

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-39: Change of Officers Application

### Why is this form needed?

A business licensed under this title shall report to AMCO when:

#### **Entity changes:**

LLCs: A member transfers 10% or more of their ownership and/or there is a change of managers per AS 04.11.045.

Corporations: 10% or more of corporate stock is transferred and/or a in its corporate officers or in the membership of its board of directors per AS 04.11.050.

Partnership/Joint Venture: interest of 10% or more is transferred and/or a change of general partners per AS 04.11.055.

NOTE: If the controlling interest of the business which owns a liquor license is changing, immediately contact the

	Section 1 - Estab	lishment Informa	tion		
nter information for the licensed esta	ablishment.				
Licensee:		License	Number:		
License Type:		,			
Doing Business As:					
Premises Address:					
City:		State:	Alaska	ZIP:	
Email:		Phone:		1	
Title/s).					
Title(s): % Owned:					
78 Owned.					
Name:					
Name:					
Name: Title(s):					
Name: Title(s): % Owned:					

[Form AB-39] (rev 5/17/2023) Page 1 of 2



Alcohol and Marijuana Control Office 550 W 7<sup>th</sup> 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-39: Change of Officers Application

## **Section 3 - New Ownership Structure**

Enter information for <u>all</u> officers to be listed in the updated license ownership structure, i.e., President, Vice President, Secretary, Manager, anyone with 10% or more interest. If more space is needed, attach a separate sheet with the required information.

Name:					
Title(s):					
% Owned:					
Name:					
Title(s):					
% Owned:					
Name:					
Title(s):					
% Owned:					
		Section 4	Declaration		
Read the lines below, and then sign your initials in the box to the right of the statements:					Initials
application, and I know the other documents submitted response in this application,	full content the are true and co , or any attachr e/permit. I furt	ereof. I declare that a prrect. I understand nent, or documents her understand that	ng to this application and that I have in I of the information contained herein nat any falsification or misrepresentate support this application, is sufficient is a Class A misdemeanor under AS	, and evidence or tion of any item or t grounds for	
Printed name of licensee			Signature of licensee		
			Date		

[Form AB-39] (rev 5/17/2023)