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https://www.commerce.alaska.gov/web/amco Phone: 907.269.0350

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 – Transfero	or Information		
Enter information for the <i>cu</i>	rrent licensee and licensed establishment.	<u> </u>	,	
Licensee:		License #:		
License Type: Statutory Reference:				
Doing Business As:				
Premises Address:				
City:	Sta	ite:	ZIP:	
Local Governing Body/Bodies:				
Transfer Type: Regular transfer Transfer with securi Involuntary retrans Controlling interest Location transfer	ifer			
	OFFICE USE ON	ILY		
Complete Date:		Transaction #:		
Board Meeting Date:		License Years:		
Janua Data		Francis on:		



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	Section 2 – Trans	feree Inf	ormation			
Enter information for the <i>new</i>	v applicant and/or location seeking to b	oe licensed.				
Licensee:						
Doing Business As:						
Premises Address:						
City:		State:		Z	IP:	
Community Council, (If applicable):					1	
Mailing Address:						
City:		State:		Z	IP:	
Email:		Phone:		I		
Designated Licenses						
Designated Licensee: Contact Phone:		Business	Dhana.			
Contact Email:		Business Phone:				
Yes Seasonal License?	No If "Yes", write your s	ix-month op	erating period	l:		
	Section 3 – Prem	ises Info	rmation			
Premises to be licensed is:						
an existing facility	a new building	a propose	d building			
The next two questions must	t be completed by <u>beverage dispensar</u>	— y (including to	ourism) and pac	kage store app	olicants	s only:
	ne shortest pedestrian route from the the nearest school grounds? Include t	•		•		
			,			
	ne shortest pedestrian route from the					
the public entrance of the	e nearest church building? Include th	e unit of mea	surement in yo	ur answer (Mı	ust be	in feet.)



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	Section 4 -	- Sole Propriet	or Owne	rship Information	1	
This section must be comp If more space is needed, p The following information r	lease attach a se	eparate sheet with the	required info	rmation.	o Section	5.
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	on 5 – Entity O	wnership	Information		
must be completed be president, vice-preside If the applicant is a lim information must be conversed in the applicant is a parawith an interest of 10. For any entity, identifications	ng for a license. lease attach a seperation, the appletow for each stoent, secretary, and ited liability organism share. Thership, including or more, and for more, and for more, and for more.	Sole proprietors should parate sheet with the replication shall be executed by the should be executed by the shall be	d skip to Secti equired informated by an aut 1% or more of mager manage vnership interes ip, the followinger.	ion 6. nation. horized officer of the Corp the stock in the corporation d or member managed, the est of 10% or more and for any information must be cor	oration. In on, and for e followin r each <i>ma</i>	nformation r each ng nager
Entity Official:						

State:

Phone:

% Owned:

ZIP:

Title(s):

Address:

City:

Email:



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Registered Agent: Agent's Mailing Address City: Email: Residency of Agent:		State:			ZIP:		Yes	No
Registered Agent: Agent's Mailing Address City:		State:			ZIP:			
Registered Agent: Agent's Mailing Address	··	State:			ZIP:			
Registered Agent:	*•							
			•					
				Agent's Phone:				
CBPL Entity #:		AK Formed	Date:		Home	State:		
This subsection must be com standing with the Alaska Div domestic corporation autho	rision of Corporations ([DOC). The regist	tered ager	nt is either an indiv	idual resi	dent of th	e state	e or
Email:			Phone:					
City:			State:			ZIP:		
Address:								
Title(s):						% Own	ed:	
Entity Official:								
Email:			Phone:					
City:			State:			ZIP:		
Address:				1	ı	ı		
Title(s):						% Own	ed:	
Entity Official:								
Emaii:			Phone:					
City: Email:			State:			ZIP:		
						1		
Address:						% Own	ed:	
Title(s): Address:								



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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 Ala license number(s) and license type(s):	ska, whic	ch
Caption 7 Authorization		
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:		



Alcohol and Marijuana Control Office 550 W 7th Avenue, Suite 1600 Anchorage, AK 99501 <u>alcohol.licensing@alaska.gov</u>

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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. Erica Neland Printed name of transferor Subscribed and sworn to before me this 97th day of DECEMBER **ADAM STOVER Notary Public** Signature of Notary Public State of Alaska My Commission Expires Mar 6, 2028 Notary Public in and for the State of ____ My commission expires: MHRCH 6+# 2028 Signature of transferor Printed name of transferor Subscribed and sworn to before me this _____day of ___

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 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

Jason Herndon

Printed Warnel Setzansferor

Subscribed and sworn to before me this 10 thay of

Notary Public in and for the State of

My commission expires:

Amanda Herndon

Printed name of transferor

Subscribed and sworn to before me this |

Signature of Notary Public

Notary Public in and for the State of

My commission expires:



Alcohol and Marijuana Control Office 550 W 7th Avenue, Suite 1600 Anchorage, AK 99501 alcohol.licensing@alaska.gov

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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.



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



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.



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.



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



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.



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.



Signature of Notary Public

John Neland

ADAM STOVER **Notary Public** State of Alaska

My Commission Expires Mar 6, 2028

Notary Public in and for the State of ____

My commission expires: MARCH 6

bscribed and sworn to before me this

9TH day of DECEMBER



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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).
 - 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:	License	Number:		
License Type:				
Doing Business As:				
Premises Address:				
City:	State:		ZIP:	

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Form AB-02: Premises Diagram

Section 2 - Detailed Premises Diagram

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

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