



THE STATE
of **ALASKA**

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

BUS

FOR DIVISION USE ONLY

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional Licensing
Business Licensing Section
333 Willoughby Avenue, 9th Floor, Juneau, AK 99801
PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2550 • Fax: (907) 465-2974
Email: BusinessLicense@Alaska.Gov
Website: BusinessLicense.Alaska.Gov

Business License: Certificate Copy Request

AS 43.70 and 12 AAC

FREE: Additional copies of business license certificates are available free on the web.

1. Go to: www.BusinessLicense.Alaska.Gov
2. Select "Search Business Licenses"
3. Enter your name or business license number and click "Search"
4. Click "Print Business License" on the license detail page

MAILED: To request this office to mail you a copy(s) of a business license certificate, submit this form by fax or mail with the appropriate nonrefundable fee of \$5 per copy.

- DO NOT email this form or payment
- Standard processing time is 10-15 business days

Online Filing is not available for this form; submit this form by fax or email only. DO NOT email this form or payment.

1. Business Name (<i>must match name on business license certificate</i>):	
2. Business License Number (<i>mandatory</i>):	
3. Fee: \$5 Nonrefundable Per Copy	
Number of copies: _____	X \$5 nonrefundable fee = Total: \$ _____ (BUS1)
4. Mailing Address (where do you want the certificate copy mailed):	
5. Name of person requesting copy(s) of the business license certificate:	
Signature of Applicant:	
Printed Name of Applicant:	Date:
Email:	Phone Number:



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CREDIT CARD PAYMENT

For security purposes please do not email credit card information. Fax or 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): _____

I wish to make payment by credit card for the following (check all that apply):

Amount

[] Application Fee: _____

[] License or Renewal Fee: _____

[] Other (name change, wall certificate, fine, duplicate license, exam, etc.):

1. _____

2. _____

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.