FOR DIVISION USE ONLY

Business Licensing Section

PO Box 110806, Juneau, AK 99811-0806

Phone: (907) 465-2550

Website: www.BusinessLicense.Alaska.Gov

Business License: NEW Endorsement Application

On an Existing Alaska Business License (AS 43.70.075 and 12 AAC 12.010)

This form is **ONLY** for adding new Endorsement(s) to an existing and current Alaska Business License.

Effective 1/1/2019: An Endorsement is required to sell tobacco products, electronic smoking products, or products containing nicotine.

An Endorsement is required for each location or outlet where products requiring an Endorsement are sold. An Endorsement cannot stand on its own; it must be attached to a business license.

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 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.

ENDORSEMENT FEE: \$100 per location, in addition to the business license fee, per AS 43.70 and 12 AAC 12.010(d). The Endorsement fee is a flat-rate of \$100 per location, whether you have a one or two-year business license. Fees are nonrefundable once the new Endorsement(s) have been issued.

REQUIRED SIGNAGE: A person who holds an Endorsement must post on the licensed premises a warning sign. This sign must be displayed in a conspicuous location to a person purchasing or consuming products requiring an Endorsement. There are significant penalties for improper sales of products requiring an Endorsement. It is the licensee's responsibility to be familiar with the proper sale of products requiring an Endorsement. AS 43.70.075(f).

For more information about Endorsements, go to www.BusinessLicense.Alaska.Gov and click Endorsements FAQs.

PART I	Busine	ess Information			
Business Name:		This must be the EXACT same name as on your business license.			
Business Licen Number (Requ					

PART II New Endorsement Locations

AS 43.070.075

An Endorsement is required for <u>each</u> location or outlet where products requiring an Endorsement are sold. An Endorsement cannot stand on its own; it must be attached to a current and valid Alaska Business License.

List the PHYSICAL address of EACH NEW location where you will be selling products requiring an Endorsement.

Fees are not refundable once the license and endorsements have been issued.

Location 1:	Street	City	State	Zip
(\$100 Fee)				
Location 2: (\$100 Fee)	Street	City	State	Zip

Copy this form or attach additional pages to purchase more endorsements.

X \$100 Fee = Total:

PART IV Agreement

Number of Endorsement Locations:

The request to add a new Endorsement to this existing 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:

Owner Printed Name:			
Owner Signature:		Date Signed:	
Owner Title:	(Based on type of organization, such as: Sole Proprietor, Partner or President of <owner entity="" name="">, etc.)</owner>		

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State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
PO Box 110806, Juneau, AK 99811

Phone: (907) 465-2550

Credit Card Payment Form	
All major credit cards are accepted. For security purposes, do not email credit cardit card payment form with your application.	rd information. Include this
Name of Applicant or Licensee:	
Profession Type (e.g., Acupuncture):	
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 (fine, exam, etc.):	
1	
2	
ТОТА	L:
Name (as shown on credit card):	
Mailing Address:	
Phone Number: Email (optional):	
Signature of Credit Card Holder:	
08-4438 Rev 12/06/2022 Credit Card Payment Form (all ma	ior cards accepted)
CREDIT CARD INFO: Your payment cannot be processed unless a	all fields are completed!
	All 3 fields MUST be
1. Credit Card Number:	completed!
2. Expiration Date: 3. Security Code:	This section will be destroyed after the payment is processed.