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Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Why is this form needed?

This transfer license application form is required for all individuals or entities seeking to apply for the transfer of ownership and/or location of an existing liquor license. Applicants should review **Title 04** of **Alaska Statutes** and **Chapter 304** of the **Alaska Administrative Code**. All fields of this form must be completed, per AS 04.11.260, AS 04.11.280, AS 04.11.290, and 3 AAC 304.105.

This form must be completed and submitted to AMCO's Anchorage office, along with all other required forms and documents, before any license application will be considered complete.

Section 1 - Transferor Information Enter information for the current licensee and licensed establishment. License #: Licensee: Silversea Provisioning LLC 4960 **Statutory Reference:** 04.09.260 License Type: COMMON CARRIER DISPENSARY **Doing Business As:** Silver Shadow **Premises Address:** Alaskan Waters City: State: ZIP: **Local Governing Body:** N/A Transfer Type: Regular transfer Transfer with security interest Involuntary retransfer OFFICE USE ONLY 100780581 Transaction #: Complete Date:

License Years:

Examiner:

Board Meeting Date:

Issue Date:



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Alaska Alcoholic Beverage Control Board HUANA CONTROL OFFICE

Form AB-01: Transfer License Application

Section 2 - Transferee Information

Licensee:	Royal Alaska Beverage (Cruise Sa	ales LLC			
Doing Business As:	Silver Shadow					
Premises Address:	Alaskan Waters					
City:		State:			ZIP:	
Community Council:	N/A					
Mailing Address:	1050 Caribbean Way					
City:	Miami	State:	FL		ZIP:	33132
Designated Licensee:	Henry Pujol	7/				
Contact Phone:	305-539-6245	Business	Phone:	305-53	39-624	15
				1		
Yes vasonal License?	hpujol@rccl.com No If "Yes", write your s	ix-month o	perating perio	od: _5/	, –	10/31
Yes				od:_5/	1 –	10/31
Yes	No If "Yes", write your s			od: <u>5/</u>	1 – 1	10/31
Yes vasonal License?	No If "Yes", write your s	nises Inf		od: <u>5/</u>	1 - 1	10/31
Yes assonal License? emises to be licensed is: an existing facility	No If "Yes", write your s Section 3 – Prem	a propos	formation ed building			
Yes assonal License? emises to be licensed is: an existing facility e next two questions mu What is the distance of the second seco	Section 3 – Prem	a propos ry (including	ormation ed building tourism) and g	ackage stor	<u>e</u> applica propose	ants only:



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Form AB-01: Transfer License Application

Section 4 - Sole Proprietor Ownership Information

If more space is needed, p	pleted by any <u>sole proprietor</u> please attach a separate sheet must be completed for each li	with the required informati		5.
This individual is an:	applicant affilia	ie		
Name:				
Address:				
City:		State:	ZIP:	
This individual is an:	applicant affilia	te		
Name:				
Address:				
City:		State:	ZIP:	

Section 5 - Entity Ownership Information

This section must be completed by any <u>entity</u>, including a corporation, limited liability company (LLC), partnership, or limited partnership, that is applying for a license. Sole proprietors should skip to Section 6.

- If more space is needed, please attach a separate sheet with the required information.
- If the applicant is a <u>corporation</u>, the following information must be completed for each **stockholder who owns 10% or more** of the stock in the corporation, and for each **president**, **vice-president**, **secretary**, and **managing officer**.
- If the applicant is a <u>limited liability organization</u>, the following information must be completed for each *member with an ownership interest of 10% or more*, and for each *manager*.
- If the applicant is a <u>partnership</u>, including a <u>limited partnership</u>, the following information must be completed for each *partner* with an interest of 10% or more, and for each *general partner*.

