

Department of Commerce, Community, and Economic Development

ALCOHOLIC AND MARIJUANA CONTROL OFFICE

550 W. 7th Ave, Suite 1600 Anchorage, Alaska 99501 Main: 907.269.0350

MEMORANDUM

TO: Robert Klein, Chair

DATE: July 13th, 2016

and Members of the ABC Board

FROM: Cynthia Franklin, Director RE: Discussion of Policies

The Director is seeking a brief policy discussion with the board on the following four topics. The purpose of the discussion is to bring the board up to date on director decisions and get general guidance from the board regarding issues that have arisen on multiple occasions but which are not directly addressed in statute or regulation. Where indicated, the director is requesting a vote.

- 1) New Forms with Implementation Dates
 - a. At the request of the director, Program Coordinator Sarah Oates has created new permit and licensing forms which cover previously overlooked requirements in some cases (ex: catering permit form)
 - b. Forms are available on the website and are fillable PDF's. Applicants are encouraged to use the fillable field feature to produce applications that are legible.
 - c. New permit forms were required beginning July 11, 2016.
 - d. The board is requested to approve new license forms to begin on August 1, 2016.
- Permits issues raised regarding application for multiple repeating events at one time
 - i. Wednesdays in the Park
 - ii. Thursdays lounge days
 - iii. Multiple event permits on premises denied a duplicate license
 - iv. Paint & Sip all summer
- 3) Wholesale Licenses in Personal Storage Units
 - a. Revisited board minutes from April meeting indicate support for no wholesale premises in personal storage unit
 - b. Two new applications for just that since April meeting
 - c. Requesting vote if board supports director in denying license on this basis
- 4) Winery statute lacks any rules around consumption or tasting limits- have received many questions on this. Does this matter to the board?



Alcohol and Marijuana Control Office 550 W 7th Avenue, Suite 1600 Anchorage, AK 99501

<u>alcohol.licensing@alaska.gov</u> https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

Form AB-00: New License Application

What is this form?

This new license application form is required for all individuals or entities seeking to apply for a new liquor license. Applicants should review **Title 04** of **Alaska Statutes** and **Chapter 304** of the **Alaska Administrative Code**. All fields of this form must be completed, per AS 04.11.260 and 3 AAC 304.105.

This form must be completed and submitted to AMCO's main office, along with all other required forms and documents, before any license application will be considered complete.

S	ection 1 – Esta	ablishment a	and Co	ntact Infor	mation	
Enter information for the bu	usiness seeking to be lic	ensed.				
Licensee:						
License Type:				Statutory Re	ference:	
Doing Business As:						
Premises Address:						
City:		:	State:		ZIP:	
Local Governing Body:					<u> </u>	
Community Council:						
Mailing Address:						
City:			State:		ZIP:	
Designated Licensee:						
Contact Phone:		1	Business I	Phone:		
Contact Email:						
Seasonal License? Yes	. —	", write your six-	month op	perating period:		
Complete Date:		OFFICE USE License Years:	UNLY		License #:	
		Electise Teurs.			LICCIISC TT.	
Board Meeting Date:			Trans	action #:		
Issue Date:			BRE:			

[Form AB-00] (rev 06/30/2016)



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Alaska Alcoholic Beverage Control Board

Form AB-00: New License Application

	Section 2 – Prem	ises Info	ormation		
Premises to be licensed is:					
an existing facility a new building a proposed building					
The next two questions mus	t be completed by <u>beverage dispensa</u>	<u>ry</u> (including t	courism) and <u>package store</u>	<u>e</u> applica	nts only:
	ne shortest pedestrian route from the he nearest school grounds? Include the	-			d premises to
	What is the distance of the shortest pedestrian route from the public entrance of the building of your proposed premises to the public entrance of the nearest church building? Include the unit of measurement in your answer.				
Section 3 – Sole Proprietor Ownership Information					
This section must be completed by any <u>sole proprietor</u> who is applying for a license. Entities should skip to Section 4. f more space is needed, please attach a separate sheet with the required information.					
This section must be comple f more space is needed, plea	ted by any <u>sole proprietor</u> who is app	lying for a lice	ense. Entities should skip to mation.		4.
This section must be comple f more space is needed, plea The following information mu	ted by any <u>sole proprietor</u> who is app ase attach a separate sheet with the r	lying for a lice	ense. Entities should skip to mation.		4.
This section must be comple f more space is needed, plea The following information mu	ted by any <u>sole proprietor</u> who is app ase attach a separate sheet with the r ust be completed for each licensee and	lying for a lice	ense. Entities should skip to mation.		4.
This section must be comple f more space is needed, pleather for the following information mutual is an:	ted by any <u>sole proprietor</u> who is app ase attach a separate sheet with the r ust be completed for each licensee and	lying for a lice	ense. Entities should skip to mation.		4.
This section must be comple f more space is needed, pleather following information mutual is an:	ted by any <u>sole proprietor</u> who is app ase attach a separate sheet with the r ust be completed for each licensee and	lying for a lice	ense. Entities should skip to mation.		4.
This section must be comple f more space is needed, plea The following information mu This individual is an: a Name: Address: City:	ted by any <u>sole proprietor</u> who is app ase attach a separate sheet with the r ust be completed for each licensee and	lying for a lice equired infor I each affiliate	ense. Entities should skip to mation.	o Section	4.
This section must be comple f more space is needed, plea The following information mu This individual is an: a Name: Address: City:	ted by any <u>sole proprietor</u> who is appase attach a separate sheet with the rust be completed for each licensee and pplicant affiliate	lying for a lice equired infor I each affiliate	ense. Entities should skip to mation.	o Section	4.
This section must be comple f more space is needed, plea The following information mu This individual is an: a Name: Address: City:	ted by any <u>sole proprietor</u> who is appase attach a separate sheet with the rust be completed for each licensee and pplicant affiliate	lying for a lice equired infor I each affiliate	ense. Entities should skip to mation.	o Section	4.



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Alaska Alcoholic Beverage Control Board

Form AB-00: New License Application

Section 4 - Entity Ownership Information

This section must be completed by any <u>entity</u>, including a corporation, limited liability company (LLC), partnership, or limited partnership, that is applying for a license. Sole proprietors should skip to Section 5.

If more space is needed, please attach a separate sheet with the required information.

- If the applicant is a <u>corporation</u>, the following information must be completed for each **stockholder who owns 10% or more** of the stock in the corporation, and for each **president**, **vice-president**, **secretary**, and **managing officer**.
- If the applicant is a <u>limited liability organization</u>, the following information must be completed for each *member with an ownership interest of 10% or more*, and for each *manager*.
- If the applicant is a <u>partnership</u>, including a <u>limited partnership</u>, the following information must be completed for each *partner* with an interest of 10% or more, and for each *general partner*.

Entity Official:		
Title(s):	Phone:	% Owned:
Address:		·
City:	State:	ZIP:
Entity Official:		
Title(s):	Phone:	% Owned:
Address:		
City:	State:	ZIP:
Entity Official:		
Title(s):	Phone:	% Owned:
Address:		
City:	State:	ZIP:
Entity Official:		
Title(s):	Phone:	% Owned:
Address:	1 1	
City:	State:	ZIP:



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Form AB-00: New License Application

This subsection must be completed by any applicant that is a corporation or LLC. Corporations and LLCs are required to be in good standing with the Alaska Division of Corporations (DOC) and have a registered agent who is an individual resident of the state of Alaska.

