

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-15: Licensed Premises COVID Form

What is this form?

This AB-15 licensed premises COVID form is a temporary form required for all liquor licensees seeking to alter the functional floor plan or reduce or expand the area of the establishment's existing licensed premises, during the Governor's COVID-19 Health Mandates. The license premises must return to its original configuration when the Governor's COVID-19 Health Mandate limiting restaurant and bar capacity to less than 100% has been lifted or November 15, 2020, whichever is earlier. AMCO can rescind this form and the changes you have requested at any time.

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.

If approved, this form will replace the existing licensed premises diagram on file. All sections of the currently licensed area that you wish to remain licensed must be included as described on Page 2 of this form. Blueprints, CAD drawings, or other clearly drawn and marked diagrams must be submitted and meet the requirements listed on this form. The first and third pages must still be completed, attached to, and submitted with any supplemental diagrams.

This form must be completed and submitted to AMCO's main office prior to altering the existing floor plan. The licensed premises may not be altered unless and until the AMCO director has given written approval on this form. Please note that licensees seeking to change licensed premises diagrams for multiple licenses must submit a separate completed copy of this form for each license.

Section 1 - Establishment Information

Enter information for the licensed establishment.

Licensee:	License	Number:		
License Type:				
Doing Business As:				
Premises Address:				
City:	State:		ZIP:	



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Section 2 - Summary of Changes

Provide a summary of the changes for which you are requesting approval.



Section 3 – Detailed Premises Diagram

- Please attach a diagram, no larger than 11" x 17", of the layout (such as blueprints or other detailed drawings of the entire event space), showing all
 - o entrances and exits
- o walls and fences (include fence height)

o bars

- o permanent structures, such as booths or shelving, that effect the functional floor plan of the permitted area
- In red, outline the contiguous license premises area within the space where alcohol will be served, stored, and consumed. Provide dimensions.
- Label all alcohol storage, service, and consumption areas.
- Include cross-streets, a north arrow, and any significant geographical features (if applicable).
- All applications are required to submit a security plan that includes information about the barriers, practices, and
 personnel that are to be used to ensure that alcohol is not introduced or removed from the license premises and to
 prevent the access of alcohol by a minor.



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	Section 4 – Declarations		
Read the statement below, and then sign	your initials in the box to the right:		Initials
The proposed changes conform to all appl	icable public health, fire and safety laws, including local laws	S.	
As a liquor licensee, I declare under penalt	ty of perjury that this form, including all attachments, is true	e, correct, and com	plete.
Signature of licensee	Date		
Printed name of licensee			
	Section 5 – AMCO Review	•	
		Approved	Denied
Signature of AMCO reviewer	Date		
Printed name of AMCO reviewer	Title of AMCO Reviewer		
AMCO Comments:			
Signature of Director	Printed Name of Director	Approved	Denied
Date			