Entity Official:	Henry Pujol		,			
Title(s):	President	Phone:	305-539-6245	% Owned:		0
Address:	1050 Caribbean V	Vay				
City:	Miami	State:	FL	ZIP:	33	132



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Form AB-01: Transfer License Application

Entity Official:	Michael Goldne	er							
Title(s):	Manager		Phone	e:	305-539-4	271	% Owi	ned:	0
Address:	1050 Caribbear	n Way							
City:	Miami		State:		FL		ZIP:	331	32
Entity Official:	Royal Caribbea	n Cruises	Ltd.						
				% Owned:		100			
Address:	1050 Caribbear	า Way			1/2				
City:	Miami		State:		FL	ZIP: 331			32
Entity Official:									
Title(s):			Phone	e:			% Own	ned:	
Address:									
City:			State:	:			ZIP:		
tanding with the Alaska Divis	10057402		a registe	red	agent who is an i	Home	resident State:	of the :	
tanding with the Alaska Divis laska. DOC Entity #: Registered Agent:	10057402 Brian Stibitz	AK Formed	a registe	red	agent who is an i	Home	resident	of the :	
tanding with the Alaska Divis	10057402 Brian Stibitz 500 L. St., Ste	AK Formed	a registe	red	J27/2017	Home	resident State:	FL 02	state o
Registered Agent: Agent's Mailing Address:	10057402 Brian Stibitz	AK Formed	a registe	04	J27/2017	Home	resident State:	of the :	01

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Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 6 - Other Licenses Ownership and financial interest in other alcoholic beverage businesses: Yes Nο Does any representative or owner named as a transferee in this application have any direct or indirect financial interest in any other alcoholic beverage business that does business in or is licensed in Alaska? If "Yes", disclose which individual(s) has the financial interest, what the type of business is, and if licensed in Alaska, which license number(s) and license type(s): Royal Caribbean Cruises Ltd., as owner of Applicant, holds an interest in the following Alaska common carrier (seasonal) liquor licenses: Radiance (5576), Quantum (6059), Ovation (5776), Brilliance (6131), Serenade (5920), Eclipse (5778), Millennium (5655), Solstice (5577), Muse (5626), Shadow (4960), Wind (6093), Whisper (6132). Section 7 - Authorization Communication with AMCO staff: Yes No Does any person other than a licensee named in this application have authority to discuss this license with AMCO staff? If "Yes", disclose the name of the individual and the reason for this authorization: Brian Stibitz, registered agent and Alaska counsel, 907-222-7102 Blythe Daly, Director, Senior Associate Counsel (RCCL), 305-747-4439 or liquor@rccl.com



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Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 8 - Transferor Certifications

Additional copies of this page may be attached, as needed, for the controlling interest of the current licensee to be represented.

I declare under penalty of perjury that the undersigned represents a **controlling interest** of the current licensee. I additionally certify that I, as the current licensee (either the sole proprietor or the controlling interest of the currently licensed entity) have examined this application, approve of the transfer of this license, and find the information on this application to be true, correct, and complete.

tenny Pujol		Notary Public State of Florida Luz Maria Fewster
Signature of transferor		My Commission HH 395154 Expires 5/7/2027
Henry Pujol		
Printed name of transferor	Subscribed and sworn to before me this _	day of January 2024. Signature of Notary Public
	Notary Public in	and for the State of Florida.
		My commission expires: 5/7/2027
Signature of transferor		
Printed name of transferor	Subscribed and sworn to before me this	day of 20
		Signature of Notary Public
	Notary Public in	and for the State of
		My commission expires:



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Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 9 - Transferee Certifications

