

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-00: New License Application

What is this form?

This new license application form is required for all individuals or entities seeking to apply for a new 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 and 3 AAC 304.105.

This form must be completed and submitted to AMCO's main office, along with all other required forms and documents, before any license application will be considered complete.

Section 1 - Establishment and Contact Information

Enter information for the l	ousiness seeking to be licensed. W	ITCH	Morne	DAIN/C	VITTI	teglenche	
Licensee:	Chessa Brooke Stev			LILER			
License Type:	Brewery	/_	Statutory Reference:			04.11.130	
Doing Business As:	Witch Kitchen LLC	-ETW	ITCHES	THES BLEW"			
Premises Address:	201 Breakwater						
City:	Cordova	State:	AK		ZIP:	99574	
Local Governing Body:	City of Cordova						
Community Council:	Cordova Community	Counc	it N	ONE			
						199199778	
Mailing Address:	P.O. Box 2273						
City:	Cordova	State:	AK	K ZIP:		99574	
Designated Licensee:	Chessa Brooke Stew	vart					
Contact Phone:	310-702-24245	Business	Phone:	907-4	129-6	3060	
Contact Email:	wtchmtm@gmail.con	n					
Yes sonal License?	No If "Yes", write your s		perating per	riod:			
		JSE ONLY					
omplete Date:	11/19/2/ License Years:			License		6005	
pard Meeting Date:	1118/22	Trans	saction #:	100	8594	448028591	
sue Date:		BRE:		CC			
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Alaska Alcoholic Beverage Control Board

Alcohol and Marijuana Control Office \$50 W 7th Avenue, Suite 1600 Anchorage, AK 99501 <u>alcohol.licensing@alaska.gov</u> <u>https://www.commerce.alaska.gov/web/amco</u> Phone: 907.269.0350

Form AB-00: New License Application

NAME AND PARTY OF THE PARTY OF	Section 2 - Premises Inform	ation
Premises to be licensed is:		
an existing facility	a new building a proposed bui	lding
he next two questions must be co	mpleted by <u>beverage dispensary</u> (including touris	sm) and <u>package store</u> applicants only:
What is the distance of the short the outer boundaries of the near	test pedestrian route from the public entrance of rest school grounds? Include the unit of measure	f the building of your proposed premises to ment in your answer.
	blocks	
What is the distance of the short the public entrance of the neares	est pedestrian route from the public entrance of st church building? Include the unit of measurem	the building of your proposed premises to ent in your answer.
4	blocks	
Section	n 3 – Sole Proprietor Ownershi	n Information
section must be completed by a	ny sole proprietor who is applying for a license.	Entities should skip to Section 4
following information must be co	ny <u>sole proprietor</u> who is applying for a license. the a separate sheet with the required information mpleted for each licensee and each affiliate (sport	n.
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[Form AB-00] (rev 10/10/2016)



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Section 4 - 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 5.

If more space is needed, please attach a separate sheet with the required information.

- If the applicant is a <u>corporation</u>, the following information must be completed for each <u>stockholder</u> who owns 10% or more of the stock in the corporation, and for each <u>president</u>, vice-president, secretary, and <u>managing officer</u>.
- If the applicant is a <u>limited liability organization</u>, the following information must be completed for each <u>member with an</u> ownership interest of 10% or more, and for each <u>manager</u>.

 If the applicant is a pa with an interest of 10. 	rtnership, including a limited partnersh % or more, and for each general partne	r. ,	/i	completed for each partner
Entity Official:	Witch MountA	N/11	ITTEH KATC	HEN LLC
Title(s):	Witch Mount A Manager, Member	2 Phone:	316 702	% Owned: /00
Address:	201 BreakwAT	FR	AVE	
City:	CORDOVA	State:	AX	ZIP: 99574
		/	SERVICE SERVICE	
Entity Official:	CHESSA BROOLE	STEU	MANT	
Title(s):	Apriliace/	Phone:	310 702	* Owned:
Address:	Po Box/227	3	4101	
City:	Corpora	State:	AIR	
Entity Official:		100		
Title(s):		Phone:		
Address:				
City:		State:		
		Manager 1		
Entity Official:				
Title(s):				
Address:				
City:				
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ALCOHOL MARGONIA CONTROL OFFICE STATE OF ALASKA

