



Alcohol and Marijuana Control Office  
550 W 7<sup>th</sup> Avenue, Suite 1600  
Anchorage, AK 99501  
[alcohol.licensing@alaska.gov](mailto: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:	McGuire's Tavern & Liquor, Inc.	License #:	680
License Type:	Package Store	Statutory Reference:	AS 04.11.150
Doing Business As:	McGuire's Tavern		
Premises Address:	Main Street		
City:	McGrath	State:	AK
		ZIP:	99627
Local Governing Body:	City of McGrath		

### Transfer Type:

- ☒ Regular transfer  
☐ Transfer with security interest  
☐ Involuntary retransfer

OFFICE USE ONLY			
Complete Date:	4/25/19	Transaction #:	1045536
Board Meeting Date:	7/8/19	License Years:	19/20
Issue Date:		BRE:	CDC





Alaska Alcoholic Beverage Control Board

**Form AB-01: Transfer License Application**

**Section 2 – Transferee Information**

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

Licensee:	McGuire's Tavern & Liquor, Inc.				
Doing Business As:	McGuire's Tavern				
Premises Address:	Main Street				
City:	McGrath	State:	AK	ZIP:	99627
Community Council:	N/A				

Mailing Address:	PO Box 94				
City:	McGrath	State:	AK	ZIP:	99627

Designated Licensee:	Allan Anderson, II				
Contact Phone:	907-574-0379	Business Phone:	907-524-3150		
Contact Email:	N/A				

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.

280 Yards

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.

175 Yards





## Alaska Alcoholic Beverage Control Board

**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 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:	Allan Anderson, II				
Title(s):	Sec, Sh, Pres, Dir, Treas	Phone:	907-574-0319	% Owned:	100
Address:	PO Box 37				
City:	McGrath	State:	AK	ZIP:	99627





## Alaska Alcoholic Beverage Control Board

**Form AB-01: Transfer License Application**

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:	

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 #:	67392D	AK Formed Date:	7/28/99	Home State:	AK
Registered Agent:	Allan Anderson, II	Agent's Phone:	907-574-0319		
Agent's Mailing Address:	PO Box 37				
City:	McGrath	State:	AK	ZIP:	99627

Residency of Agent:

Yes No

Is your corporation or LLC's registered agent an individual resident of the state of Alaska?





Alaska Alcoholic Beverage Control Board

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

Allan Anderson, II, McGuire's Tavern, Beverage Dispensary license #679, in Alaska.

**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:

The Law Offices of Ernouf & Coffey, P.C. is assisting with the stock transfer.





Alaska Alcoholic Beverage Control Board

**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.

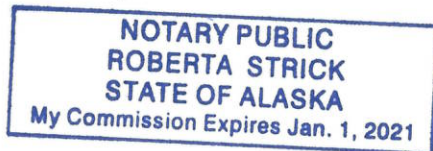
I declare under penalty of unsworn falsification that the undersigned represents a controlling interest of the current licensee. I additionally certify that I, as the current licensee (either the sole proprietor or the controlling interest of the currently licensed entity) have examined this application, 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

Allan Anderson, II Personal Rep. of Estate for Allan Anderson, Sr.

Printed name of transferor

Subscribed and sworn to before me this 6<sup>th</sup> day of December, 2018.



Signature of Notary Public

Notary Public in and for the State of ALASKA.

My commission expires: 1/1/21

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: \_\_\_\_\_



Alaska Alcoholic Beverage Control Board

**Form AB-01: Transfer License Application**

**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.

AA

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

AA

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.

AA

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 304.455.

AA

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

AA

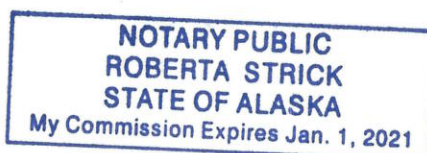
As an applicant for a liquor license, I declare under penalty of unsworn falsification that I have read and am familiar with AS 04 and 3 AAC 304, and that I have examined this application, including all accompanying schedules and statements, and to the best of my knowledge and belief find them to be true, correct, and complete.

