



**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.**

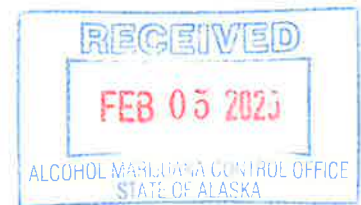
**Section 1 – Transferor Information**

Enter information for the **current** licensee and licensed establishment.

<b>Licensee:</b>	Carnival License Holdings Limited	<b>License #:</b> 5864	
<b>License Type:</b>	Common Carrier Dispensary License (CCDL)	<b>Statutory Reference:</b>	AS 04.09.260
<b>Doing Business As:</b>	Carnival Miracle		
<b>Premises Address:</b>	Alaskan Waters		
<b>City:</b>	Alaskan Waters	<b>State:</b> AK	<b>ZIP:</b>
<b>Local Governing Body/Bodies:</b>	Alaskan Waters/ Other (Common Carrier)		

**Transfer Type:**

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



**OFFICE USE ONLY**

<b>Complete Date:</b>		<b>Transaction #:</b>	
<b>Board Meeting Date:</b>		<b>License Years:</b>	
<b>Issue Date:</b>		<b>Examiner:</b>	



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**Section 2 – Transferee Information**

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

<b>Licensee:</b>	Carnival License Holdings Limited			
<b>Doing Business As:</b>	Carnival Legend			
<b>Premises Address:</b>	Alaskan Waters			
<b>City:</b>	Alaskan Waters	<b>State:</b>	AK	<b>ZIP:</b>
<b>Community Council, (If applicable):</b>	Alaskan Waters/ Other (Common Carrier)			

<b>Mailing Address:</b>	333 SE 2nd Ave. Ste. 3200			
<b>City:</b>	Miami	<b>State:</b>	FL	<b>ZIP:</b> 33131
<b>Email:</b>	lauren.voke@gray-robinson.com	<b>Phone:</b>	(305) 420-3943	

<b>Designated Licensee:</b>	Enrique A. Miguez			
<b>Contact Phone:</b>	(206) 626-7069	<b>Business Phone:</b>	(305) 420-3943	
<b>Contact Email:</b>	lauren.voke@gray-robinson.com			

Seasonal License?     Yes     No    If "Yes", write your six-month operating period: 5/01 - 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:	N/A				
Address:	N/A				
City:	N/A	State:	N/A	ZIP:	N/A
Email:	N/A	Phone:	N/A		

This individual is an:  applicant  affiliate

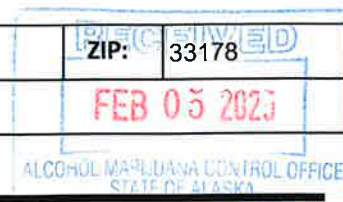
Name:					
Address:					
City:		State:		ZIP:	
Email:		Phone:			

**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:	Carnival Bahamas Holdings Limited				
Title(s):	Stockholder	Phone:	(661) 753-0000	% Owned:	100
Address:	3655 NW 8th Avenue				
City:	Miami	State:	FL	ZIP:	33178
Email:	lauren.voke@gray-robinson.com	Phone:	(305) 559-2600		





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<b>Entity Official:</b>	Enrique A. Miguez			
<b>Title(s):</b>	Secretary/ Director	<b>Phone:</b>	(305) 406-4748	<b>% Owned:</b> 0
<b>Address:</b>	3655 NW 8th Avenue			
<b>City:</b>	Miami	<b>State:</b>	FL	<b>ZIP:</b> 33178
<b>Email:</b>		<b>Phone:</b>		

<b>Entity Official:</b>	Richard M. Morse			
<b>Title(s):</b>	Vice President/ Director	<b>Phone:</b>	(443) 677-1362	<b>% Owned:</b> 0
<b>Address:</b>	3655 NW 8th Avenue			
<b>City:</b>	Miami	<b>State:</b>	FL	<b>ZIP:</b> 33178
<b>Email:</b>		<b>Phone:</b>		

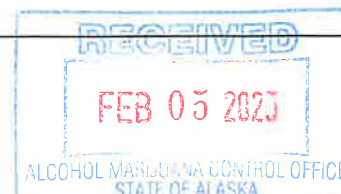
<b>Entity Official:</b>				
<b>Title(s):</b>		<b>Phone:</b>		<b>% Owned:</b>
<b>Address:</b>				
<b>City:</b>		<b>State:</b>		<b>ZIP:</b>
<b>Email:</b>		<b>Phone:</b>		

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.