DOC Entity #:		AK Formed Date:		Home State:		
Registered Agent:			Agent's Phone:			
Agent's Mailing Address:				I		
City:		State:		ZIP:		
Residency of Agent:					Yes	No
Is your corporation or LL	C's registered agent a	n individual resident of	the state of Alaska?			
	Sect	ion 5 – Other L	icenses			
Ownership and financial intere	est in other alcoholic l	peverage businesses:			Yes	No
Does any representative or owner named in this application have any direct or indirect financial interest in any other alcoholic beverage business that does business in or is licensed in Alaska?						
If "Yes", disclose which indi		ncial interest, what the	type of business is, a	and if licensed in Al	aska, whi	ich
license number(s) and licen	se type(s):					
	Sec	tion 6 – Author	rization			
Communication with AMCO sta	aff:				Yes	No
Does any person other the AMCO staff?	nan a licensee named	in this application have	authority to discuss t	this license with		
If "Yes", disclose the name	of the individual and	the reason for this auth	norization:			



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Form AB-00: New License Application

Section 7 – Certifications	
Read each line below, and then sign your initials in the box to the right of each statement:	Initials
I certify that all proposed licensees (as defined in AS 04.11.260) and affiliates have been listed on this application.	
I certify that all proposed licensees have been listed with the Division of Corporations.	
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 or revocation of any license issued.	
I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check the identification of a patron will complete an approved alcohol server education course, if required by AS 04.21.025, and, while selling or serving alcoholic beverages, will carry or have available to show a current course card or a photocopy of the card certifying completion of approved alcohol server education course, if required by 3 AAC 304.465.	
I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application.	
As an applicant for a liquor license, I declare under penalty of unsworn falsification that I have read and am familiar with AS 04 3 AAC 304, and that I have examined this application, including all accompanying schedules and statements, and to the best of knowledge and belief find them to be true, correct, and complete.	
Signature of licensee	
Printed name Subscribed and sworn to before me this day of, 2	20
Signature of Nota	ry Public
Notary Public in and for the State of	·
My commission expires:	



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Form AB-01: Transfer License Application

What is this form?

This transfer license application form is required for all individuals or entities seeking to apply for the transfer of ownership and/or location of an existing liquor license. Applicants should review **Title 04** of **Alaska Statutes** and **Chapter 304** of the **Alaska Administrative Code**. All fields of this form must be completed, per AS 04.11.260, AS 04.11.280, AS 04.11.290, and 3 AAC 304.105.

This form must be completed and submitted to AMCO's main office, along with all other required forms and documents, before any license application will be considered complete.

	Section 1 – Trans	feror Inf	formation		
Enter information for the <i>cu</i>	rrent licensee and licensed establishme	ent.			
Licensee:			License #:		
License Type:			Statutory Reference	e:	
Doing Business As:				•	
Premises Address:					
City:		State:		ZIP:	
Local Governing Body:					
Transfer Type: Regular transfer Transfer with secur Involuntary retrans					
	OFFICE U	ISE ONLY			
Complete Date:		Trans	action #:		
Board Meeting Date:		Licens	se Years:		
Issue Date:		BRE:			



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Form AB-01: Transfer License Application

	Section 2 – Transf	eree Inform	ation		
Enter information for the <i>nev</i>	w applicant and/or location seeking to b	oe licensed.			
Licensee:					
Doing Business As:					
Premises Address:					
City:		State:		ZIP:	
Community Council:		·			
Mailing Address:					
City:		State:		ZIP:	
Designated Licensee:			<u>.</u>		
Contact Phone:		Business Phone	::		
Contact Email:					
Yes Seasonal License?	No If "Yes", write your size	x-month operatii	ng period:		
	Section 3 – Premi	ises Informa	ation		
Premises to be licensed is:					
an existing facility	a new building	a proposed build	ding		
The next two questions must	t be completed by <u>beverage dispensar</u>	<u>γ</u> (including tourisr	n) and <u>package st</u>	tore applicants	only:
	ne shortest pedestrian route from the phe nearest school grounds? Include the				emises to
	ne shortest pedestrian route from the penearest church building? Include the				emises to



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Form AB-01: Transfer License Application

Section 4 – Sole Proprietor Ownership Information						
This section must be completed by any sole proprietor who is applying for a license. Entities should skip to Section 5. If more space is needed, please attach a separate sheet with the required information. The following information must be completed for each licensee and each affiliate (spouse). This individual is an: applicant affiliate						
Name:						
Address:						
City:		State:	ZIP:			
This individual is an:	applicant affiliate					
Name:						
Address:						
City:		State:	ZIP:			

Section 5 - Entity Ownership Information

This section must be completed by any <u>entity</u>, including a corporation, limited liability company (LLC), partnership, or limited partnership, that is applying for a license. Sole proprietors should skip to Section 6.

If more space is needed, please attach a separate sheet with the required information.

- If the applicant is a <u>corporation</u>, the following information must be completed for each **stockholder who owns 10% or more** of the stock in the corporation, and for each **president**, **vice-president**, **secretary**, and **managing officer**.
- If the applicant is a <u>limited liability organization</u>, the following information must be completed for each *member with an ownership interest of 10% or more*, and for each *manager*.
- If the applicant is a <u>partnership</u>, including a <u>limited partnership</u>, the following information must be completed for each *partner* with an interest of 10% or more, and for each *general partner*.

Entity Official:			
Title(s):	Phone:	% Own	ed:
Address:			
City:	State:	ZIP:	



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Entity Official:								
Title(s):			Phone	::		% Own	ied:	
Address:							•	
City:			State:			ZIP:		
		-		1	•			
Entity Official:				ľ				
Title(s):			Phone	::		% Own	ed:	
Address:								
City:			State:			ZIP:		
Entity Official:				ľ				
Title(s):			Phone	::		% Own	ed:	
Address:								
City:			State:			ZIP:		
This subsection must be comp standing with the Alaska Divis Alaska.								
DOC Entity #:		AK Formed	Date:		Home	State:		
Registered Agent:				Agent's Phone:				
Agent's Mailing Address:			- '		1			
City:		State:			ZIP:			
Residency of Agent:							Yes	No
Is your corporation or Ll	.C's registered agent a	n individual res	ident of	the state of Alaska?				



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Form AB-01: Transfer License Application

Section 6 – Other Licenses		
Ownership and financial interest in other alcoholic beverage businesses:	Yes	No
Does any representative or owner named as a transferee in this application have any direct or indirect financial interest in any other alcoholic beverage business that does business in or is licensed in Alaska?		
If "Yes", disclose which individual(s) has the financial interest, what the type of business is, and if licensed in Allicense number(s) and license type(s):	aska, whi	ch
Section 7 – Authorization		
Communication with AMCO staff:	Yes	No
Does any person other than a licensee named in this application have authority to discuss this license with AMCO staff?		
If "Yes", disclose the name of the individual and the reason for this authorization:		



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Form AB-01: Transfer License Application

Section 8 - Transferor Certifications

Additional copies of this page may be attached, as needed, for the controlling interest of the current licensee to be represented.

I declare under penalty of unsworn falsification that the undersigned represents a **controlling interest** of the current licensee. I additionally certify that I, as the current licensee (either the sole proprietor or the controlling interest of the currently licensed entity) have examined this application, approve of the transfer of this license, and to the best of my knowledge and belief find the information on this application to be true, correct, and complete.