Signature of transferee

Allan Anderson, II

Printed name

Subscribed and sworn to before me this 16<sup>th</sup> day of December, 2018



Signature of Notary Public

Notary Public in and for the State of ALASKA

My commission expires: 1/1/21



Zachary B. Field  
Alaska Bar Assoc. Member #1511096  
FOLEY, FOLEY & PEARSON, P.C.  
4300 B Street, Suite 400  
Anchorage, AK 99503  
(907) 522-2272  
zac@foleyfoley.com

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA

FOURTH JUDICIAL DISTRICT AT FAIRBANKS

In the Matter of the Estate )  
 )  
 of )  
 )  
 Allan G. Anderson, Sr., )  
 )  
 Deceased. )  
\_\_\_\_\_ )

4BE-19-204PR  
Case No. (4FA-18-20428PR)

LETTERS TESTAMENTARY

The will of Allan G. Anderson, Sr. having been admitted to probate, Allan G. Anderson II is appointed Personal Representative of the estate.

10-29-18  
Date

[Signature]  
Probate Master

ACCEPTANCE

I, Allan G. Anderson II, accept the duties and promise to perform the duties as required by law of the office of Personal Representative of the estate of Allan G. Anderson, Sr.. I acknowledge my duty as Personal Representative to:

(a) take possession and control of decedent's property as required by AS 13.16.380, determine the liabilities of the estate, and complete an inventory as required by AS 13.16.365;

Estate of Allan G. Anderson, Sr.  
4FA-18-\_\_\_\_PR  
Letters Testamentary  
Page 1 of 3

AMCO  
FEB 20 2019

I certify that this is a full, true and correct copy of an original document on file in the Alaska Trial Courts at Bethel.	
Witness my hand and the seal of this court:	
11/9/18	ms
Date	Magistrate/Clerk

Foley, Foley & Pearson  
A Professional Corporation  
4300 B Street, Suite 400  
Anchorage, AK 99503  
(907) 522-2272

LODGED  
AUG 06 2018



Foley, Foley & Pearson  
A Professional Corporation  
4300 B Street, Suite 400  
Anchorage, AK 99503  
(907) 522-2272

(b) provide notice to heirs and devisees as required by AS 13.16.360, except as provided by AS 13.16.690;

(c) provide notice to creditors as required by law, publish notice when required, and review and either accept or reject claims as required by AS 13.16.455-.515;

(d) advise the court in writing of my address and telephone number as required by Probate Rule 8;


(e) file returns for state estate taxes, if required by AS 43.31.121 and AS 43.31.250;

(f) pay homestead, exempt property and family allowances as required by AS 13.12.401-.405, costs of administration and other claims as required by AS 13.16.470, and distribute the assets of the estate; and

(g) close the estate as soon as appropriate as required by AS 13.16.620-.670.

I will file any required bond.

7-26-2018  
Date


  
Allan G. Anderson II, Personal Representative  
Address: P.O. Box 37  
McGrath, Alaska 99627  
Phone No.: (907) 574-0319

Estate of Allan G. Anderson, Sr.  
4FA-18-\_\_\_\_ PR  
Letters Testamentary  
Page 2 of 3

I certify that on 11/2/19  
copies of this form were sent to: F/F/P  
CLERK: MND  
AMCO  
FEB 20 2019

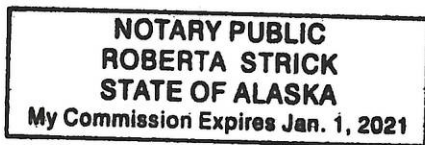
**Foley, Foley & Pearson**  
*A Professional Corporation*  
4300 B Street, Suite 400  
Anchorage, AK 99503  
(907) 522-2272

Allan G. Anderson II, being first duly sworn upon oath, deposes and states as follows:

  
Allan G. Anderson II

Charles Brock

My Commission Expires:



Zachary B. Field  
Alaska Bar Assoc. Member #1511096  
FOLEY, FOLEY & PEARSON, P.C.  
4300 B Street, Suite 400  
Anchorage, AK 99503  
(907) 522-2272  
zac@foleyfoley.com

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA  
FOURTH JUDICIAL DISTRICT AT FAIRBANKS

In the Matter of the Estate )  
 )  
 of )  
 )  
 Allan G. Anderson, Sr., )  
 )  
 Deceased. )  
\_\_\_\_\_ )

43E-19-204 PR  
Case No (4FA-18-00428 PR)

**STATEMENT OF INFORMAL PROBATE OF WILL AND  
APPOINTMENT OF PERSONAL REPRESENTATIVE  
(AS 13.16.115)**

The Probate Master makes the following findings based upon the application of Allan G. Anderson II for informal probate of the last will and testament of Allan G. Anderson, Sr. and appointment of a Personal Representative:

1. The application appears to be complete and contains the applicant's oath or affirmation that the statements contained therein are true to the best of the applicant's knowledge and belief.
2. The applicant is an interested person.



