



**Alaska Alcoholic Beverage Control Board**

**Form AB-34: Alternating Premises Request**

This alternating premises request form is required for all liquor licensees seeking approval to alternate all or portions of their premises as licensed and unlicensed under 3 AAC 304.225, in order to stimulate tourism or promote activities open to the general public.

Eligible license types are beverage dispensary, restaurant or eating place, golf course, common carrier, recreational site, outdoor recreational lodge, destination resort, and beverage dispensary - tourism.

**Section 1 – Licensee Information**

<b>Licensee:</b>		<b>License #:</b>	
<b>License Type:</b>			
<b>Doing Business As:</b>			
<b>Premises Address:</b>			
<b>City:</b>		<b>State:</b>	AK
		<b>ZIP:</b>	

**Section 2 – Purpose**

How does use of the identified area as alternating premises stimulate tourism or promote activities open to the general public? (3 AAC 304.225(1)):

**Section 3 – 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.
  - If you are requesting only a portion of your approved licensed premises to be an alternating premises, outline that portion in a color other than red. If you are requesting your entire approved licensed premises be an alternating premises, indicate that in writing on your premises diagram or in a separate statement.
- Provide a diagram showing where alcoholic beverages will be stored during the time the identified area is unlicensed. If the location is within your existing licensed premises, outline the area in a color other than red and label it. If the location is not within your existing licensed premises, provide a copy of your off-site warehouse permit (AS 04.21.060).

*OFFICE USE ONLY*

<i>Examiner:</i>		<i>Transaction #:</i>	
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## Section 4 – Alternating Premises Schedule

You must provide a schedule of when your premises will alternate between being licensed and unlicensed.

- If your alternation will not occur on a set schedule, you will be required to submit a monthly schedule on the first day of each month to [amco.enforcement@alaska.gov](mailto:amco.enforcement@alaska.gov).
- If your alternation will occur on a set schedule, provide the schedule below. You may attached additional information to this form if necessary.

## Section 5 – 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 an alternating premises.

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

I certify that if no set schedule was provided in Section 4 above, I will submit the required schedule to AMCO no later than the first day of each month.

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.

I declare under penalty of perjury that this form, including all attachments, is true, correct, and complete.

\_\_\_\_\_  
Signature of licensee

\_\_\_\_\_  
Signature of Notary Public

\_\_\_\_\_  
Printed name of licensee

My commission expires: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.