

Alaska Alcoholic Beverage Control Board Renewal License Application Form AB-17c: Recreational Site

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

What is this form?

This renewal license application form is required for all individuals or entities seeking to apply for renewal of an existing recreational site license that will expire on December 31, 2016. All fields of this form must be complete and correct, or the application will be returned to you in the manner in which it was received, per AS 04.11.270 and 3 AAC 304.105. The Community Council field only needs to be verified/completed by licensees whose establishments are located within the Municipality of Anchorage or outside of city limits within the Matanuska-Susitna Borough.

This form must be completed correctly and submitted to the Alcohol & Marijuana Control Office (AMCO)'s main office, along with all other required documents and fees, before any renewal license application will be considered complete.

Section 1 - Establishment and Contact Information Enter information for the business seeking to have its license renewed. Licensee: Anchorage Bucs Baseball Club Inc License #: 1747 License Type: Recreational Site-Seasonal Statute: AS 04.11.210 Doing Business As: **Anchorage Bucs** Premises Address: Mulcahy Stadium - A St & 16th Ave. Local Governing Body: Municipality of Anchorage Community Council: Midtown loth Mailing Address: State: 60 ZIP: 99501 Enter information for the licensee who will be designated as the primary point of contact regarding this application and the license. Designated Licensee: **Contact Phone: Business Phone:** Contact Email: Seasonal License? If "Yes", write your six-month operating period: Me [Form AB-17c] (rev 10/25/2016) Page 1 of 5

FEB 0 2 2017

STATE OF ALASKA



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	Section 2	- Sole Propriet	or Ownershi	ip Information	1	
If more space is need	led, please attach a s	ole proprietor who is apseparate sheet with the eted for each licensee ar	required information	on.	o Section 3.	
This individual is an:	applicant	affiliate				
Name:						
Address:						
City:			State:		ZIP:	
Email:						
Contact Phone:						
Name: Address:						-
Name:						
Address:						
City:			State:		ZIP:	
Email:						
Contact Phone:						
	be completed by an	ion 3 – Entity O y licensee that is a corp orations (DOC). Partner	oration or LLC. Corp	orations and LLCs are		
Alaska DOC Entit	-	7 284 D	silps may skip to re	age 3. 30le proprietor	s snould skip to	5 Section 4.
Alaska Division of Co		10-10			(Yes	s No
Is your entity in	n good standing with	the Alaska Division of C	orporations?			10
[Form AB-17c] (rev 10/2	25/2016) RECI		10000			Page 2 of 5





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This subsection must be completed by any entity, including a corporation, limited liability company (LLC), partnership, or limited partnership, that is applying for renewal. If more space is needed, please attach additional completed copies of this page.

- If the applicant is a corporation, 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 limited liability organization, 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 partnership, including a limited partnership, the following information must be completed for each partner

with an interest of 10% or more, and for each general partner.							
Entity Official:	Anna Beu S.	Lever 5					
Title(s):	President	Phone:	907 561 2821	% Owned:			
Address:	435 West With AUE Str B						
City:	Ducharaje	State:	ou	ZIP: 9	95291		
	٥				•		
Entity Official:	Ray Reynold	5					
Title(s):	VP"	Phone:		% Owned:			
Address:	435 West 10	th Die	5-12 B				
City:	435 West 10	State:	SK	ZIP:	7504		
	/						
Entity Official:	Calen Buley	/					
Title(s):	VP	Phone:		% Owned:			
Address:	435 West	wth	Ave Stell	3			
City:	Ancharage	State:	AK	ZIP:	39521		
	J						
Entity Official:	Kim March	rt					
Title(s):	Secretary	Phone:		% Owned:			
Address:	U35 West	(oth	Due Si	Le B			
City:	Archrage	State:	BK	ZIP:	34501		
	1						
Entity Official:				1007-2608-00-			
Title(s):		Phone:		% Owned:			
Address:					'		
City:		State:		ZIP:			