3. Decedent died on April 19, 2018, and at least 120 hours have elapsed since decedent's death.

4. Decedent was domiciled in McGrath, Alaska, at the time of death.

5. Venue is proper because decedent was domiciled in this judicial district at the time of death.

6. The time for appointment of a Personal Representative has not expired.

7. A Personal Representative has not been appointed in this or any other judicial district of the state and neither this will nor any other will of the decedent has been the subject of a previous probate order.

8. Decedent left a valid, unrevoked will dated March 4, 2015. The original of this will is in the Probate Master's possession.

9. The person whose appointment is sought has priority for appointment as Personal Representative.

10. No bond is required because the decedent waived bond in Article VII Paragraph A of his will.

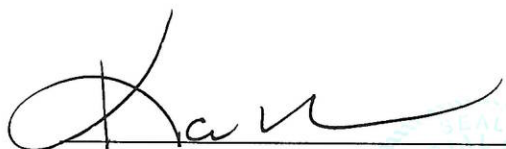
11. Any notice required by the laws of this state has been given.

Therefore, it is ordered that the will is admitted to informal probate. It is also ordered that Allan G. Anderson II is appointed as Personal Representative of decedent's estate.

Letters Testamentary will be issued upon qualification.

10-29-18  
Date

Estate of Allan G. Anderson, Sr.  
4FA-18-\_\_\_\_ PR  
Statement of Informal Probate of Will  
Page 2 of 2

  
Probate Master

AMCO  
FEB 20 2019

I certify that this is a full, true and correct copy of an original document on file in the Alaska Trial Courts at Bethel.	
Witness my hand and the seal of this court:	
11/9/18 mm	
Date	Magistrate/Clerk



# STATE OF ALASKA

## CERTIFICATION OF VITAL RECORD

# STATE OF ALASKA



269-0991

ALASKA DEPARTMENT OF HEALTH AND SOCIAL SERVICES - BUREAU OF VITAL STATISTICS  
P.O. Box 110676, Juneau, AK 99811-0676  
CERTIFICATE OF DEATH

