



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:	American Cruise Lines, Inc.	License #:	6123		
License Type:	Common Carrier Dispensary	Statutory Reference:	AS 04.09.260		
Doing Business As:	American Constellation (USCG 1273676)				
Premises Address:	Alaska Waters				
City:	N/A	State:	N/A	ZIP:	N/A
Local Governing Body/Bodies:	None				

Transfer Type:

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

OFFICE USE ONLY

Complete Date:		Transaction #:	
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:	American Cruise Lines, Inc.				
Doing Business As:	American Constellation (USCG 1273676)				
Premises Address:	Alaska Waters				
City:	N/A	State:	N/A	ZIP:	N/A
Community Council, (If applicable):	None				

Mailing Address:	741 Boston Post Road, Suite 200				
City:	Guilford	State:	CT	ZIP:	06437
Email:	renner@americancruiselines.com	Phone:	203-453-6800		

Designated Licensee:	Susan K. Renner			
Contact Phone:	203-453-6800	Business Phone:	203-453-6800	
Contact Email:	renner@americancruiselines.com			

Seasonal License? Yes No If "Yes", write your six-month operating period: 5/1 - 10/31

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).

N/A

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.)

N/A



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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:	Fleet Blue, Inc.				
Title(s):	Shareholder	Phone:	203-453-6800	% Owned:	100%
Address:	741 Boston Post Road, Suite 200				
City:	Guilford	State:	CT	ZIP:	06437
Email:	renner@americancruiselines.com	Phone:			



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Entity Official:	Charles B. Robertson				
Title(s):	President, Director	Phone:	203-453-6800	% Owned:	0
Address:	741 Boston Post Rd., Suite 200				
City:	Guilford	State:	CT	ZIP:	06437
Email:	cbrobertson@americancruiselines.com	Phone:			

Entity Official:	Susan K. Renner				
Title(s):	Director, Secretary, Treasurer	Phone:	203-453-6800	% Owned:	0
Address:	741 Boston Post Rd., Suite 200				
City:	Guilford	State:	CT	ZIP:	06437
Email:	renner@americancruiselines.com	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 #:	10004241	AK Formed Date:	04/04/2012	Home State:	DE
Registered Agent:	Tonya Tisher	Agent's Phone:			
Agent's Mailing Address:	c/o Reliable Transfer, 8718 Mallard St.				
City:	Juneau	State:	AK	ZIP:	99801
Email:	tonya@reliabletransfer.com	Phone:	907-789-1490		

Residency of Agent: **Alaska** Yes No

Does your registered agent satisfy the requirement of AS 04.11.430?



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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):

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:

Jessica Brown - Partner with Holland & Knight, LLP as liquor counsel

jessica.brown@hklaw.com

415-216-6643



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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.

Susan K Renner
Signature of transferor

SUSAN K RENNER
Printed name of transferor

Subscribed and sworn to before me this 20 day of September, 2024.

[Signature]
Signature of Notary Public

Notary Public in and for the State of CT

My commission expires: 04/28/2025

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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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.

Initials box with signature

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

Initials box with signature

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.

Initials box with signature

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.

Initials box with signature

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

Initials box with signature

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.

Initials box with signature

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.

Initials box with signature

Susan K Renner
Signature of transferee

SUSAN K RENNER
Printed name

[Signature]
Signature of Notary Public

Notary Public in and for the State of CT

My commission expires: 02/28/2025

Subscribed and sworn to before me this 20 day of September, 2024.



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

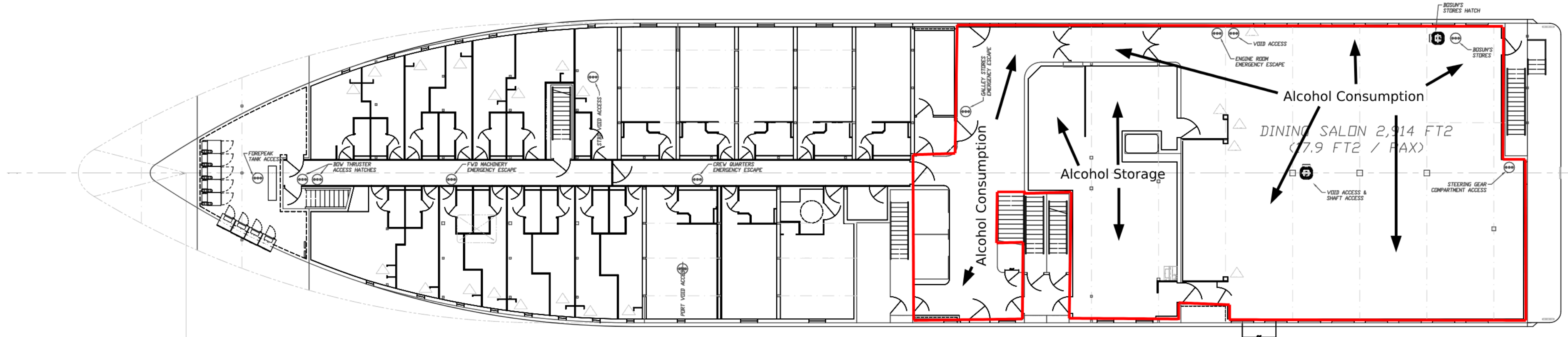


Alaska Alcoholic Beverage Control Board
Form AB-02: Premises Diagram

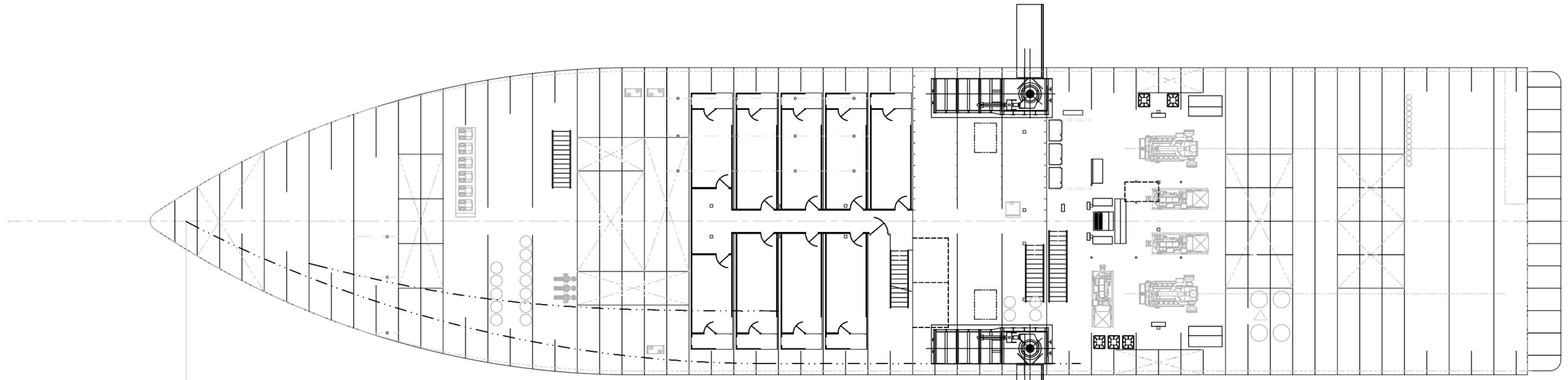
Section 2 – Detailed Premises Diagram

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

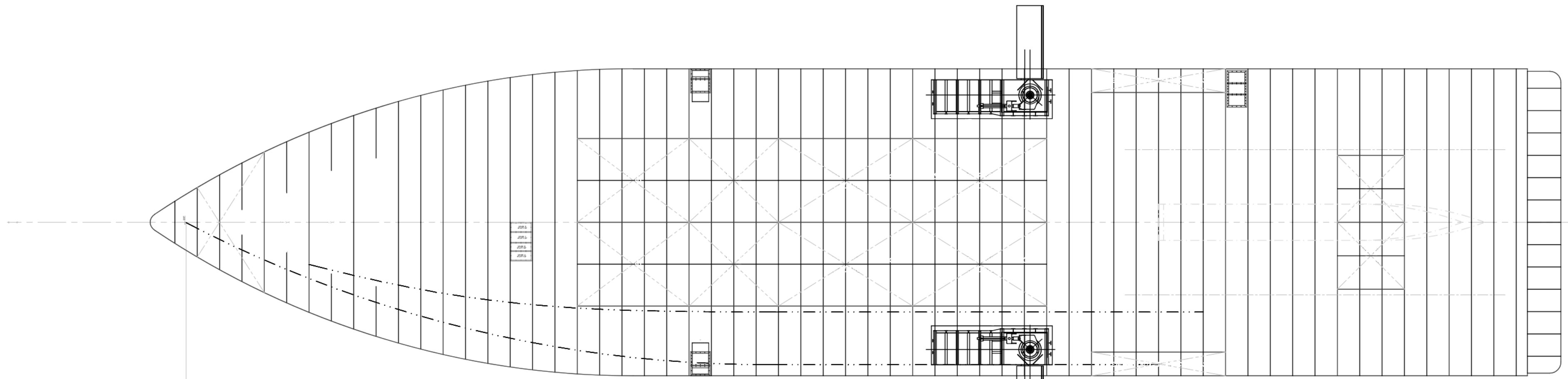
A large, empty rectangular box with a thick black border, intended for the user to draw a detailed premises diagram. The box is currently blank.



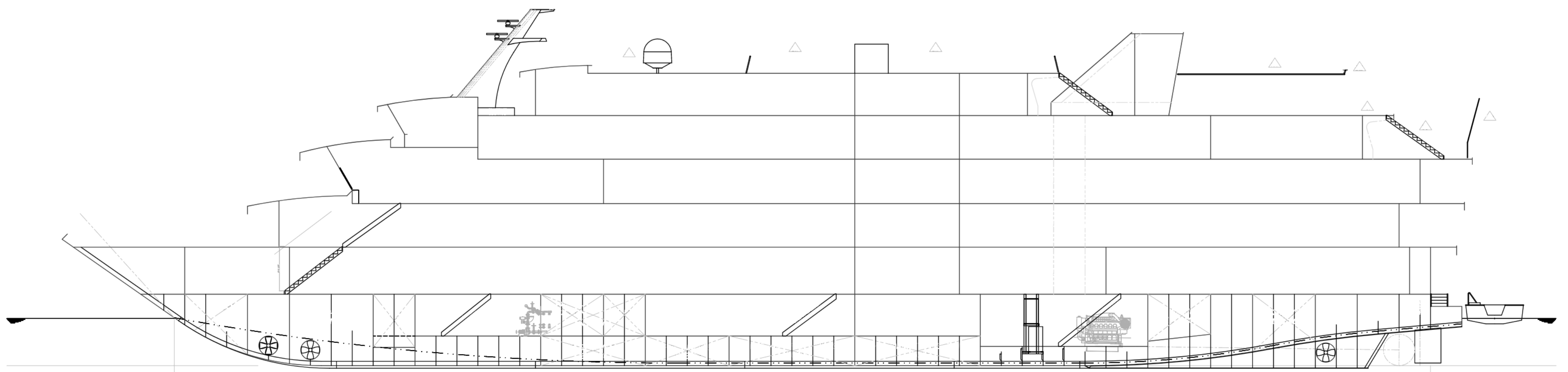
MAIN DECK PLAN



HOLD DECK PLAN



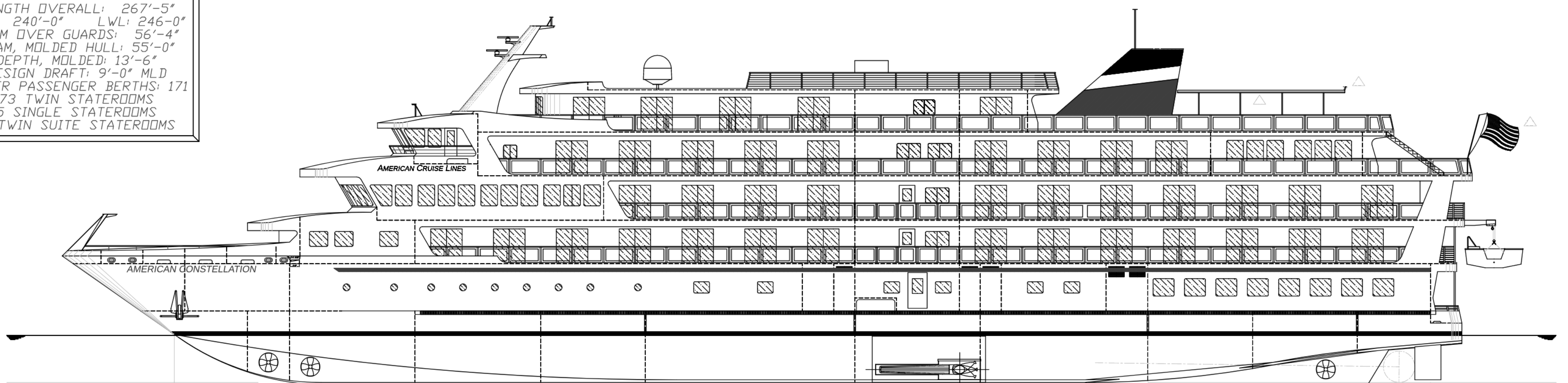
TANK TOP PLAN



INBOARD PROFILE

APPROXIMATE
PRINCIPAL DIMENSIONS

LENGTH OVERALL: 267'-5"
 LBP: 240'-0" LWL: 246'-0"
 BEAM OVER GUARDS: 56'-4"
 BEAM, MOLDED HULL: 55'-0"
 DEPTH, MOLDED: 13'-6"
 DESIGN DRAFT: 9'-0" MLD
 LOWER PASSENGER BERTHS: 171
 73 TWIN STATEROOMS
