

[Form AB-18 (rev 10/02/2025)

Alaska Alcoholic Beverage Control Board

Alcohol and Marijuana Control Office 550 W 7th Avenue, Suite 1600 Anchorage, AK 99501

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Phone: 907.269.0350

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Form AB-18: Restaurant/Eating Place Entertainment Time Extension Request

Eligible License Ty	pes: Res	staurant/Eating Place	9					
Extension Restrict	ions: Or	nly 9 extensions may	be granted in a	calendar year.				
License Informat	ion: Thi	s should match the info	ormation that AMC	O has on file for	this license.			
Licensee:					License #:			
Doing Business	As:							
Premises Addre	ss:							
City:				State:	Alaska	ZIP:		
Control Dominio					C			
Contact Person:		•			Contact Ph	ione:	•	
Contact Email:		·						
		Secti	ion 2 – Even	t Informat	ion			
As provided in AS 04 establishment.	4.09.210(f) I do hereby request	an extension of the	e time allowed fo	or live enterta	inment a	t my licensed	
Enter information r	egarding	the specific event for v	which you are seek	king the time ext	ension.			
Include planned a expected attendar attendee informat Event advertisement be submitted to supplement your of	ctivities, nce, and tion. ent may							
Event Date:				Event Time:			to	
Read the stateme	ent belo	w, and then sign you	ur initials in the	box:	1			<u>Initials</u>
the complete app herein, and evide or misrepresenta support this appli that it is a Class A crime of unsworn	olication, nce or o tion of a cation, i misden falsifica	the person herein na , and I know the full other documents sub any item or response is sufficient grounds neanor under Alaska ation.	content thereof. omitted are true is in this application for denying or real Statute 11.56.22	I declare that and correct. I u on, or any attac evoking a licens 10 to falsify an	all of the infunderstand the characteristics and the characteristics are considered as the characteristics and the characteristics are considered as the characteristics are characteristics.	ormatio hat any locumer further u	n contained falsification its to inderstand	
Printed name of lice	ensee		Signature of Lic	censee				
Date								

Extensions Granted: _

of 9 for 20_



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Signature of Director	 Date	Approved	Denied
Printed name of Director			
AMCO comments:			

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