

# Transfer Liquor License

Alcoholic Beverage Control Board  
550 West 7<sup>th</sup> Ave. Suite 1600  
Anchorage, AK 99501

(907) 269-0350  
Fax: (907) 334-2285  
<http://commerce.alaska.gov/dnn/abc/Home.aspx>

License is:       Full Year                      OR                       Seasonal    List Dates of Operation: \_\_\_\_\_

<b>SECTION A - LICENSE INFORMATION</b>			<b>FEEs</b>
License Year:	License Type:	Statute Reference	Filing Fee:      \$100.00
License #: _____		Sec. 04.11. _____	
Local Governing Body: (City, Borough or Unorganized)	Community Council Name(s) & Mailing Address:		Rest. Desig. Permit Fee: <b>(\$50.00)</b> \$
Name of Applicant (Corp/LLC/LP/LLP/Individual/Partnership):	Doing Business As (Business Name):		Fingerprint:      \$ <b>(\$49.75 per person)</b>
			Business Telephone Number:
		Fax Number:	
Mailing Address:	Street Address or Location of Premises:	Email Address:	
City, State, Zip:			
Is any shareholder related to the current owner? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If "yes" please state the relationship _____			
<b>SECTION B - TRANSFER INFORMATION</b>			
<input type="checkbox"/> Regular Transfer  <input type="checkbox"/> Transfer with security interest: Any instrument executed under AS 04.11.670 for purposes of applying AS 04.11.360(4)(b) in a later involuntary transfer, must be filed with this Application. Real or personal property conveyed with this transfer must be described. Provide security interest documents.  <input type="checkbox"/> Involuntary Transfer. Attach documents which evidence default under AS 04.11.670.		Name and Mailing Address of <b>CURRENT</b> Licensee:	
		Business Name (dba) <b>BEFORE</b> transfer:	
		Street Address or Location <b>BEFORE</b> transfer:	
<b>SECTION C - PREMISES TO BE LICENSED</b>			
Distance to closest school grounds:	<b>Distance measured under:</b> <input type="checkbox"/> AS 04.11.410 <b>OR</b> <input type="checkbox"/> Local ordinance No. _____	<input type="checkbox"/> Premises is GREATER than 50 miles from the boundaries of an incorporated city, borough, or unified municipality. <input type="checkbox"/> Premises is LESS than 50 miles from the boundaries of an incorporated city, borough, or unified municipality. <input type="checkbox"/> Not applicable	
Distance to closest church:	<b>Distance measured under:</b> <input type="checkbox"/> AS 04.11.410 <b>OR</b> <input type="checkbox"/> Local ordinance No. _____	<input type="checkbox"/> Plans submitted to Fire Marshall (required for new & proposed buildings) <input type="checkbox"/> Diagram of premises attached	
Premises to be licensed is:			
<input type="checkbox"/> Proposed building <input type="checkbox"/> Existing facility <input type="checkbox"/> New building			

# Transfer Liquor License

Alcoholic Beverage Control Board  
 550 West 7<sup>th</sup> Ave. Suite 1600  
 Anchorage, AK 99501

(907) 269-0350  
 Fax: (907) 334-2285  
<http://commerce.alaska.gov/dnn/abc>

## SECTION D – LICENSEE INFORMATION

1. Does any individual, corporate officer, director, limited liability organization member, manager or partner named in this application have any direct or indirect interest in any other alcoholic beverage business licensed in Alaska or any other state?

Yes  No If **Yes**, complete the following. Attach additional sheets if necessary.

Name	Name of Business	Type of License	Business Street Address	State

2. Has any individual, corporate officer, director, limited liability organization member, manager or partner named in this application been convicted of a felony, a violation of AS 04, or been convicted as a licensee or manager of licensed premises in another state of the liquor laws of that state?

Yes  No If **Yes**, attach written explanation.

## SECTION E – OWNERSHIP INFORMATION - CORPORATION

*Corporations, LLCs, LLPs and LPs must be registered with the Dept. of Community and Economic Development.*

Name of Entity (Corporation/LLC/LLP/LP) (or N/A if an Individual ownership):		Telephone Number:	Fax Number:
Corporate Mailing Address:	City:	State:	Zip Code:
Name, Mailing Address and Telephone Number of Registered Agent:		Date of Incorporation OR Certification with DCED:	State of Incorporation:

Is the Entity in "Good Standing" with the Alaska Division of Corporations?  Yes  No  
 If no, attach written explanation. Your entity **must** be in compliance with Title 10 of the Alaska Statutes to be a valid liquor licensee.

### Entity Members (Must include President, Secretary, Treasurer, Vice-President, Manager and Shareholder/Member with at least 10%)

Name	Title	%	Home Address & Telephone Number	Work Telephone Number	Date of Birth

# Transfer Liquor License

Alcoholic Beverage Control Board  
 550 West 7<sup>th</sup> Ave. Suite 1600  
 Anchorage, AK 99501

(907) 269-0350  
 Fax: (907) 334-2285  
<http://commerce.alaska.gov/dnn/abc/Home.aspx>

**NOTE: If you need additional space, please attach a separate sheet.**

## SECTION F – OWNERSHIP INFORMATION – SOLE PROPRIETORSHIP (INDIVIDUAL OWNER & SPOUSE)

**Individual Licensees/Affiliates** (The ABC Board defines an "Affiliate" as the spouse or significant other of a licensee. Each Affiliate must be listed.)

Name: Address:	Applicant <input type="checkbox"/> Affiliate <input type="checkbox"/>	Name: Address:	Applicant <input type="checkbox"/> Affiliate <input type="checkbox"/>
Home Phone: Work Phone:	Date of Birth:	Home Phone: Work Phone:	Date of Birth:
Name: Address:	Applicant <input type="checkbox"/> Affiliate <input type="checkbox"/>	Name: Address:	Applicant <input type="checkbox"/> Affiliate <input type="checkbox"/>
Home Phone: Work Phone:	Date of Birth:	Home Phone: Work Phone:	Date of Birth:

### Declaration

- I declare under penalty of perjury that I have examined this application, including the accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete, and this application is not in violation of any security interest or other contracted obligations.
- I hereby certify that there have been no changes in officers or stockholders that have not been reported to the Alcoholic Beverage Control Board. The undersigned certifies on behalf of the organized entity, it is understood that a misrepresentation of fact is cause for rejection of this application or revocation of any license issued.
- I further certify that I have read and am familiar with Title 4 of the Alaska statutes and its regulations, and that in accordance with AS 04.11.450, no person other than the licensee(s) has any direct or indirect financial interest in the licensed business.
- I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application.

<b>Signature of Current Licensee(s)</b>	<b>Signature of Transferee(s)</b>
Signature	Signature
Signature	Signature
Name & Title (Please Print)	Name & Title (Please Print)
Subscribed and sworn to before me this _____ day of _____, _____.	Subscribed and sworn to before me this _____ day of _____, _____.
Notary Public in and for the State of Alaska	Notary Public in and for the State of Alaska
My commission expires:	My commission expires: