



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

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.

Licensee:	Red Onion Saloon Inc.	License #:	1521		
License Type:	Beverage Dispensary-Seasonal	Statutory Reference:	04.09.200		
Doing Business As:	Red Onion Saloon				
Premises Address:	2nd and Broadway (201 Broadway Street)				
City:	Skagway	State:	AK	ZIP:	99840
Local Governing Body:	Skagway Borough Assembly				

Transfer Type:

- Regular transfer - controlling interest
- Transfer with security interest
- Involuntary retransfer

OFFICE USE ONLY			
Complete Date:		Transaction #:	100833965
Board Meeting Date:		License Years:	
Issue Date:		Examiner:	





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Section 2 – Transferee Information

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

Licensee:	Red Onion Saloon Inc.		
Doing Business As:	Red Onion Saloon		
Premises Address:	2nd and Broadway (201 Broadway Street)		
City:	Skagway	State:	AK ZIP: 99840
Community Council, (If applicable):	Skagway Borough Assembly		

Mailing Address:	PO Box 21082		
City:	Juneau	State:	AK ZIP: 99802
Email:	Tracy@kingcrabshack.com	Phone:	(907) 790-2722

Designated Licensee:	Tracy LaBarge		
Contact Phone:	(907) 723-2004	Business Phone:	(907) 790-2722
Contact Email:	Tracy@kingcrabshack.com		

Seasonal License? Yes No If "Yes", write your six-month operating period: 4/15-10/15

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).

3,310 Feet

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.)

1,000 Feet



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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:	

This individual is an: applicant affiliate

Name:					
Address:					
City:		State:		ZIP:	

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 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 limited liability organization, 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 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*.

Entity Official:	Tracy LaBarge				
Title(s):	President	Phone:	(907) 723-2004	% Owned:	100%
Address:	PO Box 21082				
City:	Juneau	State:	AK	ZIP:	99802





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

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

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 good standing with the Alaska Division of Corporations (DOC) and have a registered agent who is an individual resident of the state of Alaska.

DOC Entity #:	37481D	AK Formed Date:	02/07/1986	Home State:	Alaska
Registered Agent:	Tracy LaBarge		Agent's Phone:	(907) 723-2004	
Agent's Mailing Address:	PO Box 21082				
City:	Juneau	State:	AK	ZIP:	99802

Residency of Agent: Yes No

Is your corporation or LLC's registered agent an individual resident of the state of Alaska?





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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):

TCKS LLC #447 BD-Seasonal
 Genuine Ventures, LLC #4584 RE- No Premise
 Genuine Ventures, LLC #2812 RE- Seasonal

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:

Dana Louwerse - Office Admin





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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.

JL

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

JL

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.

JL

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.

JL

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

JL

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.

JL

JOSEPH TORREGROSSA
 Notary Public
 State of Alaska
 My Commission Expires Jun 6, 2027

Tracy LaBarge

Signature of transferee

Tracy LaBarge

Printed name

Joseph Torregrossa

Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: June 6, 2027

Subscribed and sworn to before me this 27th day of June, 2024.





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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.

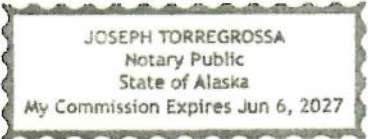
Janice Wrentmore
Signature of transferor

Janice Wrentmore

Printed name of transferor

Subscribed and sworn to before me this 27th day of June, 2024.

Joel Jonken
Signature of Notary Public



Notary Public in and for the State of Alaska

My commission expires: June 6, 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-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.
 - 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
 - Manufactured
 - Consumed
- All diagrams must include:
 - Dimensions (AMCO does not accept diagrams drawn to scale)
 - Cross streets
 - 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.
 - 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:	Red Onion Saloon Inc.	License Number:	1521
License Type:	Beverage Dispensary -Seasonal		
Doing Business As:	Red Onion Saloon		
Premises Address:	2nd and Broadway (201 Broadway Street)		
City:	Skagway	State:	AK
		ZIP:	99840

rev 12/12/2023

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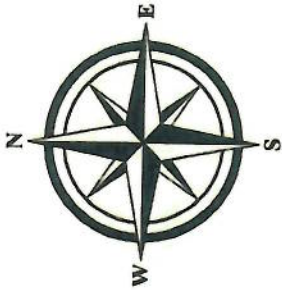
Alaska Alcoholic Beverage Control Board
Form AB-02: Premises Diagram

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 ATTACHEMENTS

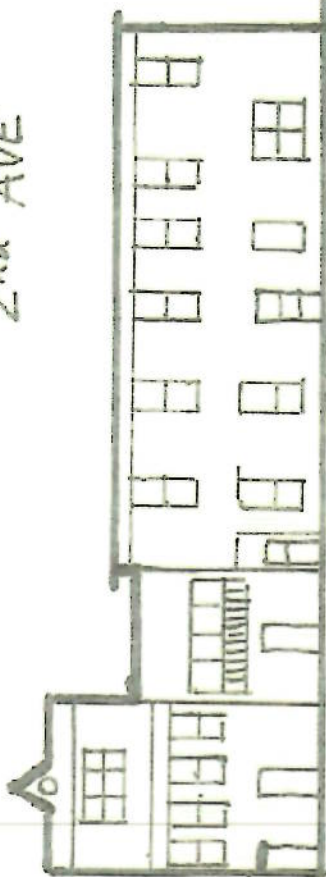




Broadway



2ND AVE



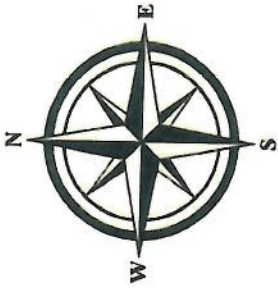
2nd AVE elevation

LOT PLAN
(NEW EXTENDED PREMISES)

