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-00: New License Application

What is this form?

This new license application form is required for all individuals or entities seeking to apply for a new 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 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 – Establishment and Contact Information

Enter information for the business seeking to be licensed.

Licensee:	Sip, LLC				
License Type:	Restaurant and Eating Place		**Statutory Reference:**		AS 04.11.100
Doing Business As:	Sip				
Premises Address:	510 W Tudor Road #7				
City:	Anchorage	**State:**	Alaska	**ZIP:**	99503
Local Governing Body:	Anchorage Assembly				
Community Council:	Midtown				

Mailing Address:	510 W Tudor Road #7				
City:	Anchorage	**State:**	Alaska	**ZIP:**	99503

Designated Licensee:	Mechille South		
Contact Phone:	(907) 350-8124	**Business Phone:**	(907) 349-7744
Contact Email:	yubeautylounge@gmail.com		

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

OFFICE USE ONLY					
Complete Date:		***License Years:***		***License #:***	
Board Meeting Date:			***Transaction #:***		
Issue Date:			***BRE:***		

AMCO RECV 3/12/21

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Section 2 – 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.

.4 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.

.2 miles

Section 3 – Sole Proprietor Ownership Information

This section must be completed by any sole proprietor who is applying for a license. 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:					
Address:					
City:		**State:**		**ZIP:**	

This individual is an: ☐ applicant ☐ affiliate

Name:					
Address:					
City:		**State:**		**ZIP:**	

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Section 4 – 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 5.
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:	Mechille South				
Title(s):	Member	**Phone:**	(907) 350-8124	**% Owned:**	100
Address:	510 West Tudor Road				
City:	Anchorage	**State:**	Alaska	**ZIP:**	99503

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:**	

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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 #:	10116694	**AK Formed Date:**	10/31/2019	**Home State:**	Alaska
Registered Agent:	Darryl Thompson		**Agent's Phone:**	(907) 272-9322	
Agent's Mailing Address:	880 N St Ste 101				
City:	Anchorage	**State:**	Alaska	**ZIP:**	99501

Residency of Agent: Yes No

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

Section 5 – Other Licenses

Ownership and financial interest in other alcoholic beverage businesses: Yes No

Does any representative or owner named 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 6 – 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:

Darryl L. Thompson, Esq. - Attorney

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Section 7 – 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. MS

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

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. MS

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. MS

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

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.

Mechille South
Signature of licensee

Mechille South
Printed name of licensee

Hailey Norris
Signature of Notary Public

Notary Public in and for the State of Alaska.

My commission expires: 8/10/2024

HAILEY NORRIS
My Commission Expires
NOTARY PUBLIC
Aug 10, 2024
STATE OF ALASKA

Subscribed and sworn to before me this 23 day of February, 2021.

AMCO
FEB 23 2021