



THE STATE
of **ALASKA**
*Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing*

BAH

FOR DIVISION USE ONLY

Board of Barbers and Hairdressers
State Office Building, 333 Willoughby Avenue, 9th Floor
PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2550 • Fax: (907) 465-2974
Email: license@alaska.gov
ProfessionalLicense.Alaska.Gov/BoardOfBarbersHairdressers

Change of Business Name For Shop Owner License

1. Payment of Fees

Submit a \$5 fee made payable to the State of Alaska

2. Current Business Information

Owner Name: _____

Business Name / DBA: _____

Phone Number: _____

License Number: _____

Shop Address: _____

3. NEW Business Name / DBA to be Updated with the State:

NEW Business Name / DBA: _____

4. Notarized Signature:

Notary Stamp	Applicant's Signature: _____	Printed Name: _____
	Notary Public for the State of: _____	Subscribed and Sworn to Before me on this Day: _____
	Notary's Signature: _____	My Commission Expires: _____