Signature of transferor			
Printed name of transferor	Subscribed and sworn to before me this	day of	, 20
			Signature of Notary Public
	Notary Public in a	and for the State of _	·
		My commission ex	rpires:
Printed name of transferor	Subscribed and sworn to before me this	day of	, 20
			Signature of Notary Public
	Notary Public in a	and for the State of _	
		My commission ex	xpires:



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Form AB-01: Transfer License Application

Section 9 – Transferee Certifica	ations	
Read each line below, and then sign your initials in the box to the right of each state	ement:	Initials
I certify that all proposed licensees (as defined in AS 04.11.260) and affiliates have be	een listed on this application.	
I certify that all proposed licensees have been listed with the Division of Corporations	S.	
I certify that I understand that providing a false statement on this form or any other for rejection or denial of this application or revocation of any license issued.	orm provided by AMCO is grounds	
I certify that all licensees, agents, and employees who sell or serve alcoholic beverage patron will complete an approved alcohol server education course, if required by AS 0 serving alcoholic beverages, will carry or have available to show a current course card certifying completion of approved alcohol server education course, if required by 3 AA	4.21.025, and, while selling or or a photocopy of the card	
I agree to provide all information required by the Alcoholic Beverage Control Board in	support of this application.	
As an applicant for a liquor license, I declare under penalty of unsworn falsification that 3 AAC 304, and that I have examined this application, including all accompanying sche knowledge and belief find them to be true, correct, and complete.		
Signature of transferee		
Printed name Subscribed and sworn to before me this	_ day of	, 20
	Signature of No	tary Public
Notary Public in and	for the State of	
	My commission expires:	



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Yes

No

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Form AB-02: Premises Diagram

What is this form?

A detailed diagram of the proposed licensed premises is required for all liquor license applications, per AS 04.11.260 and 3 AAC 304.185. Your diagram must include dimensions and must show all entrances and boundaries of the premises, walls, bars, fixtures, and areas of storage, service, and consumption. If your proposed premises is located within a building or building complex that contains multiple businesses and/or tenants, please provide an additional page that clearly shows the location of your proposed premises within the building or building complex, along with the addresses and/or suite numbers of the other businesses and/or tenants within the building or building complex.

The <u>second page</u> of this form is not required. Blueprints, CAD drawings, or other clearly drawn and marked diagrams may be submitted in lieu of the second page of this form. The first page must still be completed, attached to, and submitted with any supplemental diagrams. An AMCO employee may require you to complete the second page of this form if additional documentation for your premises diagram is needed.

This form must be completed and submitted to AMCO's main office before any license application will be considered complete.

I have attached blueprints, CAD drawings, or other supporting documents in addition to, or in lieu of, the second

page of this form.	
Section 1	- Establishment Information
Enter information for the business seeking to be licen	nsed, as identified on the license application.
Licensee:	License Number:
License Type:	
Doing Business As:	
Premises Address:	
City:	State: ZIP:
1	



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Form AB-02: Premises Diagram

Section 2 - Detailed Premises Diagram

Clearly indicate the boundaries of the premises and the proposed licensed area within that property. Clearly indicate the interior layout of any enclosed areas on the proposed premises. Clearly identify all entrances and exits, walls, bars, and fixtures, and outline in red the perimeter of the areas designated for alcohol storage, service, and consumption. Include dimensions, cross-streets, and points of reference in your drawing. You may attach blueprints or other detailed drawings that meet the requirements of this form.



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Form AB-03: Restaurant Designation Permit Application

What is this form?

A restaurant designation permit application is required for a licensee desiring designation under 3 AAC 304.715 – 3 AAC 304.795 as a bona fide restaurant, hotel, or eating place for purposes of AS 04.16.010(c) or AS 04.16.049. Designation will be granted only to a holder of a beverage dispensary, club, recreational site, golf course, or restaurant or eating place license, and only if the requirements of 3 AAC 304.305, 3 AAC 304.725, and 3 AAC 304.745, as applicable, are met. A **detailed floor plan** of the proposed designated and undesignated areas of the licensed business and a **menu** or expected menu listing the meals to be offered to patrons must accompany this form. Applicants should review AS 04.16.049 – AS 04.16.052 and 3 AAC 304.715 – 3 AAC 304.795. All fields of this form must be completed. The required \$50 permit fee may be made by credit card, check, or money order.

This form must be completed and submitted to AMCO's main office before any license application will be considered complete.

		Secti	on 1 – Establ	ishment In	format	ion		
Enter information	for license	ed establishment						
Licensee:								
License Type:					License	Number:		
Doing Busines	s As:							
Premises Add	ess:							
City:					State:		ZIP:	
		Section	2 – Type of I	Designation	n Requ	ested		
This application	is for the	request of the	following designa	tion(s) (check al	l that app	ly):		
Bona	fide hot	el, restaurant, o	or eating place: AS	5 04.11.100, 3 AA	AC 304.71	5 – 3 AAC	304.745	
Dinin	g by per	sons 16 – 20 ye	ars of age: AS 04.1	.6.049(a)(2)				
Dinin	g by per	sons under the	age of 16 years, a	ccompanied by	a person	over the a	ge of 21: A	AS 04.16.049(a)(3
Empl	oyment t	for persons 16 o	or 17 years of age:	AS 04.16.049(c))			
Dinin	g by per	sons 21+ years	of age after stand	ard closing hour	's: AS 04.1	.6.010(c)		
			OFFICE	USE ONLY	T			
Issue Date:			Transaction #:			BRE:		



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Section 3 – Additional Information		
Enter all hours that your establishment intends to be open. Include variances in weekend/weekday hours, and indic	cate am/į	om:
Are any forms of entertainment offered or available within the licensed business or on the proposed designated portions of the premises?	Yes	No
If "Yes", describe the entertainment offered or available:		
Food and beverage service offered or anticipated is: table service buffet service counter service other If "other", describe the manner of food and beverage service offered or anticipated:		
Is an owner, manager, or assistant manager 21 years of age or older always present on the premises during business hours?	Yes	No
Blueprints, CAD drawings, or other clearly drawn and marked diagrams may be submitted in lieu of the third page of	this form	ı.
I have attached blueprints, CAD drawings, or other supporting documents in addition to, or in lieu of, the third page of this form that meet the requirements of this form.	Yes	No



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Section 4 – Detailed Floor Plan					
Provide a detailed floor plan that clearly indicates the proposed designated and undesignated areas of the licensed business.					



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Section 5	- Certifications and	Approvals		
Read each line below, and then sign your initials	in the box to the right of each sta	atement:		Initials
I have included with this form a detailed floor plan business.	n of the proposed designated and	d undesignated areas	of the licensed	
I have included with this form a menu, or an expe	cted menu, listing the meals to b	e offered to patrons.		
I certify that the license for which I am requesting golf course, or restaurant or eating place license.	designation is either a beverage	dispensary, club, rec	reational site,	
I declare under penalty of perjury that I have exam statements, and to the best of my knowledge and			anying schedules a	and
Signature of licensee		Signature of Notary	y Public	
	Notary Public in a	nd for the State of		
Printed name of licensee				
		My commission exp	pires:	
Subscribed	d and sworn to before me this	day of		, 20
Local Government Review (to be completed by a	n appropriate local government c	official):	Approved [Disapproved_
Signature of local government official	Date			
Printed name of local government official	Title			



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AMCO Enforcement Review:			
Signature of AMCO Enforcement Supervisor	Printed name of AMCO Enforcement Supervisor		
Enforcement Recommendations:			
AMCO Director Review:		Approved	Disapproved
Signature of AMCO Director	Printed name of AMCO Director		
 Date			
Limitations:			



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Form AB-07: Public Notice Posting Affidavit

What is this form?