 5 SINGLE STATEROOMS
 11 TWIN SUITE STATEROOMS



OUTBOARD PROFILE

CHESAPEAKE SHIPBUILDING CORP
 710 FITZWATER STREET
 SALISBURY, MD 21801
 1-410-742-4900
 1-410-742-3689 FAX

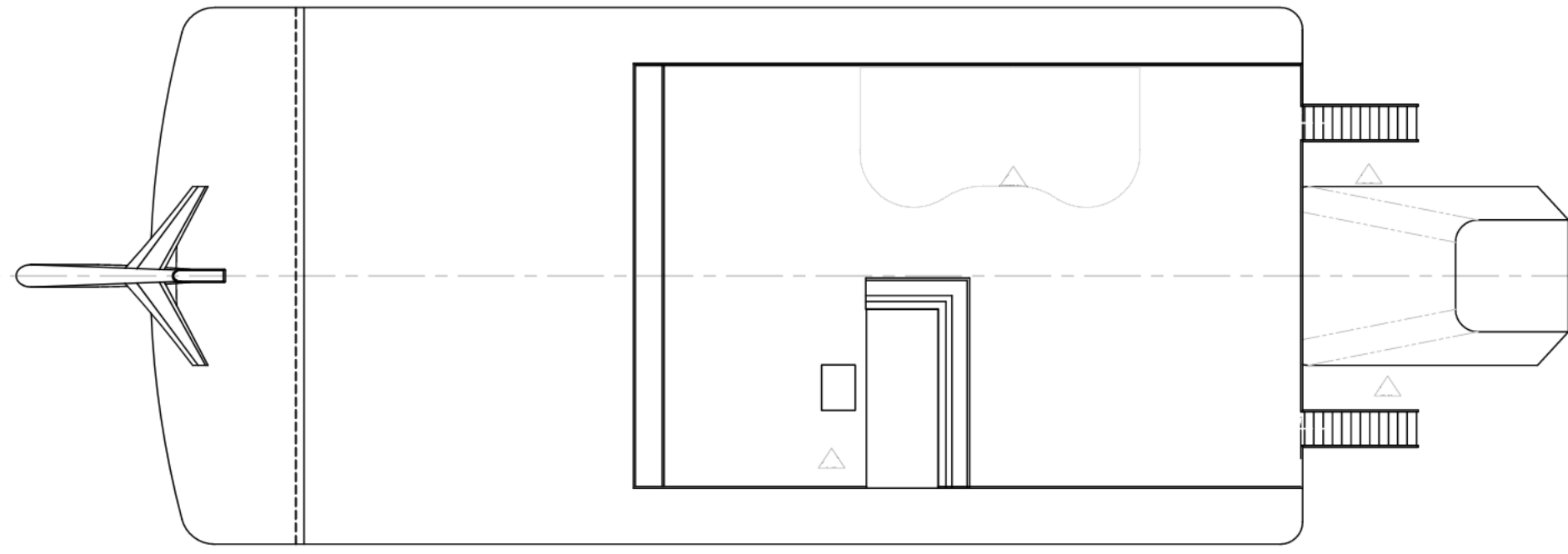
GENERAL ARRANGEMENTS
 PROFILES & LOWER
 DECK PLANS

HULL #119 268 FT LOA
 COASTAL CRUISE VESSEL
 DRAWN BY: JW/BH/PG 3/7/2017
 CHECKED BY: _____ REV #: 52
 APPROVED BY: _____

