

Alcohol and Marijuana Control Office 550 W 7th Avenue, Suite 1600 MAR 0.4 202 https://www.commerce.alaska.gov/web/amco

Anchorage, AK 99501 alcohol.licensing@alaska.gov

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.

Doing Business As:	COMMON CARRIER DISPENSA Silver Wind Alaskan Waters St	ARY Statut	ory Reference:	04.09.260
Premises Address:	Alaskan Waters		\\\	
City:	St			
		ate:	ZI	P:
Local Governing Body:	N/A			
Regular transfer Transfer with security Involuntary retransfer				
	OFFICE USE OI	VLY		
Complete Date:		Transaction #: License Years:	180	780581

Examiner:

Issue Date:

DocuSign Envelope ID: D4E30292-3EBC-43C7-BAD4-9448222DD653



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Alaska Alcoholic Beverage Control Board STATE OF ALASKA

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Licensee:	Royal Alaska Beverage (Cruise Sa	ales LLC		
Doing Business As:	Silver Wind				
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				
Contact Phone:	305-539-6245	Business	Phone:	305-539-6	245
Contact Email:	hpujol@rccl.com				
	If "Yes", write your s	iv month o	nerating nerio	J 5/1	-10/31
easonal License?	Section 3 – Prem		-	4;	
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Section 4 - Sole Proprietor Ownership Information

This section must be completed by any <u>sole proprietor</u> who is applying for a license. Entities should skip to Section 5. If more space is needed, please attach a separate sheet with the required information. The following information must be completed for each licensee and each affiliate (spouse).					
This individual is an:	applicant affiliate				
Name:					
Address:	Address:				
City:		State:		ZIP:	
This individual is an: applicant affiliate					
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 <u>partner</u> with an interest of 10% or more, and for each <u>general partner</u>.

Entity Official:	Henry Pujol					
Title(s):	President	Phone:	305-539-6245	% Ow	ned:	0
Address:	1050 Caribbean W	'ay				
City:	Miami	State:	FL	ZIP:	33	132



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Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

tanding with the Alaska Division of Corporations (DOC) and have a registered agent who is an individual resident of the state Alaska. DOC Entity #: 10057402	Entity Official:	Michael Goldne	er						
Entity Official: Royal Caribbean Cruises Ltd. Title(s): Member Phone: 305-539-6000 % Owned: 100 Address: 1050 Caribbean Way City: Miami State: FL ZIP: 33132 Entity Official: Title(s): Phone: % Owned: Address: State: FL ZIP: 33132 Entity Official: Title(s): Phone: % Owned: City: State: ZIP: DOC Entity #: 10057402 AK Formed Date: 04/27/2017 Home State: FL Registered Agent: Brian Stibitz Agent's Phone: 907-222-7102 Agent's Mailing Address: 500 L. St., Ste 300 City: Anchorage State: AK ZIP: 99501	Title(s):	Manager	P	hone:	305-539-42	271	% Own	ed:	0
Entity Official: Royal Caribbean Cruises Ltd. Title(s): Member Phone: 305-539-6000 % Owned: 100 Address: 1050 Caribbean Way City: Miami State: FL ZIP: 33132 Entity Official: Title(s): Phone: % Owned: Address: City: State: ZIP: This subsection must be completed by any applicant that is a corporation or LLC. Corporations and LLCs are required to be in granding with the Alaska Division of Corporations (DOC) and have a registered agent who is an individual resident of the state Naska. DOC Entity #: 10057402 AK Formed Date: 04/27/2017 Home State: FL Registered Agent: Brian Stibitz Agent's Phone: 907-222-7102 Agent's Mailing Address: 500 L. St., Ste 300 City: Anchorage State: AK ZIP: 99501	Address:	1050 Caribbear	n Way						
Title(s): Member Phone: 305-539-6000 % Owned: 100 Address: 1050 Caribbean Way City: Miami State: FL ZIP: 33132 Entity Official: Title(s): Phone: % Owned: Address: City: State: ZIP: Title(s): State: Division of Corporations (DOC) and have a registered agent who is an individual resident of the state claska. DOC Entity #: 10057402 AK Formed Date: 04/27/2017 Home State: FL Registered Agent: Brian Stibitz Agent's Phone: 907-222-7102 Agent's Mailing Address: 500 L. St., Ste 300 City: Anchorage State: AK ZIP: 99501	City:	Miami	St	tate:	FL		ZIP:	331	32
Title(s): Member Phone: 305-539-6000 % Owned: 100 Address: 1050 Caribbean Way City: Miami State: FL ZIP: 33132 Entity Official: Title(s): Phone: % Owned: Address: City: State: ZIP: This subsection must be completed by any applicant that is a corporation or LLC. Corporations and LLCs are required to be in granding with the Alaska Division of Corporations (DOC) and have a registered agent who is an individual resident of the state claska. DOC Entity #: 10057402 AK Formed Date: 04/27/2017 Home State: FL Registered Agent: Brian Stibitz Agent's Phone: 907-222-7102 Agent's Mailing Address: 500 L. St., Ste 300 City: Anchorage State: AK ZIP: 99501	Entity Official:	Roval Caribbea	an Cruises Lt	d.					
Entity Official: Title(s): Address: City: State: FL State: Phone: State: ZIP: W Owned: ZIP: Title(s): Address: City: State: City: Attachmark	Title(s):				305-539-60	000	% Own	ed:	100
Entity Official: Title(s): Address: City: State: FL State: Phone: State: ZIP: W Owned: ZIP: Title(s): Address: City: State: City: Attachmark	Address:	1050 Caribbea	n Way						
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Agent's Mailing Address: 500 L. St., Ste 300 City: Anchorage State: AK ZIP: 99501			Si	tate:			ZIP:		
City: Anchorage State: AK ZIP: 99501	his subsection must be tanding with the Alaska Naska.	Division of Corporations (I	t that is a corporat DOC) and have a re	tion or LL egistered	agent who is an i	individual	re require resident	of the	
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Residency of Agent: Yes N	his subsection must be tanding with the Alaska Alaska. DOC Entity #: Registered Agent:	10057402 Brian Stibitz	t that is a corporat DOC) and have a re AK Formed Da	tion or LL egistered ate: 04	agent who is an i	Home !	re require resident State:	of the	
	This subsection must be a tanding with the Alaska Alaska. DOC Entity #: Registered Agent: Agent's Mailing Addi	10057402 Brian Stibitz ress: 500 L. St., Ste	t that is a corporat DOC) and have a re AK Formed Da	tion or LL egistered ate: 04	agent who is an i	Home 9	re require resident State:	FL)2	state of

