Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
Anchorage, AK 99501
alcohol.licensing@alaska.gov
https://www.commerce.alaska.gov/web/amco
Phone: 907.269.0350

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STATE OF ALASKA

Alaska Alcoholic Beverage Control Board

Form AB-00: New License Application

Why is this form needed?
This application for a license is required for all individuals or entities seeking to apply for a new alcoholic beverage license. Applicants should review **Title 04** of **Alaska Statutes** and **Chapter 305** of the **Alaska Administrative Code**. All fields of this form must be completed, per AS 04.11.260 and 3 AAC 305.045.
This form must be completed and submitted to AMCO's Anchorage office, along with all other required forms and fees before any license application will be considered complete and placed in the queue for a licensing examiner review.

Section 1 – Establishment and Contact Information

Enter information for the business seeking to be licensed.

Applicant:	Alaska SB LLC				
License Type:	Restaurant Eating Place		**Statutory Reference:**		AS 04.09.210
Doing Business As:	Smashburger				
Premises Address:	1451 E Parks Highway, Suite 100				
City:	Wasilla	**State:**	Alaska	**ZIP:**	99654
Local Governing Body/Bodies:	City of Wasilla				
Community Council, (If applicable):					

Mailing Address:	3300 Arctic Blvd, Suite 201-1109				
City:	Anchorage	**State:**	AK	**ZIP:**	99503

Designated Individual with Binding Authority to apply for this License:	Gretchen Kenney		
Contact Phone:	907-223-5469	**Business Phone:**	
Contact Email:	gretchen@alaskasb.com		

Seasonal License? Yes ☐ No ☒

If "Yes", write your operating period not exceeding Six months each year: _____

OFFICE USE ONLY					
Complete Date:		*License Years:*		*License #:*	
Board Meeting Date:			*Transaction #:*		
Issue Date:			*Examiner:*		

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Section 2 – Premises Information

Premises to be licensed

☒ an existing facility ☐ a new building ☐ a proposed building

The next two questions must be completed by an applicant for a beverage dispensary or beverage dispensary tourism license and package store applicant only:

What is the distance of the shortest pedestrian route from the public entrance of the building of your proposed premises to the outer boundaries of the nearest school grounds? Include the unit of measurement in your answer.

What is the distance of the shortest pedestrian route from the public entrance of the building of your proposed premises to the public entrance of the nearest church building? Include the unit of measurement in your answer.

Section 3 – Sole Proprietor Ownership Information

This section must be completed by any sole proprietor who is applying for a license. Entities should skip to Section 4.
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:					
City:		**State:**		**ZIP:**	
Email:		**Phone Number:**			

This individual is an: ☐ applicant ☐ affiliate

Name:					
Address:					
City:		**State:**		**ZIP:**	
Email:		**Phone Number:**			

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Section 4 – Entity Ownership Information

This section must be completed by any entity, including a corporation, limited liability company (LLC), partnership, or limited partnership, that is applying for a license. Sole proprietors should skip to Section 5.
If more space is needed, please attach a separate sheet with the required information.

- If the applicant is a **corporation**, the application shall be executed by an authorized officer of the Corporation. Information must be completed below 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 **limited liability organization**, whether manager managed or member managed, the following information must be completed for each ***member with an ownership interest of 10% or more*** and for each ***manager regardless of ownership share.***
- If the applicant is a **partnership**, including a **limited partnership**, the following information must be completed for each ***partner with an interest of 10% or more***, and for each ***general partner***.
- For **any entity**, identify all affiliates for your organization as defined at 3 AAC 305.950.

Entity Official:	Keystone Holding LLC / Mark & Sandi Larson				
Title(s):	LLC Manager	**Phone:**	907-242-0697	**% Owned:**	90
Address:	Physical-33277 Keystone Drive		Mailing-same as business		
City:	Soldotna	**State:**	AK	**ZIP:**	99669
Email:	sandi@alaskasb.com				

Entity Official:	Gretchen Kenney				
Title(s):	Operations Manager	**Phone:**	907-223-5469	**% Owned:**	10
Address:	12975 Chapel Drive				
City:	Anchorage	**State:**	AK	**ZIP:**	99516
Email:	gretchen@alaskasb.com				

Entity Official:					
Title(s):		**Phone:**		**% Owned:**	
Address:					
City:		**State:**		**ZIP:**	

Entity Official:					
Title(s):		**Phone:**		**% Owned:**	
Address:					
City:		**State:**		**ZIP:**	

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This subsection must be completed by any applicant that is a corporation or LLC or who has registered as a business entity with the Division of Corporations, Business, and Professional Licensing (CBPL). Any entity registered or required to be registered with CBPL must be in good standing and have a registered agent as defined at AS 04.11.430.

CBPL Entity #:	10032526	**AK Formed Date:**	10/05/2015	**Home State:**	AK
Registered Agent:	Registered Agent Solutions Inc		**Agent's Phone:**	800-547-7007	
Agent's Mailing Address:	1400 W Benson Blvd, Suite 370				
City:	Anchorage	**State:**	AK	**ZIP:**	99503
Email:	Debbie@recordsearch.com				

	Yes	No
Does your registered agent satisfy the requirement of AS 04.11.430?	☒	☐

Section 5 – Other Licenses

Ownership and financial interest in other alcoholic beverage businesses.

	Yes	No
Does any representative or owner named 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):

Section 6 – 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 contact information for the individual, including phone number and email, and the authority for this authorization:

Sandi Larson - 907-242-0697 - sandi@alaskasb.com

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Section 7 – Attestations

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. GK

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. GK

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 305.700. GK

I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application. GK

I hereby certify that I am the person herein named and subscribing to this 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. GK

I certify that all proposed licensees have been listed with Division of Corporation, Business and Professional Licensing. GK

I certify that I and any individual identified in the business entity ownership section of this application, has or will read AS 04 and its implementing regulations. GK

Gretchen Kenney
Printed name of licensee

Gretchen Kenney
Signature of licensee