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, 9th Floor
Mail: PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2550 • Fax: (907) 465-2974
Email: *corporations@alaska.gov*
Website: *Corporations.Alaska.Gov*

NEW Business Name Registration (AS 10.35)

- A corresponding Alaskan Business License must be obtained first in order to register an unincorporated (per AS 10.35.500(1)) or DBA business name. For more information, go to *www.BusinessLicense.Alaska.Gov*
- The unincorporated or DBA business name must be distinguishable from any other organized entity, reserved name, or registered name on record. For more information go to *www.Corporations.Alaska.Gov*
- The unincorporated or DBA business name registration cannot contain a corporate identifier, such as, but not limited to: corporation; limited liability company; or an abbreviation of any of these words.
- Entities already on record with this office under Corporations Statutes, Title 10, do not need to file a business name registration for the entity's legal name.

1. Important: AS 10.35.040(b) and AS 10.35.050

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 . — *AS 10.35.040*

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.

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. — *AS 10.35.040(b)*

2. Fee: ☐ $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.

3. NEW Business Name Registration Information: AS 10.35.050

Unincorporated or DBA Business Name: _____
(must exactly match the name on the Alaska Business License)

Alaska Business License Number *(mandatory)*: _____

BL Ownership: ☐ Sole Proprietor ☐ Partnership ☐ Entity (INC, LLC, etc.)

4. Business Address: AS 10.35.050

Physical Address: Address: City: State: ZIP: _____

Mailing Address: Address: City: State: ZIP: _____

5. Owner of the Business: AS 10.35.050

Name of Owner: _____

If the owner is an entity, then provide the Alaska Entity Number: _____

Mailing Address: Address: City: State: ZIP: _____

6. If the business is owned by a partnership (in item #3), then list all additional owners (partners): *(Attach an 8.5x11 supplement if necessary)* AS 10.35.050

Name of Owner: _____

Mailing Address: Address: City: State: ZIP: _____

7. Business Statements: AS 10.35.050

Nature of the Business is: _____

☐ By checking this box I am confirming compliance with AS 10.35.050 that the owner of this business is engaged in doing business under the name listed in Item #3 on this form.

8. Required Signature: AS 10.35.050

Per AS 10.35.050 the NEW Business Name Registration <u>must</u> be signed by the <u>owner of the business</u>.

- If the business (listed in Item #3) is a Sole Proprietor then the sole individual (listed in Item #5 above) must sign.
- 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.
- 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: *John Doe, President of owning entity XYZ Incorporated.*

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

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

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

Document Return Address	Provide an address for the return of your filed documents.
☐ Return my filings to the address provided **ABOVE**	
☐ Return my filings to this address provided **BELOW**	
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: 0

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!

1. Account Number: _____
2. Expiration Date: _____
3. Billing ZIP Code: _____
4. Security Code: _____

All four fields **MUST** be completed!

This section will be destroyed after the payment is processed.