

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-38: Off-Site Warehouse/Storage Application

Why is this form needed? Fee \$250

Per AS 04.21.060, 3 AAC 305.670, AS 04.16.140 and AS 04.16.130, alcoholic beverages cannot be sold or consumed at an approved storage facility. Alcoholic beverages cannot be removed from the approved storage facility except at the direction of the licensee.

A detailed diagram of the proposed Off-Site Warehouse/Storage location is required. Your diagram must include dimensions and must show all entrances and boundaries of the premises, walls, bars, fixtures, and areas of storage. 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.

The <u>second page</u> of this form may not be required. Blueprints, CAD drawings, or other clearly drawn and marked diagrams may be submitted in lieu of the second page of this form. The remaining pages must still be completed, attached to, and submitted with any supplemental diagrams. An AMCO employee may require you to complete the second page of this form if additional documentation for your premises diagram is needed.

This form must be complete	d and submitted to AMCO's Anchorage offic	ce for review and considerat	ion hefore ut	ilizing the	snace.
				Yes	No
I have attached blueprints, (page of this form.	AD drawings, or other supporting document	s in addition to, or in lieu of,	the second		
	Section 1 – Establishm	ent Information			
Enter information for the bu	siness seeking to be licensed, as identified or	n the license application.			
Licensee:		License Numbe	er:		
License Type:			•		
Doing Business As:					
Off-Site Address:					
City:		State:	ZIP:		
Contact Person:		Contact Phone:	Contact Phone:		
Contact Email:					



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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, cross-streets, and points of reference in your drawing. You may attach blueprints or other detailed drawings that meet the requirements of this form.



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Section 3 – Off-Site Location Information			
	Yes	No	
Is this location within 200 feet of a school or church grounds?			
Does this location comply with local zoning limitations?			
Will this location be available for inspection?			
Is the location another licensed premises?			
If yes, provide the license number and DBA:			
Are you anticipating, or in the process of applying for a liquor license for the location listed above?			
Describe how the location will be secured?			
1			



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Section 4 – Certifications and Approvals					
Read each line below, and then sign your initials in the box to the right of each statement:					
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 AMCO Enforcement Review:	Signature of licensee	Approved	Denied		
Signature of AMCO Enforcement Supervisor	Date				
Printed name of AMCO Enforcement Supervisor					
Enforcement Recommendations:					