



THE STATE
of **ALASKA**

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

END

FOR DIVISION USE ONLY

Business Licensing

PO Box 110806, Juneau, AK 99811

Website: BusinessLicense.Alaska.Gov

Business License: NEW Endorsement Application

AS 43.70.075

This form is required if your business will sell: tobacco products, electronic smoking products, or products containing nicotine.

An Endorsement is required for each location or outlet where tobacco products, electronic smoking products, or products containing nicotine are sold.

An Alaska Business License is required in addition to the Endorsement; an Endorsement cannot stand on its own and must be attached to a business license. The Endorsement will expire on the same date as your business license.

An Endorsement is \$100.00 per Endorsement, per location. This is a flat rate whether you have a 1-year or 2-year business license.

Recommended: Purchase a 2-year license for a better bargain.

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 regarding Endorsements, go to: www.BusinessLicense.Alaska.Gov and click *Endorsement FAQs*.

PART I Business Information

Business Name:	This must be the EXACT same name as on your business license.
Business License Number (if issued):	

PART II Location Information

List the PHYSICAL address of EACH location where you will be selling products requiring an Endorsement. Fees are not refundable once the license and endorsements have been issued.				
Location 1: (\$100 Fee)	Street	City	State	Zip
Location 2: (\$100 Fee)	Street	City	State	Zip
Location 3: (\$100 Fee)	Street	City	State	Zip
Location 4: (\$100 Fee)	Street	City	State	Zip
Location 5: (\$100 Fee)	Street	City	State	Zip
Location 6: (\$100 Fee)	Street	City	State	Zip

PART II **Location Information** *(continued)*

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

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

Location 7: (\$100 Fee)	Street	City	State	Zip
Location 8: (\$100 Fee)	Street	City	State	Zip
Location 9: (\$100 Fee)	Street	City	State	Zip
Location 10: (\$100 Fee)	Street	City	State	Zip
Location 11: (\$100 Fee)	Street	City	State	Zip
Location 12: (\$100 Fee)	Street	City	State	Zip
Location 13: (\$100 Fee)	Street	City	State	Zip
Location 14: (\$100 Fee)	Street	City	State	Zip
Location 15: (\$100 Fee)	Street	City	State	Zip
Location 16: (\$100 Fee)	Street	City	State	Zip
Location 17: (\$100 Fee)	Street	City	State	Zip
Location 18: (\$100 Fee)	Street	City	State	Zip

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

PART III **Endorsement Fees**

Number of Endorsement Locations (from PART II):		X \$100 Fee = Total:	
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PART IV **Agreement**

I hereby certify I am the person herein named and subscribing to this application. I further certify I have read the complete application, and I know the full content thereof. I declare all of the information contained herein, and evidence or other documents submitted herewith are true and correct.

I understand any falsification or misrepresentation of any item or response in this application, or any attachment hereto, or falsification or misrepresentation of documents to support this application, is sufficient grounds for denying, revoking, or otherwise disciplining a license, registration, certificate, or permit to practice in the state of Alaska.

I further understand it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

Applicant Signature:		Date:	
Applicant Printed Name:		Title:	



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State of Alaska
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 card information. Include this credit card payment form with your application.

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
<input type="checkbox"/>	Application Fee:		
<input type="checkbox"/>	License or Renewal Fee:		
<input type="checkbox"/>	Other (fine, exam, etc.):		
1.			
2.			
TOTAL:			

Name (as shown on credit card):			
Mailing Address:			
Phone Number:		Email (Optional):	
Signature of Credit Card Holder:			

CREDIT CARD INFO: Your payment cannot be processed unless all fields are completed.

1. Credit Card Number:		All 3 fields MUST be completed. This section will be destroyed after the payment is processed.
2. Expiration Date:		
3. Security Code:		