

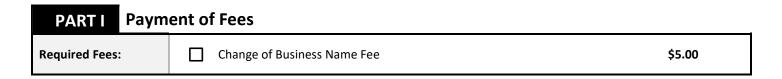


Department of Commerce, Community, and Economic Development Division of Corporations, Business and Professional Licensing

Board of Barbers and Hairdressers

PO Box 110806, Juneau, AK 99811 Phone: (907) 465-2550 Email: *BoardOfBarbersHairdressers@Alaska.Gov* Website: *ProfessionalLicense.Alaska.Gov/BoardOfBarbersHairdressers*

Change of Business Name for Shop Owner License



PART II Shop Information

Shop Owner Name:				
Current Business Name (DBA):				
Shop Owner License Number:		Phone Number:		
Shop Mailing Address:	P.O. Box or Street	City	State	Zip
Shop Physical Address:	Street	City	State	Zip
NEW Business Name: (DBA)				

PART III Notarized Signature

Notary Stamp	Applicant Printed Name:			
	Applicant Signature:			
	Notary Public for State of:		ibed and Sworn to me on this Day:	
i L	Notary Signature:		My Commission Expires:	

FOR DIVISION USE ONLY





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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, <u>do not email</u> credit card information. Include this credit card payment form with your application.

Name of Applicar	nt or Licensee:		
Program Type:		License Number (<i>if applicable</i>):	
I wish to make pa	ayment by credit card fo	r the following <i>(check all that apply)</i> :	AMOUNT
Application	n Fee:		
License or	Renewal Fee:		
Other (nar	me change, wall certifica	ate, fine, duplicate license, exam, etc.):	
1			
2			
		TOTAL:	
Name (as shown	on credit card):		
Mailing Address:			
Phone Number:		Email <i>(optional)</i> :	
Signature of Cre	edit 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: