



Alaska Alcoholic Beverage Control Board

Form AB-35: Seasonal Alternating Premises Request

Alcohol and Marijuana Control Office

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Anchorage, AK 99501

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<https://www.commerce.alaska.gov/web/amco>

Phone: 907.269.0350

This seasonal alternating premises request form is required for all liquor licensees seeking approval to alternate a portion of their premises as licensed and unlicensed under 3 AAC 305.630(f), on a seasonal basis.

Fee \$250

Section 1 – Licensee Information

Doing Business As:					
Licensee:		License #:			
License Type:					
Premises Address:					
City:		State:	AK	ZIP:	

Please write the six-month period for which you are requesting the seasonally alternating portion of your licensed premises to be licensed:

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Section 2 – Detailed Premises Diagram

- ☐ Attach a copy of your most current premises diagram (AB-02 or AB-14). This diagram should meet the requirements listed on the current AB-02 form regarding contents and labeling. Outline that portion that you wish to be seasonally alternating in a color other than red. Note that the licensed and unlicensed areas must be clearly segregated.
- ☐ If your approved premises diagram indicates alcohol storage in the area to be seasonally alternating, you must indicate where alcohol will be stored during the time the identified area is unlicensed, by outlining the area in a color other than red and labeling it. The storage area must be secure from the public.

Section 3 – Declarations

Read each line below, and then sign your initials in the box to the right of each statement:

Initials

I certify that I have read and understand the requirements for a seasonally alternating premises.

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I certify that I have attached all diagrams and information required by this form.

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I certify that I understand that a debt that is incurred during times when the identified area is unlicensed will be considered a debt incurred in the operation of the licensed business for purposes of transfer of license under AS 04.11.360.

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OFFICE USE ONLY			
Examiner:		Transaction #:	



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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.

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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.

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Printed name of licensee

Signature of licensee