A public notice posting affidavit is required for all liquor license applications. An applicant must give notice of a liquor license application to the public by posting a true copy of the **Form AB-00** (new licenses) or **Form AB-01** (license transfers) for ten (10) days at the location of the proposed licensed premises and one other conspicuous location in the area of the proposed premises, per AS 04.11.310 and 3 AAC 304.125. The public notice must be given within the 60 days immediately preceding filing of the application.

This form must be completed and submitted to AMCO's main office before any license application will be considered complete.

	Section 1 - Est	ablishment In	formation		
Enter information for the b	usiness seeking to be licensed, as	identified on the licer	se application.		
Licensee:					
License Type:					
Doing Business As:					
Premises Address:					
City:			State:	ZIP:	
	Section	2 - Certificat	ion		
			Oate:		
I declare under penalty of p	erjury that I have examined this find it to be true, correct, and co	form, including all acco			ents, and to the bes
Signature of licensee			Signature of N	otary Public	
Printed name of licensee		Notary Public in a	and for the State o	of	·
			My commissio	on expires:	
	Subscribed and swor	n to before me this	day of		, 20 .



Alcohol and Marijuana Control Office 550 W 7th Avenue, Suite 1600 Anchorage, AK 99501

<u>alcohol.licensing@alaska.gov</u> https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

Form AB-09: Statement of Financial Interest

What is this form?

A statement of financial interest is required for all liquor license applications, per 3 AAC 304.105(b)(3). A person other than a licensee may not have a direct or indirect financial interest (as defined in AS 04.11.450(f)) in the business for which a liquor license is issued, per AS 04.11.450.

This form must be completed and submitted to AMCO's main office before any license application will be considered complete.

	Section	1 - Establisi	hment Info	rmation	า	
Enter information for the b	usiness seeking to be	icensed, as identifie	ed on the license	application.		
Licensee:						
License Type:				EIN:		
Doing Business As:			·			
Premises Address:						
City:				State:	ZIP:	
	1		· · · · · · · · · · · · · · · · · · ·		,	
	S	ection 2 - Ce	ertification	ıs		
application has a direct or i applied for. The sole proprietor or entit under AS 04.11.040, AS 04. The sole proprietor or entit schedules and statements,	y listed above addition 11.045, AS 04.11.050, y listed above declare	nally certifies that ar and AS 04.11.055. s under penalty of p	ny ownership cha	ange shall be	e reported to the b	ooard as required
Signature of licensee			:	Signature of	Notary Public	
Printed name of licensee		Not	ary Public in and	for the Stat	e of	·
Trinced name of neerisee				My commis	sion expires:	

Subscribed and sworn to before me this _____ day of _____



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Form AB-14: Licensed Premises Diagram Change

What is this form?

This licensed premises diagram change form is required for all liquor licensees seeking to alter the functional floor plan or reduce or expand the area of the establishment's existing licensed premises, under 3 AAC 304.185.

Your diagram must include dimensions and must show all entrances and boundaries of the premises, walls, bars, fixtures, and areas of storage, service, and consumption. If your proposed premises is located within a building or building complex that contains multiple businesses and/or tenants, please provide an additional page that clearly shows the location of your proposed premises within the building or building complex, along with the addresses and/or suite numbers of the other businesses and/or tenants within the building or building complex.

The <u>second page</u> of this form is not required. Blueprints, CAD drawings, or other clearly drawn and marked diagrams may be submitted in lieu of the second page of this form, as long as it meets the requirements listed on this form. The first and third pages must still be completed, attached to, and submitted with any supplemental diagrams. An AMCO employee may require you to complete the second page of this form if additional documentation for your premises diagram is needed.

This form must be completed and submitted to AMCO's main office <u>prior to altering the existing floor plan</u>. The licensed premises may not be altered unless and until the AMCO Director has given written approval on this form. Please note that licensees seeking to change licensed premises diagrams for multiple licenses must submit a separate completed copy of this form for each license.

			Yes	No
I have attached blueprints, page of this form.	CAD drawings, or other supporting documents in addition to, or in lieu of, the s	second		
	Section 1 - Establishment Information			
Enter information for the lic	ensed establishment.			
Licensee:	License Number:			
License Type:				
Doing Business As:				
Premises Address:				
City:	State:	ZIP:		



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Form AB-14: Licensed Premises Diagram Change

Section 2 - Detailed Premises Diagram

Clearly indicate the boundaries of the premises and the proposed licensed area within that property. Clearly indicate the interior
layout of any enclosed areas on the proposed premises. Clearly identify all entrances and exits, walls, bars, and fixtures, and outline in
red the perimeter of the areas designated for alcohol storage, service, and consumption. Include dimensions, cross-streets, and points
of reference in your drawing. You may attach blueprints or other detailed drawings that meet the requirements of this form.



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Form AB-14: Licensed Premises Diagram Change

Section 3 - Declarations and Approvals

gnature of licensee	Notary F	Public in and for	the State of Al	aska.
	My com	mission expires	:	
rinted name of licensee	Subscribed and sworn to before me this	day of		_, 20
cal Government Review (to be completed by a	n appropriate local government official):		Yes	No
ne proposed changes shown on this form confo	rm to all local restrictions and laws.			
gnature of local government official	Date			
inted name of local government official	Title			
MCO Review:		Α	pproved Dis	sapprov
gnature of AMCO Enforcement Supervisor	Signature of Director			
inted name of AMCO Enforcement Supervisor MCO Comments:	Printed name of Director		Pate	



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Form AB-04: Caterer's Permit Application

What is this form?

This caterer's permit application form is required for the holder of a **beverage dispensary** license to sell or dispense alcoholic beverages at a convention, picnic, social gathering, sporting event, or similar affair held off the holder's licensed premises. A separate form must be completed for each event. All sections of this form must be completed. The required \$50 caterer's permit fee may be made by credit card, check, or money order.

PLEASE NOTE:

This form must be completed and submitted to AMCO's main office in-person or to alcohol.licensing@alaska.gov at least one business day in advance of the event. Applications submitted after 12:00pm on Fridays for events to be held the following Saturday or Sunday will be denied. Applications that are submitted with inaccurate or incomplete fields will be returned to the applicant in the manner in which it was received, per AS 04.11.230, 3 AAC 304.105, 3 AAC 304.675, and 3 AAC 304.685.

Any event occurring in an outdoor location must have a written security plan attached to this form. This form must be signed by both the current licensee and by the law enforcement agency having jurisdiction over the site of the occasion for which this permit is sought before it is submitted to AMCO staff for review. If the completed application is approved by AMCO, a permit will be issued to the licensee for posting at the event.

	Section 1 - Licensee an	d Contact	Info	rmation		
Enter information for the b	usiness seeking the permit.					
Licensee:			Lice	ense #:		
Doing Business As:						
Premises Address:						
City:		State:	Alas	ska	ZIP:	
		T.	· ·		1	
Contact Person:			Con	tact Phone:		
Contact Email:			•			
	OFFICE US	SE ONLY				
Permit #:		Transaction #:				
Issue Date:		BRE:				



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Form AB-04: Caterer's Permit Application

			Section	า 2 –	Ever	t Informat	tion				
Enter info	rmation regarding t	he specific ev	ent for whic	h you a	are seek	ing a permit.					
Event f	Name:										
Event [Description:										
Event l	Location:										
Event (City:										
Date(s)):					1		<u> </u>			
Start Ti	ime:			am	pm	End Time:				am	pm
	see, or a specified e										
_	by 3 AAC 306.685. P Present:	iease provide	tne followi	ng into	rmation	i for the licensee	e, employee	e, or agent v	vno wiii b	e presen	it:
Title:											
Location c	of Event:									Yes	No
1.	Is this event going	to take place	on school o	r churc	h groun	ds?					
	If "Yes" to question	n 1, please at	ttach author	rizatior	n from t	he school or chu	rch for the	service of a	alcohol		
	during the event a	nt the propose	ed location.								
2.	Are you anticipating	ng, or in the p	rocess of ap	plying	for a liqu	uor license for th	ne event lo	cation?			
3.	Is there an existing	g liquor license	e of any type	e and o	wnersh	ip at the event lo	ocation?				
	If "Yes" to question	n 3, please pi	rovide the fo	ollowir	ng inforr	nation:					
	License Type:						License	#:			
	Doing Busines	s As:							ı		
	Reason event held	d on an existir	ng licensed p	premis	es:						
	i .										



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Anchorage, AK 99501

Alaska Alcoholic Beverage Control Board

Form AB-04: Caterer's Permit Application

Section 3 - Detailed Premises Diagram

Clearly indicate the boundaries of the premises and the proposed permitted area within that property. Clearly indicate the interior layout of any enclosed areas on the proposed premises. Clearly identify all entrances and exits, walls, bars, and fixtures, and outline in red the perimeter of the areas designated for alcohol storage, service, and consumption. Include dimensions, cross-streets, and points of reference in your drawing. You may attach blueprints or other detailed drawings that meet the requirements of this form.



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Form AB-04: Caterer's Permit Application

Section 4 - Servers					
Enter information for	all servers at the event. Additional copies of this page may be included.				
Name:	AK Driver License #:				
Date of Birth:	Alcohol Server Education Card Expiration Date:				
Name:	AK Driver License #:				
Date of Birth:	Alcohol Server Education Card Expiration Date:				
Name:	AK Driver License #:				
Date of Birth:	Alcohol Server Education Card Expiration Date:				
Name:	AK Driver License #:				
Date of Birth:	Alcohol Server Education Card Expiration Date:				
Name:	AK Driver License #:				
Date of Birth:	Alcohol Server Education Card Expiration Date:				
Name:	AK Driver License #:				
Date of Birth:	Alcohol Server Education Card Expiration Date:				
Name:	AK Driver License #:				
Date of Birth:	Alcohol Server Education Card Expiration Date:				
Name:	AK Driver License #:				
Date of Birth:	Alcohol Server Education Card Expiration Date:				
Name:	AK Driver License #:				
Date of Birth:	Alcohol Server Education Card Expiration Date:				
Name:	AK Driver License #:				
Date of Birth:	Alcohol Server Education Card Expiration Date:				



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Alaska Alcoholic Beverage Control Board

Form AB-04: Caterer's Permit Application

Section !	5 - Declarations and	d Approvals		
Read each line below, and then sign your initials	in the box to the right of each	statement:		Initials
I certify that I am the current licensee, and that a hours of the permit.	a licensee, employee, or agent v	vill be present at th	e event during all	
I certify that I will comply with all statutes, ordina beverages, and I understand that violation of any dispensary license and/or denial of any future per	of these laws is grounds for sus			
I certify that I understand that providing a false st for rejection or denial of this application or revoca		her form provided b	y AMCO is grounds	
As an applicant for a caterer's permit and holder and am familiar with AS 04 and 3 AAC 304, and the statements, and to the best of my knowledge and	nat I have examined this applicat	tion, including all ac	companying schedul	
Signature of licenses	Executed on this	day of		_, 20
Signature of licensee				
Printed name of licensee				
Law Enforcement and AMCO Review:				
			Approved	Disapproved
Signature of local law enforcement	Badge number		Ш	
Printed name of local law enforcement	Date			
			Approved	Disapproved
Signature of AMCO Investigator/Director	Signature of Program Coor	dinator	— <u></u>	
Printed name of AMCO Investigator/Director	Printed name of Program C	Coordinator	 Date	
AMCO Comments:				



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Form AB-05: Special Events Permit Application

What is this form?

This special events permit application form is required for a **nonprofit** fraternal, civic, or patriotic organization (active for a period of at least two years before application and **incorporated under AS 10.20**) to sell or dispense beer or wine for a specific occasion. A separate form must be completed for each event. All sections of this form must be completed. This form must be signed by the president and secretary of the organization, and by the law enforcement agency having jurisdiction over the site of the occasion for which this permit is sought before it is submitted to AMCO staff for review. The required fee of \$50 per day may be made by credit card, check, or money order.

PLEASE NOTE:

This form must be completed and submitted to AMCO's main office in-person or to alcohol.licensing@alaska.gov at least ten days in advance of the event. Your corporation must be in good standing with the Alaska Division of Corporations in order to qualify. No more than five special events permits may be granted to an organization, including its auxiliary, in any one calendar year. Applications that are submitted with inaccurate or incomplete fields will be returned to the applicant, per AS 04.11.240, 3 AAC 304.105, and 3 AAC 304.675.

Any event occurring in an outdoor location must have a written security plan attached to this form.

If the completed application is approved by AMCO, a permit will be issued to the applicant for posting at the event.

Section 1 - Nonprofit and Contact Information							
nter information for the or	ganization seeking the permit.						
Nonprofit Corporation	:						
Alaska Entity #:		A	K Formed	Date:			
Business Address:		,					
City:			State:	Alaska		ZIP:	
Contact Person:				Contact I	Phone:		
Contact Email:							
	OFFICE U	USE ONL	. Y				
Permit #:		Trans	action #:				
Issue Date:		Fee A	mount:				
Permits Granted:	of 5 this calendar year	BRE:					



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Alaska Alcoholic Beverage Control Board

Form AB-05: Special Events Permit Application

		Section 2 - Event Inf	formation			
Enter info	rmation regarding t	ne specific event for which you are seeking a pe	ermit.			
Event	Name:					
Event	Description:					
Event	Event Location:					
Event	City:					
Date(s):					
Start T	ime:	am pm End	Time:		am	pm
Location	of Event:				Yes	No
1.	Is this event going	to take place on school or church grounds?				
		n 1, please attach authorization from the scho t the proposed location.	ool or church for the	service of alcohol		
2.	Is there an existing	liquor license of any type at the event location	n?			
	If "Yes" to question	n 3, please provide the following information:	:			
	License Type:		License	#:		
	Doing Busines	S As:				
	Reason event held	on an existing licensed premises:				



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Alaska Alcoholic Beverage Control Board

Form AB-05: Special Events Permit Application

Section 3 - Detailed Premises Diagram

Clearly indicate the boundaries of the premises and the proposed permitted area within that property. Clearly indicate the interior layout of any enclosed areas on the proposed premises. Clearly identify all entrances and exits, walls, bars, and fixtures, and outline in red the perimeter of the areas designated for alcohol storage, service, and consumption. Include dimensions, cross-streets, and points of reference in your drawing. You may attach blueprints or other detailed drawings that meet the requirements of this form.