NOV 17 2051 NOV 17 2051 ANCOHOL MANULANA CUNTROL OFFICE



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This subsection must be completed by any applicant that is a corporation or LLC. Corporation standing with the Alaska Division of Corporations (DOC) and have a registered agent who is Alaska. DOC Entity 8: Registered Agent: Agent's Mailing Address: DOC Entity 8: Agent's Mailing Address:	Home!	resident of the stat	good e of
Registered Agent: CHESTA Brooke Standard Agent's Phone Agent's Mailing Address: City: AK Formed Date: A	Home!		
Agent's Mailing Address: PO BOX # 22 73	-	State: A	
Agent's Mailing Address: PO BOX #22 73	ie: Zin	AK	
	1270	702-247	24
CEY DOY A State: AK	1		
Residency of Agent:	ZIP:	1995	74
		(Yes)	No
Is your corporation or LLC's registered agent an individual resident of the state of Alaska			
		L	
Section 5 - Other Licenses			
Ownership and financial interest in other alcoholic beverage businesses:			
Does any representative or owner named in this application			
Does any representative or owner named in this application have any direct or indirect fire any other alcoholic beverage business that does business in or is licensed in Alaska?	rancial Interes		
increase in Alaske?			
If "Yes", disclose which individual(s) has the financial interest, what the type of business is license number(s) and license type(s):			
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Does any person other than a licensee named in the spoke-stop have authorize to disease. AMCO staff?			
Does any person other than a licensee named in this application person authorise to its AMCO staff?			
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Alaska Alcoholic Beverage Control Board

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Section 7 - Certifications

Form AB-00: New License Application

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.	cs
I certify that all proposed licensees have been listed with the Division of Corporations.	R
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.	8
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.	B
I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application.	OBS
As an applicant for a liquor license, I declare under penalty of perjury that I have read and am familiar with AS 04 and 3 AAC 3 chat this application, including all accompanying schedules and statements, is true, correct, and complete. Signature of licensee Signature of Notary Public A Color of Notary Public in and for the State of My commission expires: My commission expires:	04, and
Subscribed and sworm to before me this 27 day of September	20 <u>21</u> .



Alaska Alcoholic Beverage Control Board

Form AB-02: Premises Diagram

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

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

What is this form?

A detailed diagram of the proposed licensed premises is required for all liquor license applications, per AS 04.11.260 and 3 AAC 304.185. Your diagram must include dimensions and must show all entrances and boundaries of the premises, walls, bars, 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.

The <u>second page</u> of this form is not required. Blueprints, CAD drawings, or other clearly drawn and marked diagrams may be submitted in lieu of the second page of this form. The first page must still be completed, attached to, and submitted with any for your premises diagram is needed.

This form must be completed and submitted to AMCO's main office before any license application will be considered complete.

	Yes	No
I have attached blueprints, CAD drawings, or other supporting documents in addition to, or in lieu of, the second page of this form.	d	

Section 1 - Establishment Information

Enter information for the	business seeking to be licensed, as identified on the licen WITCH MUNTAIN WITCH K	nse applicat	tion.	_	1000
Licensee:	CHESSA BROOKE STEWART	The same of the same of	-	-	40027
License Type:	BREWERY			TA	1002/
Doing Business As:	WITCHES BREW	7			
Premises Address:	201 BREAKUI		AVE	= .	
City:	COLDOVA	THE OWNER WHEN PERSON NAMED IN	THE R. P. LEWIS CO., LANSING, MICH.	THE REAL PROPERTY.	199574

[Form AB-02] (rev 06/24/2016)

AMCO

Page 1 of 2

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ALCOHOL MARILLANA CONTROL OFFICE STATE OF ALASKA



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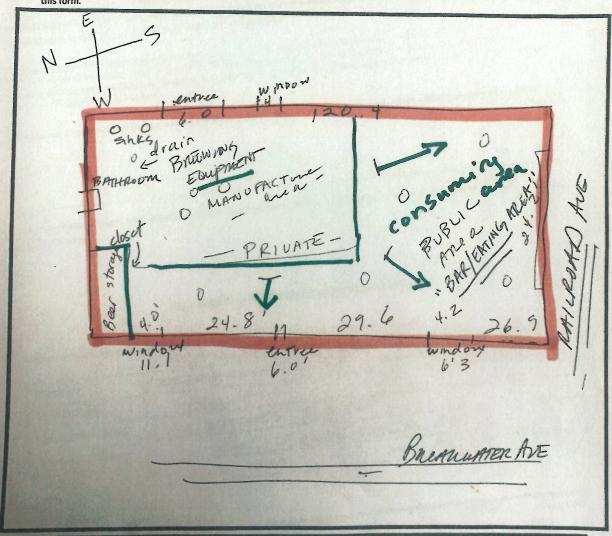
Phone: 907.269.0350

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. Clearly indicate the interior layout of any enclosed areas on the proposed premises. Clearly identify all entrances and exits, walls, bars, and fixtures, and outline in red the perimeter of the areas designated for alcohol storage, service, consumption, and manufacturing. Include dimensions, crossstreets, and points of reference in your drawing. You may attach blueprints or other detailed drawings that meet the requirements of this form.



