



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:             | Rabideu's Clear Sky Lodge, Inc. | License #:           | 243          |
| License Type:         | Package Store                   | Statutory Reference: | AS 04.11.150 |
| Doing Business As:    | Clear Sky Lodge                 |                      |              |
| Premises Address:     | Mile 280 Parks Highway          |                      |              |
| City:                 | Clear                           | State:               | AK           |
|                       |                                 | ZIP:                 | 99704        |
| Local Governing Body: | Denali Borough                  |                      |              |

**Transfer Type:**

- Regular transfer
- Transfer with security interest
- Involuntary retransfer

**OFFICE USE ONLY**

|                     |      |                |         |
|---------------------|------|----------------|---------|
| Complete Date:      | 8/1  | Transaction #: | 1080200 |
| Board Meeting Date: | 9/10 | License Years: | 18/19   |
| Issue Date:         |      | BRE:           | ACC     |

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## 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:          | Alaskan Lights, Inc.   |        |    |      |       |
| Doing Business As: | Clear Sky Lodge        |        |    |      |       |
| Premises Address:  | Mile 280 Parks Highway |        |    |      |       |
| City:              | Clear                  | State: | AK | ZIP: | 99704 |
| Community Council: | Denali Borough         |        |    |      |       |

|                  |              |        |    |      |       |
|------------------|--------------|--------|----|------|-------|
| Mailing Address: | P.O. Box 478 |        |    |      |       |
| City:            | Healy        | State: | AK | ZIP: | 99743 |

|                      |              |                 |              |  |  |
|----------------------|--------------|-----------------|--------------|--|--|
| Designated Licensee: | Vicki Nelson |                 |              |  |  |
| Contact Phone:       | 907-223-3113 | Business Phone: | 907-582-2251 |  |  |
| Contact Email:       |              |                 |              |  |  |

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.

9.6 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.

9.6 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:    |  |        |  |      |  |
| 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: | Vicki Nelson        |        |              |          |       |
| Title(s):        | President, Director | Phone: | 907-223-3113 | % Owned: | 50    |
| Address:         | P.O. Box 478        |        |              |          |       |
| City:            | Healy               | State: | AK           | ZIP:     | 99743 |

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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

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|                  |                      |        |              |          |       |
|------------------|----------------------|--------|--------------|----------|-------|
| Entity Official: | Matthew Nelson       |        |              |          |       |
| Title(s):        | Secretary, Treasurer | Phone: | 907-888-9511 | % Owned: | 50    |
| Address:         | P.O. Box 478         |        |              |          |       |
| City:            | Healy                | State: | AK           | ZIP:     | 99743 |

|                  |  |        |  |          |  |
|------------------|--|--------|--|----------|--|
| 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 #:            | 10085804     | AK Formed Date: | 6/6/2018     | Home State: | AK    |
| Registered Agent:        | Vicki Nelson | Agent's Phone:  | 907-223-3113 |             |       |
| Agent's Mailing Address: | P.O. Box 478 |                 |              |             |       |
| City:                    | Healy        | State:          | AK           | ZIP:        | 99743 |

Residency of Agent:

Yes No

Is your corporation or LLC's registered agent an individual resident 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 Alaska, which license number(s) and license type(s):

### 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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**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.

[Signature]

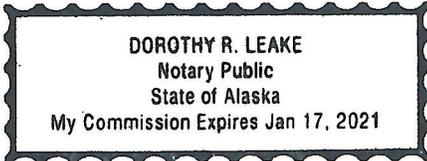
Signature of transferor

Sandra Rabideau

Printed name of transferor

Subscribed and sworn to before me this 2 day of June, 2019.

[Signature]  
Signature of Notary Public



Notary Public in and for the State of ALASKA

My commission expires: Jan 17, 2021

[Signature]

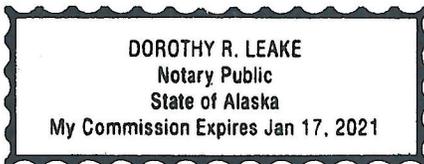
Signature of transferor

Don Rabideau

Printed name of transferor

Subscribed and sworn to before me this 2 day of June, 2019.

[Signature]  
Signature of Notary Public



Notary Public in and for the State of ALASKA

My commission expires: Jan 17, 2021



# 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.

*vn*

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

*vn*

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.

*vn*

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.

*vn*

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

*vn*

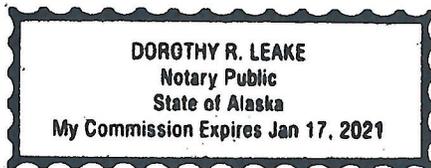
As an applicant for a liquor license, I declare under penalty of perjury that I have read and am familiar with AS 04 and 3 AAC 304, and that this application, including all accompanying schedules and statements, is true, correct, and complete.

