



THE STATE  
of **ALASKA**

Department of Commerce, Community and Economic Development  
Division of Corporations, Business and Professional Licensing

**COR**

FOR DIVISION USE ONLY

**Corporations Section**

Street: State Office Building, 333 Willoughby Avenue, 9<sup>th</sup> Floor  
Mail: PO Box 110806, Juneau, AK 99811-0806  
Phone: (907) 465-2550 • Fax: (907) 465-2974  
Email: [corporations@alaska.gov](mailto:corporations@alaska.gov)  
Website: [Corporations.Alaska.Gov](http://Corporations.Alaska.Gov)

**RENEW Business Name Registration (AS 10.35)**

- A business name registration expires on December 31<sup>st</sup> of its fifth year (per AS 10.35.060) and may renew every five years (per AS 10.35.070), starting October 1st of the expiring year.
- The original corresponding Alaskan Business License must be current and valid to renew the corresponding business name registration. For more information go to [www.BusinessLicense.Alaska.Gov](http://www.BusinessLicense.Alaska.Gov)
- The information you submit is a public record and will be posted on the State's website.

<b>1. Important:</b>	AS 10.35.040(b), AS 10.35.050, and AS 10.35.070
<p>Under Corporation Statutes, Title 10, a person conducting business [as an unincorporated business or DBA] may register its name [for the purpose of exclusive rights] if the name is distinguishable on record of the department from the name of any other organized entity, reserved name or registered name . — <i>AS 10.35.040</i></p> <p>Under Business Licensing Statutes, AS 43.70, there is no restriction on issuing multiple business licenses with the exact same name. The department is required to issue a business license under AS 43.70, even if exclusive rights to a name have been secured under Corporation Statutes, Title 10, AS 10.35.</p> <p>The person with exclusive rights may seek a court order to prohibit the use by another person of a name that is not distinguishable on record from the business name registration. The person with exclusive rights may seek a court order and damages through the Alaska Court System. — <i>AS 10.35.040(b)</i></p> <p>The renewal must set out the facts required in the original business name registration application. — <i>AS 10.35.070</i></p>	

<b>2. Fee:</b>	<input type="checkbox"/> \$25 Nonrefundable Filing Fee (CORF)	3 AAC 16.010(a)
Mail this form and the non-refundable \$25 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>3. RENEWING Business Name Registration Information:</b>	AS 10.35.050
<p>Renewing Business Name Registration: _____ <i>(must exactly match the name on the renewing business name registration)</i></p> <p>Business Name Registration #: _____ AK Business License #: _____ <i>(mandatory)</i> <span style="margin-left: 200px;"><i>(mandatory)</i></span></p> <p>BL Ownership:      <input type="checkbox"/> Sole Proprietor      <input type="checkbox"/> Partnership      <input type="checkbox"/> Entity (INC, LLC, etc.)</p>	

<b>4. Business Address:</b>	AS 10.35.050
Physical Address: _____	
Mailing Address: _____	

<b>5. Owner of the Business:</b>	AS 10.35.050
Name of Owner: _____	
If the owner is an entity, then provide the Alaska Entity Number: _____	
Mailing Address: _____	

<b>6. If the business is owned by a partnership (in item #3), then list all additional owners (partners):</b> <i>(Attach an 8.5x11 supplement if necessary)</i>	AS 10.35.050
Name of Owner: _____	
Mailing Address: _____	

<b>7. Business Statements:</b>	AS 10.35.050
Nature of the Business is: _____	
<input type="checkbox"/>	

<b>8. Required Signature:</b>	AS 10.35.050
<b>RENEW Business Name Registrations <u>must</u> be signed by the <u>owner of the business</u>. — AS 10.35.050</b>	
<ul style="list-style-type: none"> <li>• If the business (listed in Item #3) is a Sole Proprietor then the sole individual (listed in Item #5 above) must sign.</li> <li>• If the business (listed in Item #3) is a Partnership then one of the owning partners (listed on Item #5 or Item #6) must sign.</li> <li>• If the business (listed in Item #3) is owned by an entity (listed in Item #5 above) then the signer must be on 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: <i>John Doe, President of owning entity XYZ Incorporated.</i></li> </ul>	
Signature: _____	Date: _____
Printed Name: _____	
Signer's relation to business: _____	



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**Contact Information**

- Return this form with your filing
- This information may be used by the Division to assist with processing your attached filings
- This form will not be filed for record, or appear online

<b>Entity Information</b>		Enter your entity information as it appears on this filing.	
Entity Name:			
AK Entity #:			

<b>Contact Person</b>		Whom may we contact with any questions or problems with this filing?	
Company:			
Contact:			
Mailing Address:	Address:		
	City:	State:	ZIP:
Phone:			
Email:			

<b>Document Return Address</b>		Provide an address for the return of your filed documents.	
<input type="checkbox"/> Return my filings to the address provided <b>ABOVE</b>			
<input type="checkbox"/> Return my filings to this address provided <b>BELOW</b>			
Company:			
Contact:			
Mailing Address:	Address:		
	City:	State:	ZIP:



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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 <b>MUST</b> be completed!</p> <p>This section will be destroyed after the payment is processed.</p>
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