Read each line below, and then sign your initials in the box to the right of each statement:	Initials
I certify that all proposed licensees (as defined in AS 04.11.260) and affiliates have been listed on this application.	HP
I certify that all proposed licensees have been listed with the Division of Corporations.	HP
I certify that I understand that providing a false statement on this form or any other form provided by AMCO is grounds for rejection or denial of this application or revocation of any license issued.	HP
I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check the identification of a patron will complete an approved alcohol server education course, if required by AS 04.21.025, and, while selling or serving alcoholic beverages, will carry or have available to show a current course card or a photocopy of the card certifying completion of approved alcohol server education course, if required by 3 AAC 304.465.	HP
I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application.	HP
I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted are true and correct. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment, or documents to support this application, is sufficient grounds for denying or revoking a license/permit. I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.	HP
Notary Public State of Florida Luz Maria Fewster My Commission HH 395154 Expires 5/7/2027	D .
Henry Puyd Signature of Notary Public	
Signature of transferee	
Henry Pujol Notary Public in and for the State of + location Allocations Notary Public in and for the State of + location Notary Public in and for the State of + location Notary Public in and for the State of + location Notary Public in and for the State of + location Notary Public in and for the State of + location Notary Public in and for the State of + location Notary Public in and for the State of + location Notary Public in and for the State of + location Notary Public in and for the State of + location Notary Public in and for the State of + location Notary Public in and for the State of + location Notary Public in and for the State of + location Notary Public in and for the State of + location Notary Public in and for the State of + location Notary Public in and for the State of + location Notary Public in and the state Notary Public in and for the State Notary Public i	
Printed name My commission expires: 5	2027
Subscribed and sworn to before me this \(\frac{1}{2} \) day of \(5000000000000000000000000000000000000	20 <u>24</u> .



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Alaska Alcoholic Beverage Control Board

Form AB-02: Premises Diagram

Why is this form needed?

A detailed diagram of the proposed licensed premises is required for all alcohol license applications, per AS 04.11.260, 3 AAC 305.630 and 3 AAC 305.660. Your diagram must include dimensions and must show all entrances and boundaries of the premises, walls, bars, fixtures, and areas of storage, service, consumption, and manufacturing.

This form must be completed and submitted to AMCO's Anchorage office before any license application will be considered complete. You may attach blueprints or other detailed drawings that meet the requirements of this form.

The diagram MUST include:

- You must use a solid, contiguous red line to outline the outer perimeter of your premises with no breaks or separations.
 - o The red outline is required to follow a physical barrier (wall, fence and even across doorways).
 - There should be no red lines within the perimeter
- Each area should be clearly labeled in any color other than red where alcohol is:
 - Stored
 - Served/Sold
 - o Manufactured
 - Consumed
- All diagrams must include:
 - o Dimensions (AMCO does not accept diagrams drawn to scale)
 - o Cross streets
 - o Points of reference, such as a compass rose indicating True North
 - All entrances, exits, walls, bars, and fixtures
- If your premises include multiple floors, please include a separate diagram of each floor.
 - o You must identify the stairs between each floor, and each hallway/corridor that leads to each set of stairs.
- If your premises includes multiple floors, please include a separate diagram of each floor. You must identify the stairs between each floor, and each hallway/corridor that leads to each set of stairs.
- If your proposed premises is located within a building or building complex that contains multiple businesses and/or tenants, please provide an additional page that clearly shows the location of your proposed premises within the building or building complex, along with the addresses and/or suite numbers of the other businesses and/or tenants within the building or building complex.
- Any license applications that include outdoor space are required to submit a security plan that includes
 information about the barriers, practices, and personnel that are to be used to ensure that alcohol is not
 introduced or removed from the permitted premises and to prevent the access of alcohol by a minor during
 the permitted event. A security plan may be requested for other proposed locations on a case-by-case basis.

Section 1 - Establishment Information

Enter information for the business seeking to be licensed, as identified on the license application.

Licensee:	Royal Alaska Beverage Cruise Sales LLC	License Number:	4960
License Type:	Common Carrier Dispensary		
Doing Business As:	M/V Silver Shadow		
Premises Address:	Alaskan Waters		
City:		State:	ZIP:

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Form AB-02: Premises Diagram

Section 2 - Detailed Premises Diagram

Clearly indicate the boundaries of the premises and the proposed licensed area within that property. See above for detailed instructions.

See attached.

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