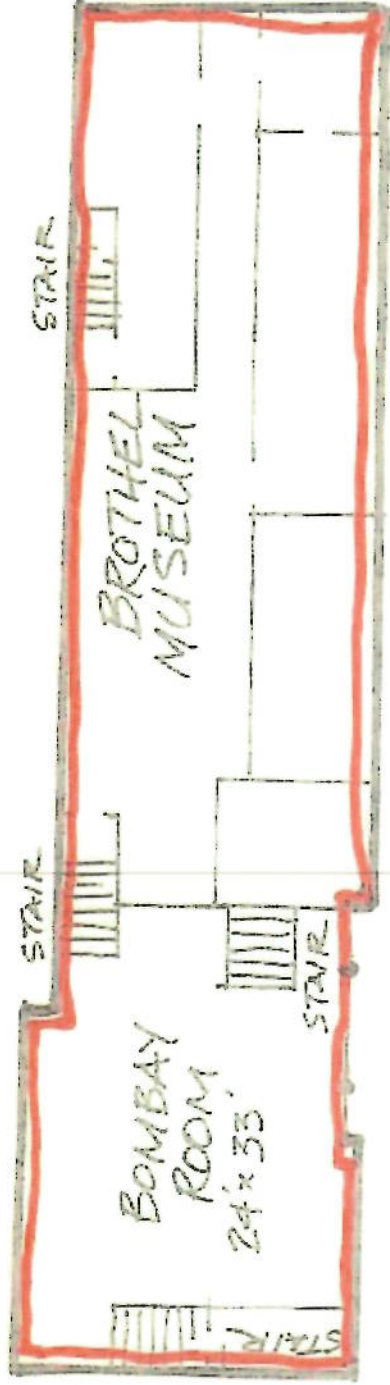
RECEIVED

AUG 02 2024

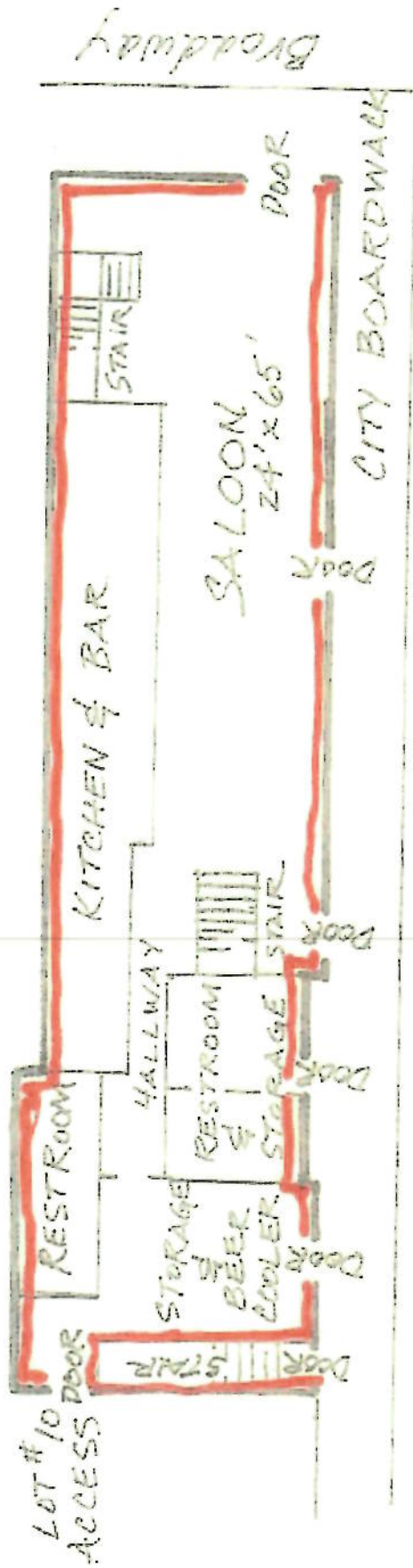
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA



FLOOR PLANS



SECOND FLOOR



2nd AVE

GROUND FLOOR

RECEIVED

AUG 02 2024

ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

Security Plan for Red Onion Courtyard (Outdoor Seating Area)

The Courtyard is located on 2nd Avenue on the back (West side) of the Red Onion Historic Building. It is surrounded by a fence which varies from six feet to eight feet in height. There is signage at all entrances and no drinks are permitted in or out of the Courtyard. A TAPS certified and trained server or bartender is always present in the Courtyard when it is open for business. Alcoholic beverages are served from a small vintage food truck where only staff have access. Servers and bartenders request a legal form of identification when customers order a beer, wine or liquor. The premises diagram attached to this application shows the location of the Courtyard, the fence and the gates.

