



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

**Beverage Dispensary – Tourism License
 Form AB-17d: 2018/2019 Renewal License Application**

What is this form?

This renewal license application form is required for all individuals or entities seeking to apply for renewal of an existing beverage dispensary – tourism liquor license that will expire on December 31, 2017. 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 should 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. If any populated information is incorrect, please contact AMCO

Licensee:	Jacobsen/Daniels Associates, LLC	License #:	5340
License Type:	Beverage Dispensary - Tourism	Statute:	AS 04 11.400(d)
Doing Business As:	The Annex		
Premises Address:	1873 Shell Simmons Drive, Ste 220a		
Local Governing Body:	City & Borough of Juneau		
Community Council:	None		

Mailing Address:	121 Pearl Street				
City:	Ypsilanti	State:	Michigan	ZIP:	48197

Enter information for the individual who will be designated as the primary point of contact regarding this application. This individual must be a licensee who is required to be listed in and authorized to sign this application.

Point of Contact:	Brad Jacobsen (and/or) Darryl Daniels		
Contact Phone:	734-961-3200	Business Phone:	734-961-3200
Contact Email:	brad@jacobsendaniels.com (and/or) darryl@jacobsendaniels.com		

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





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Section 2 – 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:
 David Brown - Director of Operations (314 435-4192)

Section 3 – Sole Proprietor Ownership Information

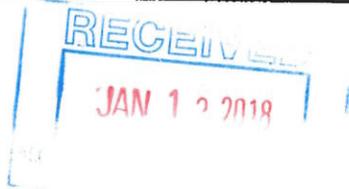
This section must be completed by any sole proprietorship who is applying for license renewal. Entities should skip to Section 4. If more space is needed, please attach a separate sheet with the required information. The following information must be completed for each licensee and each affiliate (spouse).

This individual is an: applicant affiliate

Name:				
Mailing Address:				
City:		State:		ZIP:
Email:				
Contact Phone:				

This individual is an: applicant affiliate

Name:				
Mailing Address:				
City:		State:		ZIP:
Email:				
Contact Phone:				





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Section 4 – Entity Ownership Information

This subsection must be completed by any licensee that is a corporation or LLC. Corporations and LLCs are required to be in good standing with the Alaska Division of Corporations, Business & Professional Licensing (CBPL). You may view your entity's status or find your CBPL entity number by visiting the following site: <https://www.commerce.alaska.gov/cbp/main/search/entities>
 Partnerships may skip to the second half of this page. Sole proprietorships should skip to Section 5.

Alaska CBPL Entity #:	10019599
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You must ensure that you are able to certify the following statement before signing your initials in the box to the right: Initials

I certify that this entity is in good standing with CBPL and that all current entity officials and stakeholders (listed below) are also currently and accurately listed with CBPL.

This subsection must be completed by any community or entity, including a corporation, limited liability company, 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 Name:	Darryl H. Daniels			
Title(s):	Member	Phone:	734-961-3200	% Owned: 51%
Mailing Address:	121 Pearl Street			
City:	Ypsilanti	State:	MI	ZIP: 48197

Entity Official Name:	Bradley T. Jacobsen			
Title(s):	Member	Phone:	734-961-3200	% Owned: 49%
Mailing Address:	121 Pearl Street			
City:	Ypsilanti	State:	MI	ZIP: 48197

Entity Official Name:				
Title(s):		Phone:		% Owned:
Mailing Address:				
City:		State:		ZIP:





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Section 5 – License Operation

Table with 3 columns: Description, 2016, 2017. Rows describe license operation status for 2016 and 2017, including checkboxes for 'X' or empty boxes.

Section 6 – Violations and Convictions

Table with 3 columns: Question, Yes, No. Rows ask about NOVs and convictions in 2016 or 2017.

If "Yes" to either of the previous two questions, attach a separate page to this application listing all NOVs and/or convictions.

Section 7 – Alcohol Server Education

Read the line below, and then sign your initials in the box to the right of the statement:

I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check identification of a patron have completed an alcohol server education course approved by the ABC Board and keep current, valid copies of their course completion cards on the licensed premises during all working hours, as required under AS 04.21.025 and 3 AAC 304.465.

Initials [Handwritten signature]





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Section 8 – Certifications

Read each line below, and then sign your initials in the box to the right of each statement:

I certify that all current licensees (as defined in AS 04.11.260) and affiliates have been listed on this application

Initials

[Handwritten initials]

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.

[Handwritten initials]

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, managers, general partners, or stakeholders) from what is currently on file with the Alcoholic Beverage Control Board.

[Handwritten initials]

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.

[Handwritten initials]

I am submitting as part of this application a written statement that meets the attached Tourism Statement Guidelines, for review by the Alcoholic Beverage Control Board.

[Handwritten initials]

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.

[Handwritten signature]
 Signature of licensee
 Bradley T. Jacobsen
 Printed name of licensee

[Handwritten signature]
 Signature of Notary Public
 Notary Public in and for the State of Michigan

My commission expires: 11-15-2020

Subscribed and sworn to before me this 9th day of January, 2018.

License Fee:	\$ 2500.00	Application Fee:	\$ 200.00	TOTAL:	\$ 2700.00
Late Fee of \$500.00 – If received or postmarked after 01/02/2018:					
Miscellaneous Fees:					
GRAND TOTAL (if different than TOTAL):					



SUZAN P. GLESNER
 NOTARY PUBLIC - STATE OF MICHIGAN
 COUNTY OF WASHTENAW
 My Commission Expires 11-15-2020
 Acting in the County of Washtenaw



November 14, 2017

Alaska Alcohol and Marijuana Control Office
550 W. 7th Avenue, Suite 1600
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Re: AMCO Licenses 5340 & 5341 – “Tourism Statement”

1. Pursuant to AMCO Board guidelines for AS.04.11.400.(d)(2), we are serving as the master food and beverage concessionaire at the Juneau International Airport which allows for liquor licenses to be granted for the airport pre and post security bars/lounges.
2. Operating under current, approved & filed CBJ facility layouts (JNU Airport)
3. Jacobsen|Daniels Associates, LLC – 121 Pearl Street, Ypsilanti, MI 48197
4. No – room rentals
 - b. Both licenses 5340 & 5341 – are located at the JNU International Airport
5. Seated dining (Grab-N-Go) seating section provided.
6. No other tourism activities are provided in this location.

We thank you in advance for your attention to the renewals of the above-mentioned liquor licenses. Should you require any further information or documentation, please feel free to contact me (314) 435-4192 or email at david.brown@jacobsendaniels.com.

Sincerely,



David M. Brown
Director of Operations (GM, Concessions)
Jacobsen Daniels Associates, LLC

