



Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

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 305 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, 3 AAC 305.045 and 3 AAC 305.060.

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.

Licensee:	Pirate Airworks, Inc.	License #:	1267		
License Type:	Beverage Dispensary - Seasonal	Statutory Reference:	04.09.200		
Doing Business As:	Yes Bay Lodge				
Premises Address:	Yes Bay				
City:	Ketchikan	State:	AK	ZIP:	99901
Local Governing Body/Bodies:	NONE Ketchikan Gateway Borough				

Transfer Type:

- Regular transfer
- Transfer with security interest
- Involuntary retransfer
- Controlling interest transfer
- Location transfer



OFFICE USE ONLY			
Complete Date:		Transaction #:	100933929
Board Meeting Date:		License Years:	
Issue Date:		Examiner:	



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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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Section 2 - Transferee Information

Enter information for the **new** applicant and/or location seeking to be licensed.

Licensee:	Alaskan Fish Pirate Outfitting LLC.				
Doing Business As:	Alaskan Fish Pirate Outfitting				
Premises Address:	No Premises				
City:	Ketchikan	State:	AK	ZIP:	99901
Community Council, (If applicable):	N/A				

Mailing Address:	P.O. Box 8660				
City:	Ketchikan	State:	AK	ZIP:	99901
Email:	khack@alaskanfpo.com	Phone:	907-617-4225		

Designated Licensee:	Kevin Hack			
Contact Phone:	907-617-4225	Business Phone:	907-617-4225	
Contact Email:	khack@alaskanfpo.com			

Seasonal License? Yes No If "Yes", write your six-month operating period: April - September

Section 3 - Premises Information

Premises to be licensed is:

- an existing facility a new building a proposed building

The next two questions must be completed by beverage dispensary (including tourism) and package store applicants 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 (Must be in feet).

No Premises

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 (Must be in feet.)

No Premises



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Section 4 – Sole Proprietor Ownership Information

This section must be completed by any sole proprietor 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:					
City:		State:		ZIP:	
Email:		Phone:			

This individual is an: applicant affiliate

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

Section 5 – 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 6.
 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:	Kevin Hack				
Title(s):	Member, Manager	Phone:	907-617-4225	% Owned:	100
Address:	P.O. Box 8660				
City:	Ketchikan	State:	AK	ZIP:	99901
Email:	khack@alaskanfpo.com	Phone:	907-617-4225		



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

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

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

This subsection must be completed by any applicant that is a corporation or LLC. Corporations and LLCs are required to be in good standing with the Alaska Division of Corporations (DOC). The registered agent is either an individual resident of the state or domestic corporation authorized to transact business in the state and whose business office is the same as the registered office.

CBPL Entity #:	66976D	AK Formed Date:	6/2/99	Home State:	AK
Registered Agent:	John Peterson		Agent's Phone:	907-225-9408	
Agent's Mailing Address:	307 Bawden St.				
City:	Ketchikan	State:	AK	ZIP:	99901
Email:	jpeterson@kpunet.net		Phone:	907-225-9408	

Residency of Agent: Yes No

Does your registered agent satisfy the requirement of AS 04.11.430?



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Anchorage, AK 99501
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Phone: 907.269.0350

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Section 6 – Other Licenses

Ownership and financial interest in other alcoholic beverage businesses:

Yes No

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):

Owns this license currently and moving to a No Premises, as well as Package Store #1268.

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:

The Law Offices of Ernouf & Coffey, P.C. is assisting with this application



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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.

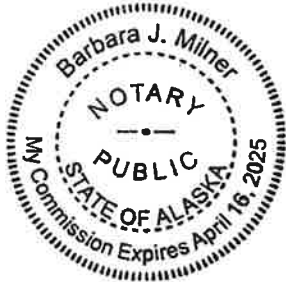
I declare under penalty of perjury that the undersigned represents a **controlling interest** of the current licensee. I additionally certify that I, as the current licensee (either the sole proprietor or the controlling interest of the currently licensed entity) have examined this application, approve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

Signature of transferor

Kevin Hack

Printed name of transferor

Subscribed and sworn to before me this 4th day of September, 20 24.



Signature of Notary Public

Notary Public in and for the State of Alaska.

My commission expires: 4/16/25

Signature of transferor

~~KEVIN HACK~~

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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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.

KH

I certify that all proposed licensees have been listed with the Division of Corporations.

KH

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.

KH

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.

KH

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

KH

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 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.

KH

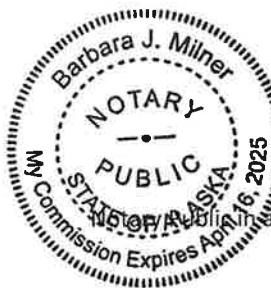
I certify that I and any individual identified in the business entity ownership section of this application, has, or will read AS 04 and its implementing regulations.

KH

Kevin Hack

Signature of transferee

Kevin Hack
Printed name



Barbara J. Milner

Signature of Notary Public

Alaska

Notary Public and for the State of

My commission expires: 4/16/25

Subscribed and sworn to before me this 4th day of September, 2024