



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**  
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Website: *BusinessLicense.Alaska.Gov*

## Business License: Request to RE-ACTIVATE

**AS 43.70 and 12 AAC**

This form is ONLY for a request to RE-ACTIVATE a Business License whose status is Inactive AND has not passed its expiration date AND the regulatory provisions which caused inactivation have been met, such as: professional license is now current and valid; domestic entity has been reinstated; or the entity status is now in good standing.

**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. Online filing is not available for this form. Submit this form by fax or mail. Do not email this form. Filings are reviewed in date order received. We do not offer expediting services.

**1. Business Name:** (must match name on business license certificate)

Business License Name: \_\_\_\_\_

Business License Number (*mandatory*) \_\_\_\_\_

**2. Owner Signature:**

The request to re-activate a 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.

I declare, under penalty of perjury, by signing this form that the regulatory reasons for inactivation of this business license have been met. I request re-activation of this business license for the remainder of its current license period.

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

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

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

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

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