DWG #: CS-H119-PLAMCO Received 12/4/2024

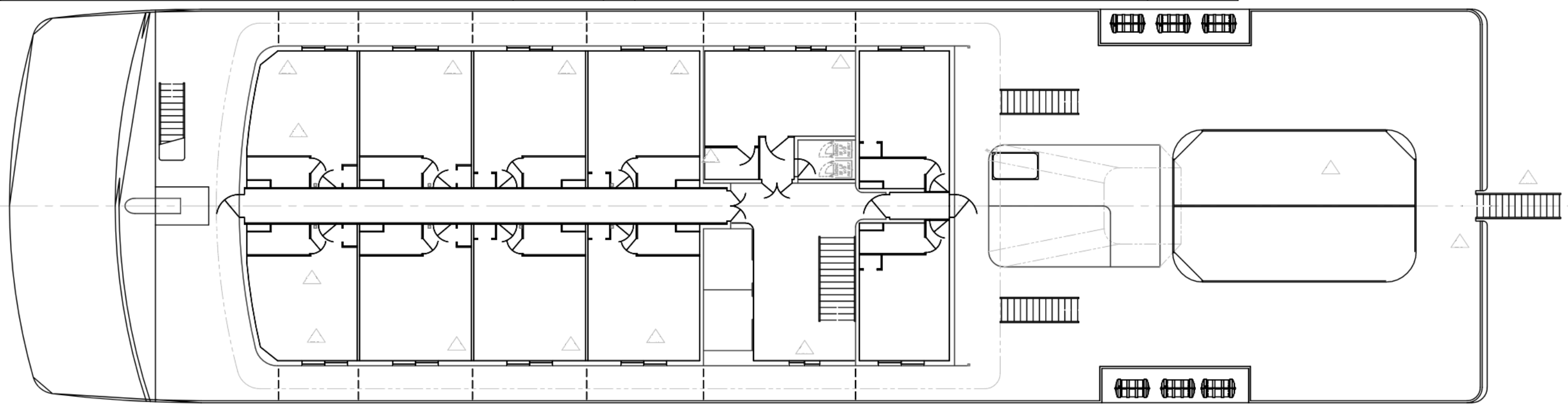
MARCH 7, 2017
 REVISION 52

#	REVISIONS	DATE	#	REVISIONS	DATE	#	REVISIONS	DATE	#	REVISIONS	DATE

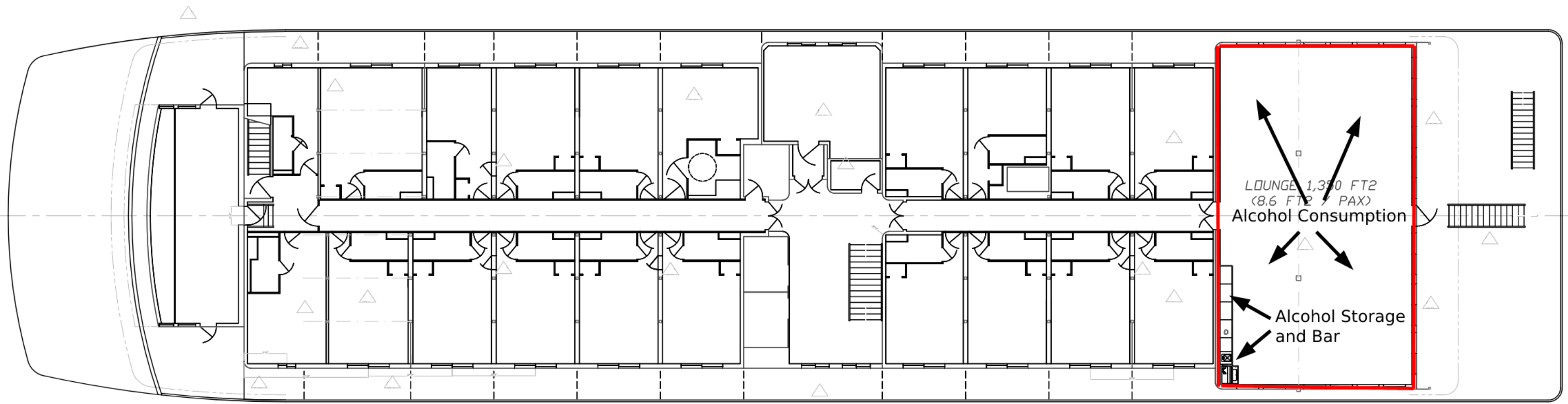


6TH DECK PLAN

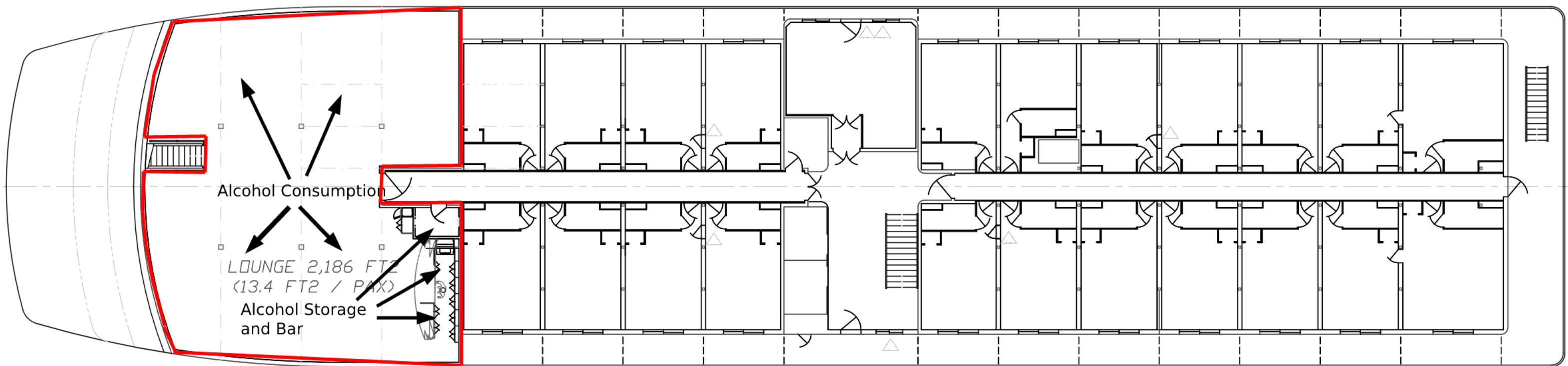
#	REVISIONS	DATE	#	REVISIONS	DATE	#	REVISIONS	DATE	#	REVISIONS	DATE



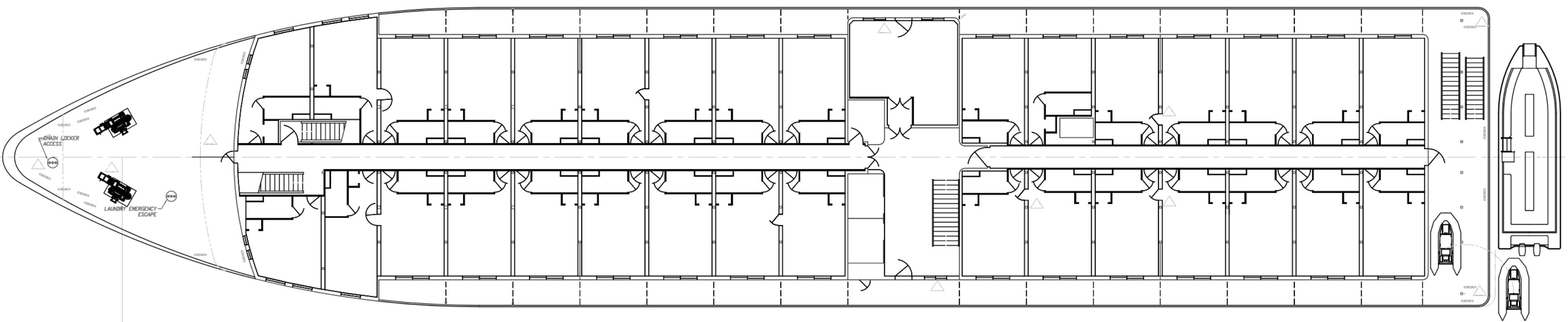
5TH DECK PLAN



4TH DECK PLAN



3RD DECK PLAN



2ND DECK PLAN

CHESAPEAKE SHIPBUILDING CORP
710 FITZWATER STREET
SALISBURY, MD 21803
1-410-742-4900
1-410-742-3689 FAX
PROPRIETARY RIGHTS

GENERAL ARRANGEMENTS
UPPER DECK PLANS

HULL #119 268 FT LOA
COASTAL CRUISE VESSEL
DRAWN BY: JW/BH/PG DATE: 03/07/2017
CHECKED BY: _____ REV #: 52
APPROVED BY: _____

MARCH 7, 2017
REVISION 52