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Form AB-05: Special Events Permit Application

Section 4 - Servers							
Enter information for	all servers at the event. Additional copies of this pa	ge may be included.					
Name:		Alcohol Se	erver Education Ca	rd?			
Date of Birth:	AK Driver License #:	Yes	No				
Name:		Alcohol Se	erver Education Ca	rd?			
Date of Birth:	AK Driver License #:	Yes	No				
Name:		Alcohol Se	erver Education Ca	rd?			
Date of Birth:	AK Driver License #:	Yes	No				
Name:		Alcohol Se	Alcohol Server Education Card				
Date of Birth:	AK Driver License #:	Yes	No				
Name:		Alcohol Se	Alcohol Server Education Card				
Date of Birth:	AK Driver License #:	Yes	No				
Name:		Alcohol Se	erver Education Ca	rd?			
Date of Birth:	AK Driver License #:	Yes	No				
		1					
Name:		Alcohol Se	erver Education Ca	rd?			
Date of Birth:	AK Driver License #:	Yes	No				
Name:		Alcohol Se	erver Education Ca	rd?			
Date of Birth:	AK Driver License #:	Yes	No				
		1					
Name:		Alcohol Se	erver Education Ca	rd?			
Date of Birth:	AK Driver License #:	Yes	No				
	-						
Name:		Alcohol Se	erver Education Ca	rd?			
Date of Birth:	AK Driver License #:	Yes	No				



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Alaska Alcoholic Beverage Control Board

Form AB-05: Special Events Permit Application

Section 5 - Declarations and Approvals						
in the box to the right of each state	ement:		Initials			
eer or wine are paid to the organizat	tion and not to	o an individual.				
of the board of directors authorizing	this applicatio	n.				
	-					
			_			
7	Notary Public i	n and for the State o	of Alaska.			
Ī	 Notary Public i	n and for the State o	 of Alaska.			
 Badge number		Approved	Disapproved			
Date		Approved	Disapproved			
Signature of Program Coordinate	or	— <u></u>	Ш			
Printed name of Program Coord	linator	Date				
	in the box to the right of each state eer or wine are paid to the organizar of the board of directors authorizing ences, and regulations pertaining to the estatement on this form or any other ention of any permit issued. The under penalty of perjury that I have best of my knowledge and belief Subscribed and sworn to before meaning to the serior of	in the box to the right of each statement: eer or wine are paid to the organization and not to of the board of directors authorizing this application nees, and regulations pertaining to the possession estatement on this form or any other form providention of any permit issued. re under penalty of perjury that I have examined the best of my knowledge and belief find them to be a limit of the best of my knowledge and belief find them to be a limit of the best of my knowledge and belief find them to be a limit of the best of my knowledge and selection of the best of my knowledge and belief find them to be a limit of the best of my knowledge and belief find them to be a limit of the best of my knowledge and belief find them to be a limit of the best of my knowledge and belief find them to be a limit of the best of my knowledge and belief find them to be a limit of the best of my knowledge and belief find them to be a limit of the best of my knowledge and belief find them to be a limit of the best of my knowledge and belief find them to be a limit of the best of my knowledge and belief find them to be a limit of the best of my knowledge and belief find them to be a limit of the best of my knowledge and belief find them to be a limit of the best of my knowledge and belief find them to be a limit of the best of my knowledge and belief find them to be a limit of the best of my knowledge and belief find them to be a limit of the best of my knowledge and belief find them to be a limit of the best of t	in the box to the right of each statement: eer or wine are paid to the organization and not to an individual. of the board of directors authorizing this application. Inces, and regulations pertaining to the possession and sale of alcoholic statement on this form or any other form provided by AMCO is ground ition of any permit issued. Ince under penalty of perjury that I have examined this application, include best of my knowledge and belief find them to be true, correct, and included the Notary Public in and for the State of My commission expires: Subscribed and sworn to before me this day of Notary Public in and for the State of My commission expires: Subscribed and sworn to before me this day of Approved Badge number Approved Signature of Program Coordinator			



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Form AB-06: Restaurant Caterer's Dinner Permit Application

What is this form?

This restaurant caterer's dinner permit application form is required for the holder of a **restaurant / eating place** or **golf course** license to sell or dispense beer or wine before and during service of food provided by the licensee for a banquet or dinner event held off the holder's licensed premises. A separate form must be completed for each event. All sections of this form must be completed. A **menu** of the food that will be provided at the banquet or dinner must be attached to this form. The required \$50 restaurant caterer's dinner permit fee may be made by credit card, check, or money order.

PLEASE NOTE:

This form must be completed and submitted to AMCO's main office in-person or to alcohol.licensing@alaska.gov at least one business day in advance of the event. Applications submitted after 12:00pm on Fridays for events to be held the following Saturday or Sunday will be denied. Applications that are submitted with inaccurate or incomplete fields will be returned to the applicant in the manner in which it was received, per 3 AAC 304.105, 3 AAC 304.675, and 3 AAC 304.680.

Any event occurring in an outdoor location must have a written security plan attached to this form. This form must be signed by both the current licensee and by the law enforcement agency having jurisdiction over the site of the occasion for which this permit is sought before it is submitted to AMCO staff for review. If the completed application is approved by AMCO, a permit will be issued to the licensee for posting at the event.

	Section 1 - Licensee and	d Contact	Info	rmation		
Enter information for the b	business seeking the permit.					
Licensee:			Lice	ense #:		
Doing Business As:			1			
Premises Address:						
City:		State:	Alas	ska	ZIP:	
		'				
Contact Person:			Con	tact Phone:		
Contact Email:						
	OFFICE US	E ONLY				
Permit #:		Transaction #:				
Issue Date:		BRE:				



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Form AB-06: Restaurant Caterer's Dinner Permit Application

			Section 2	2 – Ever	nt Informat	ion				
Enter info	ormation regarding t	he specifi	c event for which y	you are seek	ing a permit.					
Event	Name:									
Event	Description:									
Event	Location:									
Event	City:									
Date(s	s):									
Start T	Time:		a	m pm	End Time:				am	pm
									_	
	•••								••••	
	see, or a specified e by 3 AAC 306.685. F									
	n Present:	•	<u> </u>			•			•	
Title:										
Location	of Event:								Yes	No
1.	Is this event going	to take pl	lace on school or c	hurch groun	ıds?					
	If "Vos" to avostis	n 1 nloo	so attack authoriza	ation from t	ha sahaal ar ahu	rch for the	corries of s	lechel		
	If "Yes" to question during the event a			ation nom t	ne school of cha	icii ioi tile	sei vice oi a	iiconoi		
2.	Are you anticipati	og orinth	no process of apply	ing for a lig	uar licanca for th	a avent loc	ation?			
۷.	Are you arricipati	ig, or in ti	ne process or appry	ying for a fiq	doi license for th	e event loc	ation:		ш	Ш
3.	Is there an existing	a liquor lic	ence of any type a	nd ownersh	in at the event lo	ocation?				
5.	is there an existing	5 iiquoi iic	cense of any type a	ina ownersii	ip at the event ie	cation:			ш	
	If "Yes" to question	n 3, pleas	se provide the foll	owing infor	mation:					
	License Type:					License #	# :			
	Doing Busines	s As:								
	Reason event hel	d on an ex	kisting licensed pre	emises:						
	1									



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Alaska Alcoholic Beverage Control Board

Form AB-06: Restaurant Caterer's Dinner Permit Application

Section 3 - Detailed Premises Diagram

Clearly indicate the boundaries of the premises and the proposed permitted area within that property. Clearly indicate the interior layout of any enclosed areas on the proposed premises. Clearly identify all entrances and exits, walls, bars, and fixtures, and outline in red the perimeter of the areas designated for alcohol storage, service, and consumption. Include dimensions, cross-streets, and points of reference in your drawing. You may attach blueprints or other detailed drawings that meet the requirements of this form.