DATE FILED		STATE FILE NO.	
1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last) <b>Allan Grover Anderson</b>		2. SEX <b>M</b>	3. SOCIAL SECURITY NUMBER <b>574-10-6084</b>
4a. AGE-Last Birthday (Years) <b>83</b>	4b. UNDER 1 YEAR Months: <b>09</b> Days: <b>12</b>	4c. UNDER 1 DAY Hours: <b>09</b> Minutes: <b>12</b>	5. DATE OF BIRTH (MM/DD/YY) <b>09/12/34</b>
6. BIRTHPLACE (City and State or Foreign Country) <b>McGrath</b>		7. CITY OR TOWN <b>McGrath</b>	
7a. RESIDENCE-STATE <b>Alaska</b>		7b. COUNTY <b>Yukon-Koyukuk</b>	
7c. STREET AND NUMBER <b>277 Mesphelt Dr</b>		7d. APT. No. <b>10627</b>	
7e. INSIDE CITY LIMITS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		7f. ZIP CODE <b>99627</b>	
8. EVER IN US ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		9. MARITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Unknown	
10. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage) <b>Katherine Kozeveni Koff Anderson</b>		11. FATHER'S NAME (First, Middle, Last) <b>Ralph Ggard Anderson</b>	
12. MOTHER'S NAME (First, Middle, Last) <b>Katherine Kozeveni Koff</b>		13. INFORMANT'S NAME <b>Josie May Anderson</b>	
14. DECEDENT'S EDUCATION-Check the box that best describes the highest degree or level of school completed at the time of death. <input type="checkbox"/> 8th grade or less <input type="checkbox"/> 9th - 12th grade, no diploma <input type="checkbox"/> High school graduate or GED <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g., AA, AS) <input type="checkbox"/> Bachelor's degree (e.g., BA, AB, BS) <input type="checkbox"/> Master's degree (e.g., MA, MS, MEng, MED, MSW, MBA) <input type="checkbox"/> Doctorate (e.g., PhD, EdD) or Professional degree (e.g., MD, DDS, DVM, LLB, JD)		15. DECEDENT'S RACE (Check one or more races to indicate what the decedent considered himself or herself to be) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native (Name of the enrolled or principal tribe) <input checked="" type="checkbox"/> <b>Takotna Native Corp</b> <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian (Specify) <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro(a) <input type="checkbox"/> Samoan <input type="checkbox"/> Other Pacific Islander (Specify) <input type="checkbox"/> Other (Specify)	
16. DECEDENT'S USUAL OCCUPATION (Indicate type of work done during most of working life. DO NOT USE RETIRED) <b>Proprietor</b>		17. KIND OF BUSINESS OR INDUSTRY <b>Mining</b>	
18. PLACE OF DEATH (Check only one) <input type="checkbox"/> IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Dead on Arrival <input type="checkbox"/> IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Nursing home/long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Other (Specify):		19. FACILITY NAME (If not institution, give street & number) <b>Anderson Res</b>	
20. CITY OR TOWN, STATE AND ZIP CODE <b>Anderson Res</b>		21. COUNTY OF DEATH <b>Yukon-Koyukuk</b>	
22. METHOD OF DISPOSITION <input checked="" type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Entombment <input type="checkbox"/> Removal from State <input type="checkbox"/> Other (Specify)		23. PLACE OF DISPOSITION (Name of cemetery, crematory, other place) <b>McGrath Cemetery</b>	
24. LOCATION - CITY, TOWN AND STATE <b>McGrath, AK 99627</b>		25. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY <b>School Road</b>	
26. SIGNATURE OF FUNERAL SERVICE LICENSEE OR OTHER AGENT		27. LICENSE NUMBER (Of licensee)	
ITEMS 29-33 MUST BE COMPLETED BY PERSON WHO PRONOUNCES OR CERTIFIES DEATH		29. DATE PRONOUNCED DEAD (MM/DD/YY) <b>04/19/18</b>	
30. TIME PRONOUNCED DEAD <b>2215 hours</b>		31. SIGNATURE OF PERSON PRONOUNCING DEATH (Only when applicable)	
32. LICENSE NUMBER		33. DATE SIGNED (MM/DD/YY)	
34. ACTUAL OR PRESUMED DATE OF DEATH (MM/DD/YY) <b>04/19/18</b>		35. ACTUAL OR PRESUMED TIME OF DEATH <b>2200 hours</b>	
36. WAS MEDICAL EXAMINER OR CORONER CONTACTED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		37. PART I. Enter the chain of events - diseases, injuries, or complications that directly caused the death. DO NOT enter terminal events on a line. Add additional lines if necessary. <b>COPD</b> <b>Hypertension</b> <b>Atrial Fibrillation</b>	
38. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		39. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
40. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		41. IF FEMALE <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within past year	
42. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Homicide <input type="checkbox"/> Accident <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Suicide <input type="checkbox"/> Could not be determined		43. DATE OF INJURY (MM/DD/YY)	
44. TIME OF INJURY		45. PLACE OF INJURY (e.g., Decedent's home, construction site, restaurant, wooded area)	
46. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		47. LOCATION OF INJURY: (Street & Number, Apt. No., City or Town, State, Zip Code)	
48. DESCRIBE HOW INJURY OCCURRED:		49. IF TRANSPORTATION INJURY, SPECIFY: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Unknown <input type="checkbox"/> Other (Specify)	
50a. CERTIFIER (Check only one): <input checked="" type="checkbox"/> Certifying physician - to the best of my knowledge, death occurred due to the cause(s) and manner stated. <input type="checkbox"/> Pronouncing & Certifying physician - To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Signature of certifier:			
50b. SIGNATURE OF CERTIFIER <b>ANP</b>		51. NAME, ADDRESS, AND ZIP CODE OF PERSON COMPLETING CAUSE OF DEATH (Item 37) <b>June 1. Morgan ANP 10 Box 10 McGrath AK 99627</b>	
52. LICENSE NUMBER <b>Alaska 0773</b>		53. DATE CERTIFIED (MM/DD/YY) <b>04/23/18</b>	

VS 101 Rev 01/2014

ORIGINAL - STATE COPY

AMCO

FEB 20 2019

I CERTIFY THAT THIS IS A TRUE, FULL AND CORRECT COPY OF THE ORIGINAL CERTIFICATE ON FILE IN THE BUREAU OF VITAL STATISTICS, DEPARTMENT OF HEALTH AND SOCIAL SERVICES, JUNEAU, ALASKA.

DATE ISSUED **JUNE 05, 2018**

*Heidi Jorgensen*  
State Registrar

This copy not valid unless prepared on engraved border displaying the date, seal and signature of the Alaska State Registrar.

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE







## 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, 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 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:	McGuire's Tavern & Liquor, Inc.	License Number:	680
License Type:	Package Store		
Doing Business As:	McGuire's Tavern		
Premises Address:	Main Street		
City:	McGrath	State:	AK
		ZIP:	99627





Alaska Alcoholic Beverage Control Board

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.

