

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-11: Creditors Affidavit

What is this form?

This form must be completed by the transferor of a liquor license in order to report all debts of and taxes owed by the business, as required by AS 04.11.280(b). The Alcoholic Beverage Control Board will deny an application for transfer of a license to another person if the Board finds that the transferor has not paid all debts or taxes arising from the conduct of the licensed business, unless the transferor gives security for the payment of the debts or taxes satisfactory to the creditor or taxing authority, per AS 04.11.360(4)(A).

This form must be completed and submitted to AMCO's main office before any application to transfer the ownership, including the controlling interest, of a license will be considered complete.

Enter information for the current licensee and licensed establishment. Licensee: License Number: Doing Business As: Premises Address: City: State: Alaska ZIP:

Section 2 - Debts and Taxes Owed

Enter information for each creditor or taxing authority to which debts or taxes are owed. If there are no debts or taxes owed by the business, write "None" in the first field. You will be required to correct this form if a response of "N/A" is written in any field. Attach additional pages or documentation as necessary.

Creditor / Taxing Authority	Current Valid Email or Mailing Address of Creditor	Amount Owed



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-11: Creditors Affidavit

Section 3 - Transferor Certifications

Read the line below, and then sign your initia	ls in the box to the right of the state	ement:	Initials
I certify that all debts of the business and all ta information provided for each creditor is curre		Page 1 of this form, and that the contact	
I declare under penalty of perjury that this forr	m, including all accompanying schedu	ules and statements, is true, correct, and	complete.
Signature of transferor	_	Signature of Notary Public	
Printed name of transferor	Notary Public in a	nd for the State of	·
		My commission expires:	
Subscri	ibed and sworn to before me this	day of	_, 20