



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**

State Office Building, 333 Willoughby Avenue, 9<sup>th</sup> Floor  
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)

**NEW Application Only**

**Businesses Name Reservation**

**AS 10.35**

- A business name may be reserved by a person intending to start a business or a person intending to change the name of the person's business. — AS 10.35.010
- Name reservation is for exclusive use of the name for a period of 120 days. — AS 10.35.020(a)
- The name must be distinguishable, per 3 AAC 16.120, from other names on record. — AS 10.35.020(a)
- The name cannot give the impression the business is already incorporated. — AS 10.35.020(a)
- A business name reservation may only renew twice and, upon renewal, must include a statement of intent to start a business. — AAC 16.010(c)

<b>Required Fee:</b>	<input type="checkbox"/> Nonrefundable Filing Fee (CORF) 3AAC 16.010(b)	<b>\$25.00</b>
----------------------	---	----------------

<b>Name to Reserve:</b>	Do not include a corporate indicator (such as INC, LLC, LP, etc.)
-----	

<b>Owner Name:</b>	
<b>Mailing Address:</b>	
<b>Physical Address:</b>	

<b>Signature of Owner transferring the Business Name Reservation:</b>			
This Business Name Reservation Transfer form must be signed by the Owner on record. If the Owner is an entity, then the signer must be authorized to sign on behalf of the owner entity.			
-----			
Sign	Print Name	Title	Date

*NOTE: If you wish to form an entity under the name you have reserved and the reservation is still active, a notice of cancellation must be sent to this office prior to formation. The notice must include the following: name of the entity, Alaska Entity Number associated with the name reservation, a statement requesting the cancellation, the signature of the applicant (or if the applicant is an entity, the signature of an authorized person from the entity). To prevent a gap between the cancellation of the Business Name Reservation and using the same name to register an entity, submit both filings together hardcopy.*



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**

State Office Building, 333 Willoughby Avenue, 9<sup>th</sup> Floor  
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)

**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:



THE STATE of ALASKA

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

FOR DIVISION USE ONLY

State of Alaska
Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
333 Willoughby Avenue, 9th Floor, Juneau, AK 99801
PO Box 110806, Juneau, AK 99811
Phone: (907) 465-2550

CREDIT CARD PAYMENT

For security purposes please do not email credit card information. Mail this credit card payment form to the Division. Completion of this form is not proof of payment until the Division processes the information. If any information on this form is illegible, the form will be rejected.

Name of Applicant or Licensee: \_\_\_\_\_

Type of License: \_\_\_\_\_ License Number (if applicable): \_\_\_\_\_

Table with 2 columns: Description and Amount. Rows include Application Fee, License or Renewal Fee, Other (name change, wall certificate, fine, duplicate license, exam, etc.), and Total.

Name (as shown on credit card): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email (optional): \_\_\_\_\_

Credit Card Type: [ ] VISA — or — [ ] Mastercard

Signature of Credit Card Holder: \_\_\_\_\_

VISA or Mastercard Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

This section below the dotted line will be destroyed upon processing of the payment.