



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-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 – Transferor Information

Enter information for the **current** licensee and licensed establishment.

Licensee:	KING MOUNTAIN LODGE LLC		License #:	612	
License Type:	BEVERAGE DISPENSARY		Statutory Reference:	AS 04.11.090	
Doing Business As:	KINGMOUNTAIN LODGE LLC				
Premises Address:	34097 N GLENN HIGHWAY				
City:	CHICKALON	State:	AK	ZIP:	99674-8132
Local Governing Body:	CHICKALON COMMUNITY / M.S.B.				

Transfer Type:

- Regular transfer
 Transfer with security interest
 Involuntary retransfer

OFFICE USE ONLY			
Complete Date:		Transaction #:	15507, 1022026
Board Meeting Date:		License Years:	
Issue Date:		BRE:	



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Section 2 – Transferee Information

Enter information for the **new** applicant and/or location seeking to be licensed.

Licensee:	JAMES D PSBNAK / JUHREE D. PSBNAK			
Doing Business As:	KING MOUNTAIN LODGE			
Premises Address:	34097 N GLENN HIWAY			
City:	CHICKALON	State:	AK	ZIP: 99674-8132
Community Council:	CHICKALON COMMUNITY / MSP			
Mailing Address:	P.O. BOX 419			
City:	PALMER	State:	AK	ZIP: 99645
Designated Licensee:	JAMES D PSBNAK / JUHREE D. PSBNAK			
Contact Phone:	745-8330 / 355-8330	Business Phone:	355-8330	
Contact Email:	JPC-ALPINE @ BCI.NET			

Seasonal License? Yes No
 If "Yes", write your six-month operating period: _____

Section 3 – Premises Information

Premises to be licensed is:

an existing facility a new building a proposed building

The next two questions must be completed by beverage dispensary (including tourism) and package store applicants only:

What is the distance of the shortest pedestrian route from the public entrance of the building of your proposed premises to the outer boundaries of the nearest school grounds? Include the unit of measurement in your answer.

SUTTON ELEMENTARY SCHOOL / 15 MILES

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.

SUTTON BAPTIST CHURCH / 15 MILES



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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:	JAMES D. PSEMAK				
Address:	P.O. Box 419				
City:	PALMER	State:	AK	ZIP:	99645

This individual is an: applicant affiliate

Name:	JUHREE D. PSEMAK				
Address:	P.O. Box 419				
City:	PALMER	State:	AK	ZIP:	99645

Section 5 – Entity Ownership Information

This section must be completed by any entity, 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 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:					
Title(s):		Phone:		% Owned:	
Address:					
City:		State:		ZIP:	



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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 Alaska, which license number(s) and license type(s):

JAMES D. PSENAK
 ALPINE INN LLC - BAR/LIQUOR STORE MI. 601 GLENN HIGHWAY
 #048 BEVERAGE DISPENSARY
 #049 PACKAGE STORE

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:

[Empty box for authorization details]

#612



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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 perjury 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 find the information on this application to be true, correct, and complete.

Michael C. Hedrick
Signature of transferor
Michael C. Hedrick
Printed name of transferor

Subscribed and sworn to before me this 3 day of October, 2017.

Megan N. Leggett
Signature of Notary Public

Notary Public
MEGAN N. LEGGETT
State of Alaska
My Commission Expires Aug. 30, 2021

Notary Public in and for the State of Alaska

My commission expires: 2021

Signature of transferor

Printed name of transferor

Subscribed and sworn to before me this _____ day of _____, 20____.

Signature of Notary Public

Notary Public in and for the State of _____

My commission expires: _____





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Section 9 – Transferee 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.

JP

I certify that all proposed licensees have been listed with the Division of Corporations.

JP

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.

JP

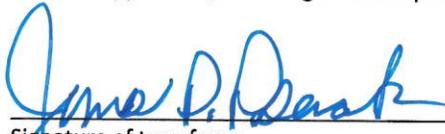
I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check the identification of a patron will complete an approved alcohol server education course, if required by AS 04.21.025, and, while selling or serving alcoholic beverages, will carry or have available to 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.

JP

I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application.

JP

As an applicant for a liquor license, 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.


 Signature of transferee

JAMES D. PSENAK
 Printed name

Subscribed and sworn to before me this 2nd day of October, 2017.




 Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: 6-13-2021



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JP

I certify that all proposed licensees have been listed with the Division of Corporations.

JP

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.

JP

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.

JP

I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application.

JP

As an applicant for a liquor license, 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.

Julie D. Psenak

Signature of transferee

Julie D Psenak

Printed name

Subscribed and sworn to before me this 2nd day of October, 2017.



Monica M. Schachle
 Signature of Notary Public

Notary Public in and for the State of Alaska.

My commission expires: 6-13-2021



Alaska Alcoholic Beverage Control Board
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, consumption, and manufacturing. 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 second page 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.

Yes No

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 licensed, as identified on the license application.

Licensee:	JAMES D. PSEWAK / J UHROE	License Number:	612
License Type:	BENEFICIAL DISPENSARY		
Doing Business As:	KING MOUNTAIN LODGE		
Premises Address:	34097 N. GLENNHWAY		
City:	CHICKALOOA	State:	AK ZIP: 99674





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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, consumption, and manufacturing. 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.

