table>							
Secondary NAICS Code:	<table style="width: 100%; text-align: center;"> <tr> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> <td style="border: 1px solid black; width: 25px; height: 25px;"></td> </tr> </table>							

3. New NAICS Code(s) to be added to the record

Provide the six (6) digit NAICS code(s) to be added as a result of this filing:

Primary NAICS Code:

□ — □ — □ — □ — □ — □

Professional License Number (if applicable):

Name on Professional License Number (if applicable):

Secondary NAICS Code:

□ — □ — □ — □ — □ — □

Professional License Number (if applicable):

Name on Professional License Number (if applicable):

You may provide up to ten (10) NAICS Codes. Use a separate sheet if necessary.

4. Signature:

The request to change the NAICS Code(s) 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.)

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. Findings are reviewed in date order received. We do not offer expediting services.

Select one of the following options for after the filing has been processed:

Additional Fee: \$5 per copy

If you want this office to mail a copy of the updated business license, Submit to this office, *Business License: Certificate Copy Request* (form 08-4080), along with the appropriate fees.

Free:

Print a copy of the updated business license from the web at: www.BusinessLicense.Alaska.Gov