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Form AB-06: Restaurant Caterer's Dinner Permit Application

	Section 4 - Servers	
Enter information for	all servers at the event. Additional copies of this page may be included.	
Name:	AK Driver License #:	
Date of Birth:	Alcohol Server Education Card Expiration Date:	
Name:	AK Driver License #:	
Date of Birth:	Alcohol Server Education Card Expiration Date:	
Name:	AK Driver License #:	
Date of Birth:	Alcohol Server Education Card Expiration Date:	
Name:	AK Driver License #:	
Date of Birth:	Alcohol Server Education Card Expiration Date:	
Name:	AK Driver License #:	
Date of Birth:	Alcohol Server Education Card Expiration Date:	
Name:	AK Driver License #:	
Date of Birth:	Alcohol Server Education Card Expiration Date:	
Name:	AK Driver License #:	
Date of Birth:	Alcohol Server Education Card Expiration Date:	
Name:	AK Driver License #:	
Date of Birth:	Alcohol Server Education Card Expiration Date:	
Name:	AK Driver License #:	
Date of Birth:	Alcohol Server Education Card Expiration Date:	
Name:	AK Driver License #:	
Date of Birth:	Alcohol Server Education Card Expiration Date:	



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Alaska Alcoholic Beverage Control Board

Form AB-06: Restaurant Caterer's Dinner Permit Application

Section 5 - Declarations and Approvals						
Read each line below, and then sign your initials	s in the box to the right of each statement:	lni	itials			
I certify that I am the current licensee, that a lice hours of the permit, and that I have included a m	ensee, employee, or agent will be present at the ev nenu with this application.	ent during all				
·	ances, and regulations pertaining to the possession of these laws is grounds for suspension or revocati ations.					
I certify that I understand that providing a false st for rejection or denial of this application or revoc	tatement on this form or any other form provided bation of any permit issued.	by AMCO is grounds				
read and am familiar with AS 04 and 3 AAC 304, a	permit and holder of a liquor license, I declare unde and that I have examined this application, including d belief find them to be true, correct, and complete	all accompanying schedules a				
Signature of licensee	Executed on this day of	, 20	·			
Printed name of licensee	-					
Law Enforcement and AMCO Review:						
		Approved Disappro	oved			
Signature of local law enforcement	Badge number		_			
Printed name of local law enforcement	Date					
		Approved Disappro	oved			
Signature of AMCO Investigator/Director	Signature of Program Coordinator		J			
Printed name of AMCO Investigator/Director	Printed name of Program Coordinator	Date				
AMCO Comments:						



Alcohol and Marijuana Control Office 550 W 7th Avenue, Suite 1600 Anchorage, AK 99501

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Form AB-20: Club License Caterer's Permit Application

What is this form?

This club license caterer's permit application form is required for the holder of a **club** license to sell or dispense alcoholic beverages at an event held off the holder's licensed premises for club members and their guests. A separate form must be completed for each event. All sections of this form must be completed. No more than three permits will be granted to an organization in any one calendar year. The required \$100 club license caterer's permit fee may be made by credit card, check, or money order.

PLEASE NOTE:

This form must be completed and submitted to AMCO's main office in-person or to alcohol.licensing@alaska.gov at least one business day in advance of the event. Applications submitted after 12:00pm on Fridays for events to be held the following Saturday or Sunday will be denied. Applications that are submitted with inaccurate or incomplete fields will be returned to the applicant in the manner in which it was received, per AS 04.11.110, 3 AAC 304.105, 3 AAC 304.675, and 3 AAC 304.690.

Any event occurring in an outdoor location must have a written security plan attached to this form. This form must be signed by the presiding officer and secretary of the organization, and by the law enforcement agency having jurisdiction over the site of the occasion for which this permit is sought before it is submitted to AMCO staff for review. If the completed application is approved by AMCO, a permit will be issued to the licensee for posting at the event.

Section 1 - Licensee and Contact Information Enter information for the business seeking the permit. Licensee: License #: **Doing Business As: Premises Address:** City: State: Alaska ZIP: Contact Person: Contact Phone: **Contact Email:** OFFICE USE ONLY Permit # Transaction #: Issue Date: BRE: Permits Granted: of 3 this calendar year



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Alaska Alcoholic Beverage Control Board

Form AB-20: Club License Caterer's Permit Application

		Section	2 – Eve	ent Informa	tion				
Enter info	rmation regarding t	he specific event for which	you are se	eking a permit.					
Event N	Name:								
Event [Description:								
Event L	ocation:								
Event C	City:								
Date(s)):				T				
Start Ti	ime:	i	am pm	End Time:				am	pm
The licens	ee, or a specified e	mployee or agent of the lic	ensee, mu	st be present on t	the catered	premises du	ring all pe	ermit ho	ours, as
· · ·	_	Please provide the following	g informati	on for the license	e, employee	, or agent w	ho will be	presen	t:
Person	Present:								
Title:									
Location o	of Event:							Yes	No
				1.2					
1.	Is this event going	to take place on school or	church gro	ınds?				Ш	Ш
	=	on 1, please attach authoriz	zation from	the school or chu	urch for the	service of al	lcohol		
	during the event a	at the proposed location.							
2.	Are you anticipating	ng, or in the process of app	lying for a l	quor license for t	he event loc	ation?			
_									
3.	Is there an existing	g liquor license of any type	and owner	ship at the event I	ocation?				
	If "Yes" to question	on 3, please provide the fol	lowing info	rmation:					
	License Type:				License	#:			
	Doing Busines	s As:							
	Reason event held	d on an existing licensed pr	emises:						
	1								



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Alaska Alcoholic Beverage Control Board

Form AB-20: Club License Caterer's Permit Application

Section 3 - Detailed Premises Diagram

Clearly indicate the boundaries of the premises and the proposed permitted area within that property. Clearly indicate the interior layout of any enclosed areas on the proposed premises. Clearly identify all entrances and exits, walls, bars, and fixtures, and outline in red the perimeter of the areas designated for alcohol storage, service, and consumption. Include dimensions, cross-streets, and points of reference in your drawing. You may attach blueprints or other detailed drawings that meet the requirements of this form.