[Form AB-02] (rev 06/24/2016)

AMCO

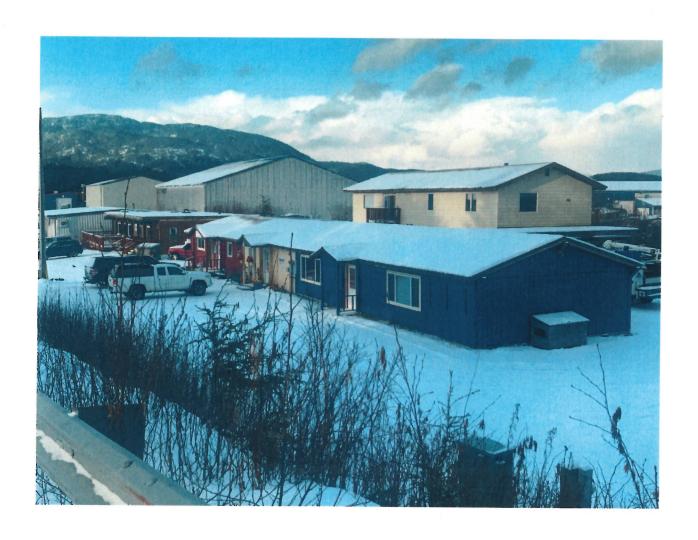
Page 2 of 2

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LCOHOL MARDDANA CUNTROL OFFICE





Startup & Three Year Business plan

Based on U.S. Small Business Administration Lean Model

State of Alaska Brewery License Application - State completion confirmed November 19, 2021 Licensee: Witch Mountain/Witches Kitchen LLC

Identity

Our microbrewery will produce world-class craft beer that reflects the spirit of our uniquetown, while also providing year-round employment and a community-focused gathering space for families, friends, and visitors alike.

Business Problem Statement

Cordova is a community in need of year-round, diverse economic drivers; sustainable employment; and space for locals to gather, celebrate and connect.

Key Roles - Full Time Equivalents (FTEs)

Anticipated Local Hires:

- Four full time, year-round
- 1.5 seasonal

This staffing plan will be re-evaluated on an annual basis to ensure staffing keeps in line with business growth and demand. We anticipate four FTEs to be the optimal number for at least the first 2-3 years of business, and we will increase this as demand allows.

General Operating Plan

As this is a private business with proprietary operations, limited information can be shared.

- Provide salaries and benefits for four full time employees.
- Operate 11 months out of the year, at a minimum of 4 days a week.
- Produce world-class beer that utilizes Alaska, and Cordova, products when available.
- Produce and provide non-alcoholic options for families and non-beer drinkers.
- We will continue to partner with our local producers within Cordova to provide "pop-up" dining options and markets for locals.
- Invite community-focused organizations to apply for annual non-profit partnership percentage of sales or in-kind donations.
- Host community events of all kinds.
- · Certified women-owned business.

Investment Capital & Building

- Anticipated Investment Capital: \$200,000
 - Secured investment capital of \$250,000.
 - Provides \$50k contingency.
- Brewery building and facility space:
 - Secured by long-term lease.

Our Solution

A microbrewery would bring full time employment, tax revenue, innovation, and additional income to the community.

 Our goal is to operate this business such that it provides salaries and benefits that make Cordova's cost of living viable for at least four full time local employees.

Anticipated Annual Revenue

- 2022 Year 1: \$50,000
 - Note: This assumes the brewery would not open until September 2022, dependent upon State licensing timeline.
- 2023 Year 2: \$250,000

• 2024 - Year 3: \$275,000

Secondary to creating great beer, our focus is a sustainable business plan that provides full time employment. A profit sharing plan will be in place for employees to benefit from shared success.

Milestones - Timeline

Initial startup and operating plan:

- 2022 Year 1: Startup and open to the public.
 - Note: Anticipate September 2022 for public opening, however this is dependent upon the State licensing timeline.
- 2023 Year 2: Operate for first full calendar year, evaluate and make changes if needed.
- 2024 Year 3: Sustain existing operations and evaluate existing model to determine areas for growth (i.e. increase in barrels, expansion expand type/variety of products offered, hire more help etc)

The business plan and timeline will be reviewed and analyzed on an annual basis to adjust strategy or model as needed. Breweries are based on an age-old model, but are driven by innovation and customer preferences, so we need to be flexible in adapting as needed.