



Alaska Alcoholic Beverage Control Board

Alcohol and Marijuana Control Office
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Form AB-35: Seasonal Alternating Premises Request

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 304.185(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:

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.

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

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.

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.



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____.