*Vicki Nelson*  
\_\_\_\_\_  
Signature of transferee

**Vicki Nelson**  
\_\_\_\_\_  
Printed name

Subscribed and sworn to before me this 2 day of June, 2019.

*Dorothy R. Leake*  
\_\_\_\_\_  
Signature of Notary Public



Notary Public in and for the State of ALASKA

My commission expires: Jan. 17, 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**

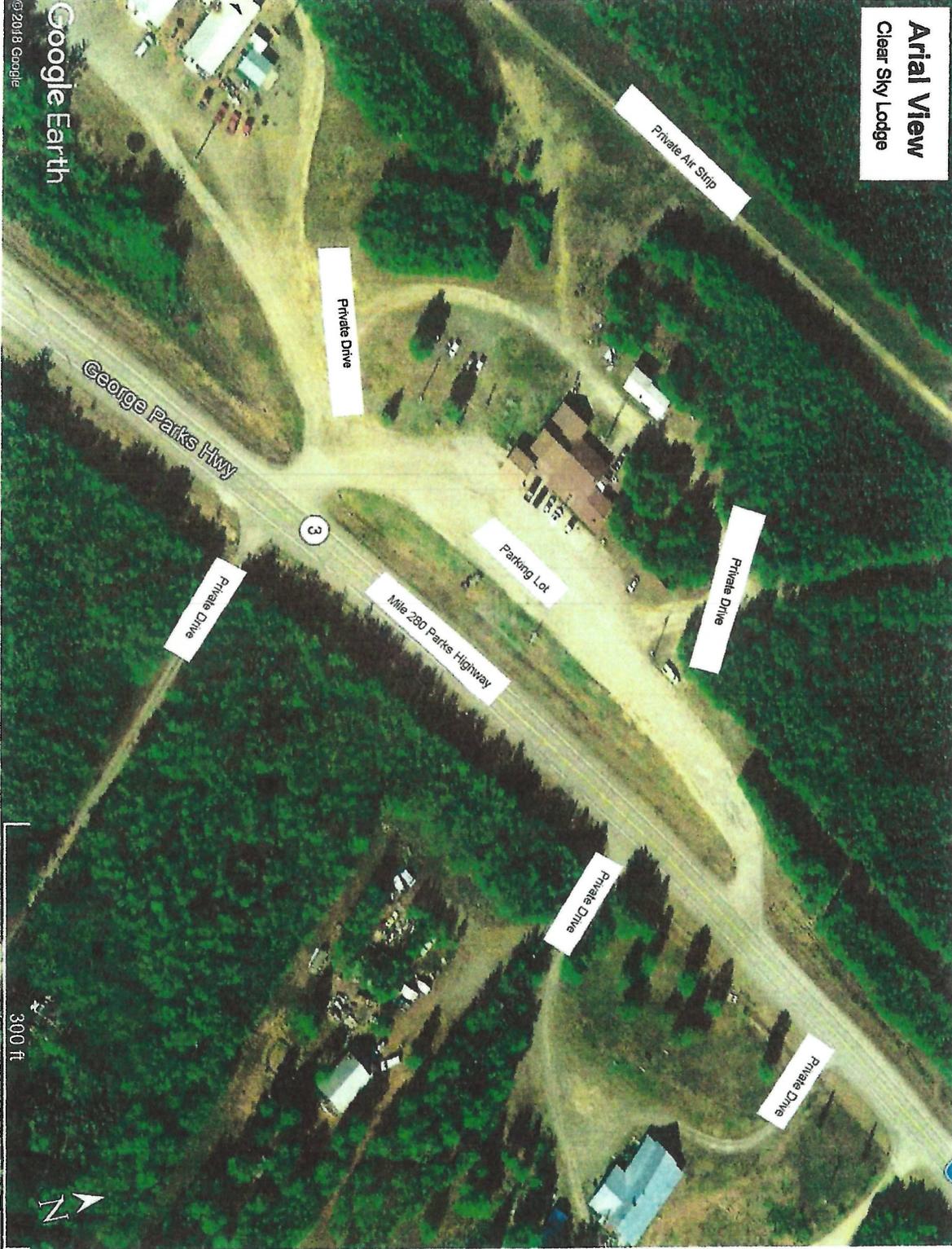
Enter information for the business seeking to be licensed, as identified on the license application.

|                    |                        |                 |               |
|--------------------|------------------------|-----------------|---------------|
| Licensee:          | Alaskan Lights, Inc.   | License Number: | 243           |
| License Type:      | Package Store          |                 |               |
| Doing Business As: | Clear Sky Lodge        |                 |               |
| Premises Address:  | Mile 280 Parks Highway |                 |               |
| City:              | Clear                  | State:          | AK ZIP: 99743 |