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Section 6 - Other Licenses

ership and financial interest in other alcoholic beverage businesses:	Yes	N
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?	V	
"Yes", disclose which individual(s) has the financial interest, what the type of business is, and if licensed in A ense number(s) and license type(s):	Alaska, wh	ich
Royal Caribbean Cruises Ltd., as owner of Applicant, holds an interest in the following common carrier (seasonal) liquor licenses: Radiance (5576), Quantum (6059), Ovat Brilliance (6131), Serenade (5920), Eclipse (5778), Millennium (5655), Solstice (5575626), Shadow (4960), Wind (6093), Whisper (6132).	on (577	6),
Section 7 – Authorization		
nunication with AMCO staff:	Yes	
		١
Does any person other than a licensee named in this application have authority to discuss this license with AMCO staff?	V	
	✓	



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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.

Notary Public State of Florida Luz Marie Fewster
My Commission HH 395154 9 Expires 5/7/2027
2 CAPITOL STREET
Subscribed and sworn to before me this 4 day of Janan, 2014. Signature of Notary Public
Notary Public in and for the State of
My commission expires: 5 7 2527
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:



[Form AB-01] (rev 2/24/2022)

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Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 9 - Transferee Certifications

ead each line below, and then sign your initials	in the box to the right of each statement:	Initials
certify that all proposed licensees (as defined in	AS 04.11.260) and affiliates have been listed on this application.	HP
certify that all proposed licensees have been list	ted with the Division of Corporations.	HP
certify that I understand that providing a false st or rejection or denial of this application or revoc	tatement on this form or any other form provided by AMCO is grounds ation of any license issued.	HP
atron will complete an approved alcohol server erving alcoholic beverages, will carry or have ava	who sell or serve alcoholic beverages or check the identification of a education course, if required by AS 04.21.025, and, while selling or ailable to show a current course card or a photocopy of the card education course, if required by 3 AAC 304.465.	HP
agree to provide all information required by the	Alcoholic Beverage Control Board in support of this application.	HP
pplication, and I know the full content thereof. I ther documents submitted are true and correct. esponse in this application, or any attachment, o	ed and subscribing to this application and that I have read the complete I declare that all of the information contained herein, and evidence or . I understand that any falsification or misrepresentation of any item or or documents to support this application, is sufficient grounds for inderstand that it is a Class A misdemeanor under Alaska Statute	HP
1.30.210 to faisily all application and commit at	Notary Public State of Flor Luz Maria Fewster My Commission HH 395 Expires 5/7/2027	•
Henry Pyd		
ignature of transferee	Signature of Notary Public	
Henry Pujol	Notary Public in and for the State of	
rinted name	My commission expires: 5/7	12027
3	- Law	012
C. L No.	d and sworn to before me this U day of January	7.4.0



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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).
 - o 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)
 - Cross streets
 - o Points of reference, such as a compass rose indicating True North
 - o 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:	6093
License Type:	Common Carrier Dispensary		
Doing Business As:	M/V Silver Wind		
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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