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Form AB-20: Club License Caterer's Permit Application

	Section 4 - Servers	
Enter information for	all servers at the event. Additional copies of this page may be included.	
Name:	AK Driver License #:	
Date of Birth:	Alcohol Server Education Card Expiration Date:	
Name:	AK Driver License #:	
Date of Birth:	Alcohol Server Education Card Expiration Date:	
Name:	AK Driver License #:	
Date of Birth:	Alcohol Server Education Card Expiration Date:	
Name:	AK Driver License #:	
Date of Birth:	Alcohol Server Education Card Expiration Date:	
Name:	AK Driver License #:	
Date of Birth:	Alcohol Server Education Card Expiration Date:	
Name:	AK Driver License #:	
Date of Birth:	Alcohol Server Education Card Expiration Date:	
Name:	AK Driver License #:	
Date of Birth:	Alcohol Server Education Card Expiration Date:	
Name:	AK Driver License #:	
Date of Birth:	Alcohol Server Education Card Expiration Date:	
Name:	AK Driver License #:	
Date of Birth:	Alcohol Server Education Card Expiration Date:	
Name:	AK Driver License #:	
Date of Birth:	Alcohol Server Education Card Expiration Date:	



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Alaska Alcoholic Beverage Control Board

Form AB-20: Club License Caterer's Permit Application

Section 5	- Declarations and Appro	ovals	
Read each line below, and then sign your initials i	n the box to the right of each statement:		Initials
I certify that a licensee, employee, or agent will be	e present at the event during all hours of	the permit.	
I certify that I will comply with all statutes, ordinan beverages (including all restrictions and prohibition laws is grounds for suspension or revocation of my	ns under AS 04.11.110), and I understand	that violation of any of these	
I certify that I understand that providing a false sta for rejection or denial of this application or revocat		ovided by AMCO is grounds	
As an applicant for a club license caterer's permit a am familiar with AS 04 and 3 AAC 304, and that I has statements, and to the best of my knowledge and	ave examined this application, including a	ll accompanying schedules and	read and
Signature of presiding officer of organization	Signature of secretary of organi	zation	
Printed name of presiding officer of organization	Printed name of secretary of or	ganization	
Executed on this day of	20		
Law Enforcement and AMCO Review:			
		Approved Dis	approved
Signature of local law enforcement	Badge number		
Printed name of local law enforcement	Date		
		Approved Dis	approved
Signature of AMCO Investigator/Director	Signature of Program Coordinator	— ⊔	
Printed name of AMCO Investigator/Director	Printed name of Program Coordinator	Date	
AMCO Comments:			



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Form AB-23: Wine Auction Permit Application

What is this form?

This wine auction permit application form is required for a **nonprofit** fraternal, civic, or patriotic organization (active for a period of at least two years before application and **incorporated under AS 10.20**) to sell **wine** (no beer or spirits) by outcry or silent auction for a specific occasion. A separate form must be completed for each event. All sections of this form must be completed. This form must be signed by the president and secretary of the organization, and by the law enforcement agency having jurisdiction over the site of the occasion for which this permit is sought before it is submitted to AMCO staff for review. The required fee of \$50 per day may be made by credit card, check, or money order.

PLEASE NOTE:

This form must be completed and submitted to AMCO's main office in-person or to alcohol.licensing@alaska.gov at least ten days in advance of the event. Your corporation must be in good standing with the Alaska Division of Corporations in order to qualify. No more than five wine auction permits may be granted to an organization, including its auxiliary, in any one calendar year. Applications that are submitted with inaccurate or incomplete fields will be returned to the applicant, per 3 AAC 304.105, 3 AAC 304.675, and 3 AAC 304.699.

Any event occurring in an outdoor location must have a written security plan attached to this form.

If the completed application is approved by AMCO, a permit will be issued to the applicant for posting at the event.

	Section 1 - Nonprofit a	and Contact	Information	on	
Enter information for the	organization seeking the permit.				
Nonprofit Corporation	n:				
Alaska Entity #:		AK Formed	Date:		
Business Address:					
City:		State:	Alaska	ZIP:	
Contact Person:			Contact Pho	ne:	
Contact Email:					
	OFFICE	USE ONLY			
Permit #:	533342	Transaction #:			
Issue Date:		Fee Amount:			
Permits Granted:	of 5 this calendar year	BRE:			



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Form AB-23: Wine Auction Permit Application

		Section	on 2 - Eve	nt Informa	tion				
Enter info	rmation regarding t	he specific event for wh	ich you are see	king a permit.					
Event	Name:								
Event	Description:								
Event	Location:								
Event	City:								
Date(s):								
Start T	ime:		am pm	End Time:				am	pm
Location	of Event:							Yes	No
1.	Is this event going	to take place on school	or church grou	nds?				Ш	
	If "Yes" to guestic	n 1, please attach auth	orization from	the school or chu	urch for the	sale of alcol	hol		
		t the proposed location							
2.	Is there an existing	g liquor license of any ty	pe at the event	location?					
	If "Yes" to questic	n 3, please provide the	following info	rmation:					
	License Type:				License	#:			
	Doing Busines	s As:							
		I							
	Reason event held	on an existing licensed	d premises:						



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Alaska Alcoholic Beverage Control Board

Form AB-23: Wine Auction Permit Application

Section 3 - Detailed Premises Diagram

Clearly indicate the boundaries of the premises and the proposed permitted area within that property. Clearly indicate the interior layout of any enclosed areas on the proposed premises. Clearly identify all entrances and exits, walls, bars, and fixtures, and outline in red the perimeter of the areas designated for alcohol storage, service, and consumption. Include dimensions, cross-streets, and points of reference in your drawing. You may attach blueprints or other detailed drawings that meet the requirements of this form.



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Form AB-23: Wine Auction Permit Application

	Section 4 - Se	ervers		
Enter information for	all servers at the event. Additional copies of this pag	ge may be included.		
Name:		Alcohol Se	rver Education	Card?
Date of Birth:	AK Driver License #:	Yes	No	
			·	•
Name:		Alcohol Se	erver Education	Card?
Date of Birth:	AK Driver License #:	Yes	No	
Name:		Alcohol Se	rver Education	Card?
Date of Birth:	AK Driver License #:	Yes	No	
Name:		Alcohol Se	rver Education	Card?
Date of Birth:	AK Driver License #:	Yes	No	
Name:		Alcohol Se	rver Education	Card?
Date of Birth:	AK Driver License #:	Yes	No	
			·	
Name:		Alcohol Se	rver Education	Card?
Date of Birth:	AK Driver License #:	Yes	No	
			·	
Name:		Alcohol Se	rver Education	Card?
Date of Birth:	AK Driver License #:	Yes	No	
Name:		Alcohol Se	rver Education	Card?
Date of Birth:	AK Driver License #:	Yes	No	
Name:		Alcohol Se	rver Education	Card?
Date of Birth:	AK Driver License #:	Yes	No	
			-	•
Name:		Alcohol Se	erver Education	Card?
Date of Birth:	AK Driver License #:	Yes	No	



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Form AB-23: Wine Auction Permit Application

Section 5 - Declarations and Approvals					
Read each line below, and then sign your initials	in the box to the right of each st	atement:			Initials
I certify that all profits derived from the auction of wine are paid to the organization and not to an individual.					
I have attached a certified copy of the resolution of the board of directors authorizing this application.					
I certify that I will comply with all statutes, ordina beverages, and I understand that providing a fals for rejection or denial of this application or revoc	e statement on this form or any o	-			
As an applicant for a wine auction permit, I decla accompanying schedules and statements, and to					
Signature of president of organization	Notary Public in and for the State of Alask				of Alaska.
	My commission expires:				
Printed name of president of organization	Subscribed and sworn to before	me this	day of		, 20
Signature of secretary of organization		Notary P	ublic in and	for the State	of Alaska.
Printed name of secretary of organization	Subscribed and sworn to before			res:	
Law Enforcement and AMCO Review:					
				Approved	Disapproved
Signature of local law enforcement	Badge number				Ш
Printed name of local law enforcement	Date			Approved	Disapproved
Signature of AMCO Investigator/Director	Signature of Program Coordinator				
Printed name of AMCO Investigator/Director	Printed name of Program Coordinator			Date	
AMCO Comments:					