Receipt type: 13

STATE OF ALASKA DEPARTMENT OF NATURAL RESOURCES DIVISION OF MINING, LAND AND WATER CONTRACT INITIATION AND REVENUE RECOVERY 550 W. 7th AVENUE, SUITE 640, ANCHORAGE, AK 99501 (907) 269-8594, <u>dnr.cirr@alaska.gov</u>

SUBLEASE APPLICATION

ADL Number

- ▶ Upon receipt of this application, required documents and fees, a sublease consent document will be drafted requiring notarized signatures of all parties. Final approval by the Division is required. An approved sublease will include a 25% annual sublease fee based on the payment agreement between the Sublessor and Sublessee pursuant to 11 AAC 05.230(d)(6).
- Completed application and required documents may be submitted electronically to <u>dnr.cirr@alaska.gov</u> or mailed to 550 W. 7th Avenue, Suite 640, Anchorage, AK 99501.
- Payment of the \$400 application fee can be made by check or credit card. Checks should be made out to the State of Alaska, Department of Natural Resources and note the ADL number and 'Sublease Application Fee' on the memo line and can be submitted to one of the below offices. Payment by credit card can be taken over the phone by the below offices. Payment should be coded as receipt type '13'.

FAIRBANKS ANCHORAGE JUNEAU DNR Public Information Center DNR Public Information Center DNR Southeast Regional Land Office 3700 Airport Way 550 W. 7th Ave., Ste 1360 400 Willoughby Ave, #4th Floor Fairbanks, AK 99709 Anchorage, AK 99501-3557 Juneau, AK 99801-1020 Phone: (907) 451-2705 Phone: (907) 269-8400 Phone: (907) 465-3400 Fax: (907) 451-2706 Fax: (907) 269-8901 Fax: (907) 500-9011 TTY: 1-800-770-8973 TTY: 1-800-770-8973 TTY: 1-800-770-8973 E-mail: fbx-pic@alaska.gov E-mail: dnr.pic@alaska.gov E-mail: sero@alaska.gov Business Hours: 8:00 am to 4:30 pm, M-F Business Hours: 8:00 am to 4:30 pm, M-F Business Hours: 8:00 am to 4:30 pm, M-F

SUBLESSOR INFORMATION							
Last Name/Business Name First Name		Middle Name	Suffix	Note: Name provided must be full legal name as it appears on the lease			
				document.			
Address							
City, State, and ZIP code							
Phone Number		Email Address					
	Authorized Representative Full Name Position						
	Signatura						
	Signature: Date: Required document(s) provided: Date:						
	LLC: Articles of Organization, Operating Management Agreement, or a resolution signed by all members that identifies who						
	the members are and who has the authority to sign on behalf of, legally bind, and pledge assets of the LLC.						
	Corporation: Articles of Incorporation and Corporate By-Laws identifying who is the authorized signee for the corporation.						
	□ Copy of agreement between Sublessor and Sublessee of the collocation agreement.						
	Development Plan – note no changes to the development if no new development is planned.						

IF MORE THAN ONE SUBLESSOR, COPY THIS PAGE AS APPLICABLE

SUBLESSEE INFORMATION							
Last Name/Business Name First Name		Middle Name	Suffix	Note: Name provided must be full			
				legal name as it appears on your business license.			
Address				business neense.			
City, State, and ZIP code							
Phone Number		Email Address					
	Tax ID Number (EIN)	Authorized Representative Full Nat	me	Position			
	Signature: Date:						
	Required document(s) provided:						
	□ Proof of registration for an Alaska LLC or Corporation						
	LLC: Articles of Organization, Operating Management Agreement, or a resolution signed by all members that identifies who						
	the members are and who has the authority to sign on behalf of, legally bind, and pledge assets of the LLC.						
	Corporation: Articles of Incorporation and Corporate By-Laws identifying who is the authorized signee for the corporation.						

IF MORE THAN ONE SUBLESSEE, COPY THIS PAGE AS APPLICABLE

ATTACH THE FOLLOWING:

- Proof of registration for an Alaska LLC or Corporation
- Documents identifying signatory authority for the business
- Copy of the agreement between the sublessor and sublessee of the collocation agreement
- Development Plan any changes to improvements must be noted
- Application Fee: \$400

By submitting this form, the applicant certifies that they have not changed the original text of the form or any attached documents provided by the Division.

NOTICE: AS 38.05.035(a) authorizes the director to decide what information is needed to process an application for the sale or use of state land and resources. This information is made a part of the state public land records and becomes public information under AS 40.25.110 and 40.25.120, unless the information qualifies for confidentiality under AS 38.05.035(a)(8) and confidentiality is requested, or qualifies for confidentiality AS 43.05.230, AS 45.48, or other state or federal laws. Public information may challenge its accuracy or completeness under AS 40.25.310, by giving a written description of the challenged information, the changes needed to correct it, and a name and address where the person can be reached. False statements made in an application for a benefit are punishable under AS 11.56.210. In submitting this form, the applicant agrees with the Department to use "electronic" means to conduct "transactions" (as those terms are used in the Uniform Electronic Transactions Act, AS 09.80.010 – AS 09.80.195) that relate to this form and that the Department need not retain the original paper form of this record: the Department may retain this record as an electronic record and destroy the original.