

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-29: Waiver of Operation Application

Why is this form needed? A licensee must request that the Alcoholic Beverage Control Board waive the operating requirements of AS 04.11.330(a)(3) or (d). If a recreational site license, a theater license, a common carrier dispensary license, or a sporting activity or event license did not operate at least once during a calendar year, or if a license of any other type did not operate for at least 240 hours in a calendar year, this application (and corresponding fees upon request) must be submitted for the calendar year, per 3 AAC 305.120. *A waiver application does not apply to Manufacturer Direct Shipment license*.

This application must be accompanied by a non-refundable waiver application fee of:

- for a 1st request, an amount equal to ½ the applicable biennial license fee; or
- for a 2nd or subsequent request, double the amount of the fee paid for the previous waiver application.

The ABC Board will review your statement to determine whether, through no fault of the licensee or because the premises are under construction, the licensed premises could not be operated for the required time during a calendar year. The ABC Board may impose conditions along with the approval of an application for waiver of operation. If an application for waiver of operation is denied, an application for the license renewal for the succeeding license period will be denied by the Board.

In addition to the waiver application fee, the applicant must pay a late fee of \$1,000 for an application that is received too late for Board consideration at its last meeting of the year for which the waiver is requested. Please check AMCO's website for meeting agenda and waiver deadlines.

Please note that a licensee must submit a separate completed copy of this form and pay a separate corresponding fee for <u>each license</u> and for <u>each calendar year</u> during which a license was not operated in compliance with AS 04.11.330. Listing more than the one license will not be accepted.

Section 1 – Establishment Information											
inter information for the license that has not been operated for the time required under AS 04.11.330.											
Licensee:		License Number:									
License Type:											
DBA:											
Premises Address:											
City:			State:	Alaska	ZIP:						
Local Governing Body:											
Section 2 – Request Number and Calendar Year											
1 st Request	2 nd Request	3 rd Request		Other							
Request for Calendar Year											

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Section 3 – Reason for Non-operation											
Provide an explanation as to why the licensed premises were not operated:											
	Sec	tion 4 – (Certifications								
The following must be completed for establishments located within the boundaries of a local governing body:											
Read the line below, and then sign your initials in the box to the right of the statement:											
I certify that I will provide a copy of this application to the local governing body listed on Page 1 of this form prior to ABC Board consideration 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 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.											
					_						
Printed name of licensee		Sign	nature of licensee								
Office Use Only											
Waiver Application Fee:		Late Fee:		Transaction #:							

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