<b>CBPL Entity #:</b>	135215	<b>AK Formed Date:</b>	4/26/2011	<b>Home State:</b>	Bermuda
<b>Registered Agent:</b>	Ralph Samuels	<b>Agent's Phone:</b>	(907) 264-8027		
<b>Agent's Mailing Address:</b>	11404 Discovery Park Drive				
<b>City:</b>	Anchorage	<b>State:</b>	AK	<b>ZIP:</b>	99515
<b>Email:</b>	rsamuels@hagroup.com	<b>Phone:</b>			

Residency of Agent: Yes    No

Does your registered agent satisfy the requirement of AS 04.11.430?





Alaska Alcoholic Beverage Control Board

# Form AB-01: Transfer License Application

## 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):

All disclosed are associated with other cruise ships operated by Carnival License Holdings Limited Common Carrier Licenses 5864, 6049, 6104.

## 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:

Lauren Voke, Attorney  
Brandon Meadows, License Specialist



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

Enrique A. Miguez

Printed name of transferor

Subscribed and sworn to before me this 26 day of NOVEMBER, 2024.

Signature of Notary Public

Notary Public in and for the State of FLORIDA



Maria Laura Sanchez

Comm.: HM 535407

Expires: Jun. 5, 2028

Notary Public - State of Florida

Commission expires: JUNE 5, 2028

N/A

Signature of transferor

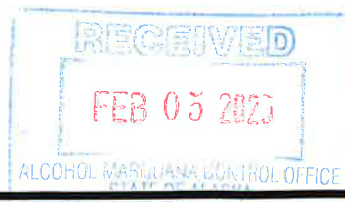
Printed name of transferor

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: \_\_\_\_\_.





Alaska Alcoholic Beverage Control Board

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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.

*EM*

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

*EM*

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.

*EM*

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.

*EM*

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

*EM*

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.

*EM*

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.

*EM*

*EM*

Signature of transferee

Enrique A. Miguez

Printed name

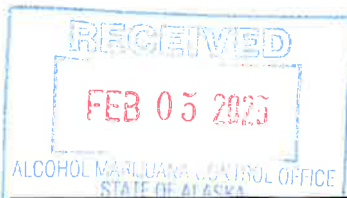
*Mavis Laine Sanchez*

Signature of Notary Public

Notary Public in and for the State of FLORIDA

My commission expires: JUNE 5, 2028

Subscribed and sworn to before me this 26 day of NOVEMBER, 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.

<b>Licensee:</b>	Carnival License Holdings Limited	<b>License Number:</b>	5864		
<b>License Type:</b>	Common Carrier Dispensary License (CCDL)				
<b>Doing Business As:</b>	Carnival Legend				
<b>Premises Address:</b>	Alaskan Waters				
<b>City:</b>	Alaskan Waters	<b>State:</b>	AK	<b>ZIP:</b>	

RECEIVED  
 FEB 05 2023  
 ALCOHOL & MARIJUANA CONTROL OFFICE  
 STATE OF ALASKA





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

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**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.

Refer to attached Deck Plans



**ACCOMMODATIONS SYMBOL LEGEND**

- \* 2 Twin Beds (convert to King) and Single Solo Bed
- 2 Twin Beds (convert to King) and 1 Upper Pullman
- † 2 Twin Beds (convert to King) and 2 Upper Pullmans
- ‡ 2 Twin Beds (convert to King) and Double Sofa Bed

- 2 Twin Beds (convert to King), Single Sofa Bed and 1 Upper Pullman
- ◁ Connecting staterooms (ideal for families and groups of friends)
- U Unisex Wheelchair Accessible Restroom

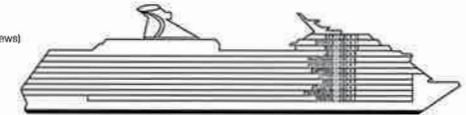
- ☒ Staterooms with Picture Window instead of French Door, 4202, 4203, 4206, 4207.
- 🚭 All accommodations are non-smoking.

Accessible staterooms are available for guests with disabilities. Please contact Guest Access Services at 1-800-438-6744 ext. 70025 for details, or visit <http://www.carnival.com/about/carnival/social-needs.aspx>.

**CATEGORIES**

- ☐ Interior
- ☐ Interior with Window (obstructed views)
- ☐ Ocean View
- ☐ Balcony (obstructed views)
- ☐ Balcony
- ☐ Extended Balcony
- ☐ All-View Extended Balcony

- ☐ Premium Balcony (obstructed views)
- ☐ Premium Balcony
- ☐ Junior Suite
- ☐ Ocean Suite
- ☐ Vista Suite
- ☐ Grand Suite



Gross Tonnage: 68,500 Length: 963 Feet Beam: 106 Feet  
 Cruising Speed: 22 Knots Guest Capacity: 2,124 (Double Occupancy)  
 Total Staff: 930 Registry: Malta

