



THE STATE  
of **ALASKA**

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

**CPR**

FOR DIVISION USE ONLY

**Concert Promoters Program**

PO Box 110806, Juneau, AK 99811

Website: [ProfessionalLicense.Alaska.Gov/ConcertPromoters](https://ProfessionalLicense.Alaska.Gov/ConcertPromoters)

## Concert Promoter Registration Renewal

**January 1, 2025 – December 31, 2026**

- Your registration lapses after December 31, 2024. There is no grace period — it is illegal to work if your registration has lapsed.
- Faxed or emailed applications will not be accepted.
- Make checks and money orders payable to the State of Alaska or use the attached credit card payment form.
- Plan on a 4–6-week processing time for correct and complete renewal applications.
- Once the renewal is processed, your certificate will be available for printing via the MY LICENSE self-service portal.

### PART I Payment of Fees

<b>Required Fees:</b>	<input type="checkbox"/> Full-Term Biennial Registration Renewal (For registrations first issued on or before December 31, 2023)	<b>\$500.00</b>
	<input type="checkbox"/> Prorated Registration Renewal (For registrations first issued on or after January 1, 2024)	<b>\$250.00</b>

### PART II Personal Information

<b>Owner Name:</b> Name change: <input type="checkbox"/>	<b>Contact Phone:</b>	
If you have had a legal name change since your last license was issued, you must complete a <u>Change of Name</u> form.		
<b>DBA Name:</b>	<b>AK Concert Promoters Registration Number:</b>	
<b>Mailing Address:</b> Address change: <input type="checkbox"/>	P.O. Box or Street	City State Zip
<b>EMAIL AGREEMENT:</b> By choosing to receive correspondence on any matter affecting my license or other business with the Alaska Division of Corporations, Business and Professional Licensing, I agree to maintain an accurate email address through the MY LICENSE web page. I understand that failure to check my email account or to keep the email address in good standing may result in an inability to receive crucial information, potentially resulting in my inability to obtain or maintain licensure.		
<b>Email Address:</b>	<b>Select One:</b> <input type="checkbox"/> Send my Correspondence Electronically <input type="checkbox"/> Send my Correspondence by Mail	
<b>Note: If both boxes are selected above, you will receive correspondence electronically.</b>		

**PART III**   **Ownership Information** *(Sole Proprietors and Partnerships Only)*

If there has been a change in ownership type since your last renewal you may not renew that registration; you must apply for a new registration by submitting an initial application.

Changing, adding or removing officers of a corporation, or members or managers of an LLC, or partners in a limited partnership (LP) or limited liability partnership (LLP), does not require a change to your current registration.

**Please complete the appropriate table below according to your business ownership type. Attach additional pages as necessary.**

☐ **Sole Proprietorship**      ☐ **Partnership**

Full Name	Address	Social Security Number*	Date of Birth

*\*AS 08.01.100 requires you to provide your United States Social Security Number. It is considered confidential information and will not be publicly disclosed; it may be used to verify inter-state licensure.*

**PART IV**   **Ownership Information** *(Corporations and LLCs Only)*

If there has been a change in ownership type since your last renewal you may not renew that registration; you must apply for a new registration by submitting an initial application.

Changing, adding or removing officers of a corporation, or members or managers of an LLC, or partners in a limited partnership (LP) or limited liability partnership (LLP), does not require a change to your current registration.

**Please complete the appropriate table below according to your business ownership type. Attach additional pages as necessary.**

☐ **Corporation**      ☐ **LLC**

Name of Member, Corporate Officer, or Managing Partner	Address of Member, Corporate Officer, or Managing Partner	Alaska Entity Number

## PART V Bonding

Select ONE (1) of the following:

☐ **Surety Bond**

The bonding information you submit must be consistent with the information that is currently on file with the Division. Contact your bonding company for a continuation certificate or an ACORD 25, stating that the bond is still in full force and in effect. If you have been issued a new bond at any time during the licensing period and did not submit it to the Division, submit the new original signed bond and power of attorney with this renewal application.

Provide the following information in the fields below, in addition to submitting the continuation certificate:

**Bond Provider:**

**Bond Number:**

**Bond Effective  
Date:**

- or -

☐ **Time Certificate of Deposit (TCD)**

A TCD statement, or letter of verification, from your bank dated within the last 30 days. I understand the TCD statement must be submitted with my renewal application.

- or -

☐ **State Trust Account**

No information required if you have a State Trust Account on file with the Division.

## PART VI Alaska Law

☐ I hereby certify I have reviewed, understand and will abide by the statutes applicable to my profession (AS 08.92).



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## Signature Page

**Applicant Name:**

### **PART VII** 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 Signed:**

## General Information

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### **APPLICATION PROCESSING:**

Paper renewal applications must be mailed and will be renewed effective as of the postmark on the envelope, or if the postmark is unreadable, the date of receipt. Please be aware that processing time for paper renewals may take up to six weeks and plan accordingly. Faxed or emailed renewal applications will not be accepted. Return a completed, signed application to the address indicated on the renewal application with a check or money order payable to the State of Alaska, or use the credit card payment form attached to the renewal application.

### **EFFECTIVE DATE OF RENEWED REGISTRATIONS:**

The effective date of a renewed registration will be the date a complete renewal application is filed with the division as determined by 12 AAC 02.920 and 12 AAC 02.940.

### **REGISTRATION TERM:**

Registrations are issued for a two-year period and expire on December 31 of even-numbered years, regardless of the date of issuance, except registrations issued within 90 days of the expiration date which are issued to the next biennial expiration date. One renewal notice will be sent via email or mail at least 30 days before registration expiration to the last known email or mailing address of record. Failure to receive a renewal notice does not relieve a registrant from the responsibility of renewing a registration on time.

### **PUBLIC INFORMATION:**

Please be aware that all information on the application form will be available as a public record, unless required to be kept confidential by state or federal law.

### **ADDRESS OR NAME CHANGE:**

In accordance with 12 AAC 02.900, it is the registrant's responsibility to notify the division, in writing, of changes of address or name. Name and address change notification forms are available on the division's website. The address of record with the division will be used to send renewals and all other official notifications. The name appearing on the registration must be your current legal name.

### **SOCIAL SECURITY NUMBERS:**

AS 08.01.100 requires a U.S. Social Security Number be on file with the division before a professional registration is renewed. If you do not have a U.S. Social Security Number, complete the Request for Exemption from Social Security Number Requirement form located at *ProfessionalLicense.Alaska.Gov*.

### **PAYMENT OF CHILD SUPPORT:**

If the Alaska Child Support Enforcement Division has determined that you are in arrears on child support, you may be issued a nonrenewable temporary license valid for 150 days. Contact Child Support Services at (907) 269-6900 to resolve payment issues.

### **STATUTES AND REGULATIONS:**

The complete set of statutes and regulations for this program are available by written request or online at the division's website: *ProfessionalLicense.Alaska.Gov*. To receive notification of all proposed regulation changes, send a request with your name, preferred contact method (mail or email), and the program you want to be updated on to the regulation specialist at the following email: *RegulationsAndPublicComment@Alaska.Gov*.



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## 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:		