[Form AB-17c] (rev 10/25/2016)





[Form AB-17c] (rev 10/25/2016)

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ALCOHOL MARIJUANA CONTROL OFFICE STATE OF ALASKA

Alaska Alcoholic Beverage Control Board **Renewal License Application** Form AB-17c: Recreational Site

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Page 4 of 5

Does any person other than a licensee named in this application have authority to discuss this license with AMCO staff? Section 5 – License Operation Ke the box that best describes your liquor license operations in calendar years 2015 and 2016: The license was regularly operated continuously throughout each year. The license was regularly operated to meet the minimum requirement of one time during each calendar year. If this box is checked, an AMCO employee will contact you after reviewing your application. The license was not operated at all during one or both of the calendar years. If this box is checked, an AMCO employee will contact you after reviewing your application. Section 6 – Convictions icant convictions in calendar years 2015 and 2016: Yes Has any person named in this application been convicted of a violation of Title 04, of 3 AAC 304, or a local ordinance adopted under AS 04.21.010 in the calendar years 2015 or 2016?	Does any person other than a licensee named in this application have authority to discuss this license with AMCO staff? Yes", disclose the name of the individual and the reason for this authorization: Section 5 – License Operation the box that best describes your liquor license operations in calendar years 2015 and 2016: The license was regularly operated continuously throughout each year. The license was regularly operated during a specific season each year. The license was only operated to meet the minimum requirement of one time during each calendar year. If this box is checked, an AMCO employee will contact you after reviewing your application. The license was not operated at all during one or both of the calendar years. If this box is checked, an AMCO employee will contact you after reviewing your application. Section 6 – Convictions AMCO employee will contact you after reviewing your application. Section 6 – Convictions Has any person named in this application been convicted of a violation of Title 04, of 3 AAC 304, or a local ordinance adopted under AS 04.21.010 in the calendar years 2015 or 2016?	Section 4 – Authorization		
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"Yes", list all convictions:		'Yes", list all convictions:		



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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 current licensees (as defined in AS 04.11.260) and affiliates have been listed on this application, and if the licensee is an organized entity, that all current entity officials and stakeholders are listed with the Alaska Division of Corporations.



I certify on behalf of myself or of the organized entity 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 in accordance with AS 04.11.450, no one other than the licensee(s) has a direct or indirect financial interest in the licensed business.



I certify that I have not altered the functional floor plan or reduced or expanded the area of the licensed premises, and I have not changed the business name or the ownership (including officers or stakeholders) from what is currently on file with the Alcoholic Beverage Control Board.



I certify that I have not violated any restrictions pertaining to this particular license type, and that this license has not been operated in violation of a condition or restriction imposed by the Alcoholic Beverage Control Board.



I have submitted a written statement as part of this application that meets the attached Recreational Site Statement Guidelines.



As an applicant for a liquor license renewal, I declare under penalty of perjury that I have read and am familiar with AS 04 and 3 AAC 304, and that this application, including all accompanying schedules and statements, is true, correct, and complete. I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application and understand that failure to do so by any deadline given to me by AMCO staff will result in this application being returned to me as incomplete. MINIMINI

Signature of licensee



Signature of Notary Public

Publish and for the State of

My commission expires: July 4, 2018

Subscribed and sworn to before me this 27 day of Transacre

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License Fee: \$ 400.00 Filing Fee: \$ 200.00 TOTAL: \$ 600.00 Late Fee of \$500.00 - if received or postmarked after 01/03/2017: Miscellaneous Fees: GRAND TOTAL (if different than TOTAL):

FFB 0 2 2017

To: Alaska Alcoholic Beverage Control Board

License #1747

We are a summer collegiate baseball team that plays in the Alaska Baseball League. All of our games are played in the summer months of June, July and August. Generally our games last 3-4 hours and vary in times, depending on the day of games. We play a 55 game schedule.

Respectfully submitted,

Shawn Maltby

General Manager