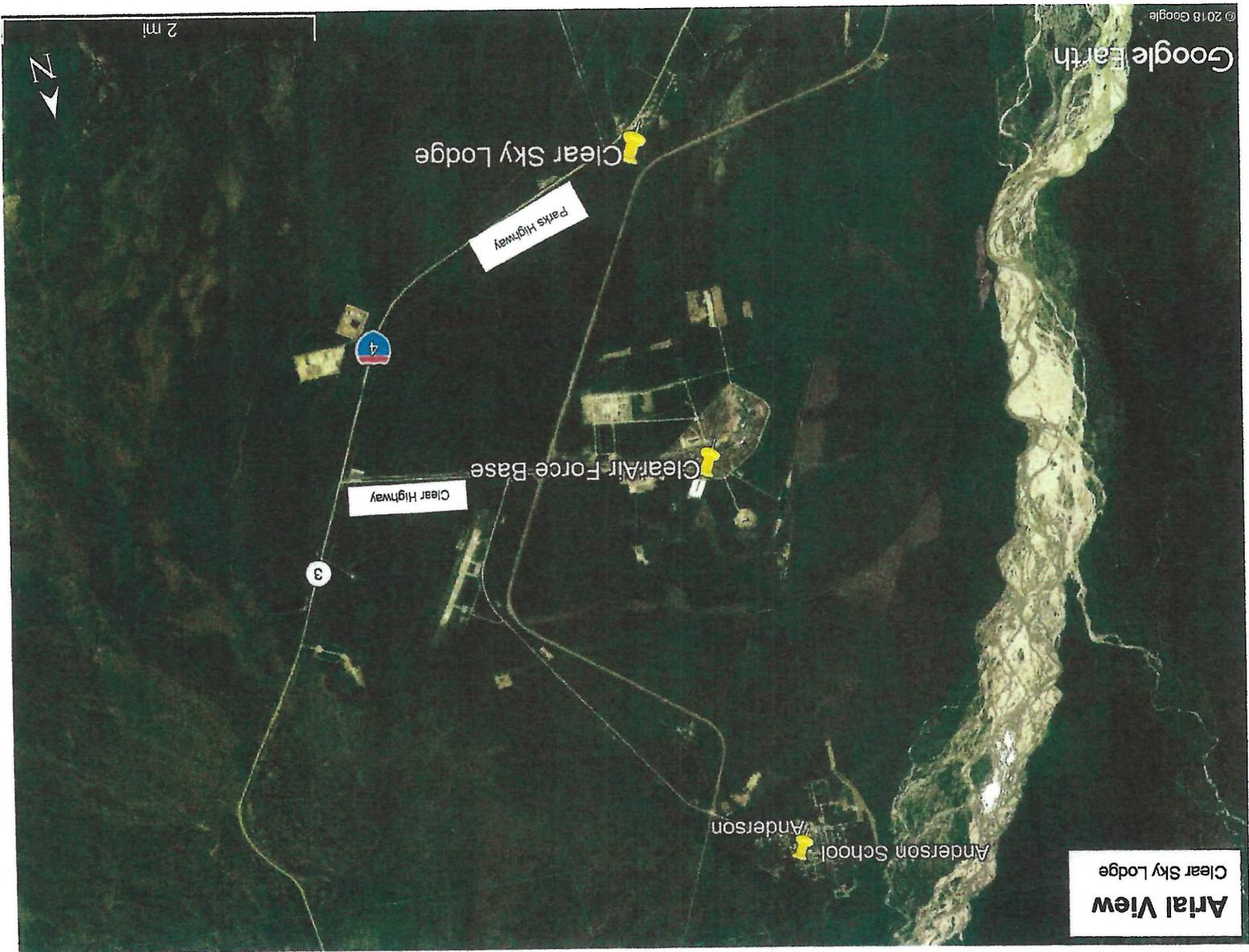
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**Arial View**  
Clear Sky Lodge



© 2018 Google  
Google Earth



Google Earth  
© 2018 Google

**Arial View**  
Clear Sky Lodge

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## **Craig, Carrie D (CED)**

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**From:** Matt Nelson <mattnelson@usibelli.com>  
**Sent:** Thursday, July 18, 2019 2:12 PM  
**To:** Alcohol Licensing, CED ABC (CED sponsored)  
**Cc:** Vicki Nelson  
**Subject:** Alcohol License Transfer #242 & #243 Clear Sky Lodge Drawings  
**Attachments:** 1814\_001.pdf; 1813\_001.pdf

**Categories:** Complete, Carrie

Carrie,

Attached for your review are the drawings for license transfer #242 and #243. Per our discussion the storage for stock and inventory are as follows:

1. Package store alcohol stock and inventory will be stored inside the package store
2. Dispensary alcohol stock will be stored in the storage area as noted on the drawings
3. All owners ,staff, and delivery personnel will be trained to follow stocking procedures for these two separate areas

Sincerely,

Matt Nelson  
**Alaskan Lights Inc.**  
(907) 888-9511