

A/1906 DEC **26** 2023 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

Why is this form needed?

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 Anchorage office, along with all other required forms and documents, before any license application will be considered complete.

Section 1 - Establishment and Contact Information

nter information for the bus	iness seeking to be licen	sed.					107/
Licensee:	Rachel Gilliland			۵	18t		
License Type:	Brewens Retail		Statutory Reference:			ASQ4. 80	
Doing Business As:	MuddyBrow	s Too					
Premises Address:	66720 011	veu Ro	ad				
City:	Ninilchik		State:	AK		ZIP:	99639
Local Governing Body:	Kencii Pen	insula	Boro	ugh			
Community Council:	Keneri Per						
Mailing Address:	PO BOX 397	143	١	×			
City:	Vinilank		State:	AK		ZIP:	99639
Designated Licensee:	Rachel Gil	liland					
Contact Phone:			Business I	Business Phone: 406.		370.0431	
Contact Email:	hosnek@no	tmail.a	M				
Yes Geasonal License?	No If "Yes",	write your six	c-month op	erating perio	d:		
		OFFICE US	E ONLY				
Complete Date:		License Years:			License	#:	6187
Board Meeting Date:			Transa	action #:	100	741	529
Issue Date:			Exami	ner:			



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Section 2 - Premises Information

Premises to be licensed is:						
an existing facility	а	new building	a propose	d building		
The next two questions mu	st be complete	d by <u>beverage disper</u>	sary (including	tourism) and <u>packa</u>	age store applica	nts only:
What is the distance of the outer boundaries of	the shortest pe	destrian route from t	he public entra	nce of the building	of your propose	d premises to
		1584 fe		asurement in your	allswei,	
What is the distance of the public entrance of the	the shortest pe he nearest chui	destrian route from t	the public entranthe	nce of the building surement in your a	of your propose nswer.	d premises to
	feet					
This section must be complification in the following information in this individual is an:	ease attach a se	eparate sheet with th	e required infor	mation.	ld skip to Section	14.
Name:	Back	an Gillila	0			
Address:	0000	nel Gillila ox 39743	MCX			
City:	NWIL	Unik	State:	Ax	ZIP:	99639
This individual is an:	applicant NIA	affiliate				
Address:						

State:

ZIP:

City:



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Section 4 - Entity Ownership Information

This section must be completed by any <u>entity</u>, 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 <u>corporation</u>, 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 <u>limited liability organization</u>, 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 <u>partnership</u>, including a <u>limited partnership</u>, the following information must be completed for each <u>partner</u> with an interest of 10% or more, and for each <u>general partner</u>.

with an interest of 10% or more, and for each general partner.							
Entity Official:	NIA						
Title(s):		Phone: % Owned:					
Address:							
City:		State:		ZIP:			
Entity Official:							
Title(s):		Phone:		% Own	ed:		
Address:							
City:		State:		ZIP:			
Entity Official:							
Title(s):		Phone:		% Own	ed:		
Address:							
City:		State:	W - W - W - W - W - W - W - W - W - W -	ZIP:			
	· · · · · · · · · · · · · · · · · · ·						
Entity Official:							
Title(s):		Phone:	311	% Own	ed:		
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 #:		AK Formed Date:		Home State:		
Registered Agent:			Agent's Phone:			
Agent's Mailing Address:						
City:		State:		ZIP:		
Residency of Agent:					Yes	No
Is your corporation or LL	.C's registered agent a	n individual resident of	the state of Alaska?			
	Sect	ion 5 – Other L	icenses			
Ownership and financial intere	est in other alcoholic b	peverage businesses:			Yes	No
Does any representative any other alcoholic beve If "Yes", disclose which ind	erage business that do	es business in or is licen	sed in Alaska?		laska, whi	ich
license number(s) and licen	nse type(s):	11 11 11 11 11 11 11 11 11 11 11 11 11	S-IIIa)			
	Sec	tion 6 – Author	dzation			
Communication with AMCO st	taff:				Yes	No
		THE PARTY OF THE P				
Does any person other t AMCO staff?	han a licensee named	in this application have	authority to discuss t	this license with		X.
				this license with		\square





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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) an	d affiliates have been listed on this application.	0
I certify that all proposed licensees have been listed with the Divis	ion of Corporations.	W
I certify that I understand that providing a false statement on this for rejection or denial of this application or revocation of any license.		(A)
I certify that all licensees, agents, and employees who sell or serve patron will complete an approved alcohol server education course serving alcoholic beverages, will carry or have available to show a certifying completion of approved alcohol server education course	, if required by AS 04.21.025, and, while selling or current course card or a photocopy of the card	Ó
I agree to provide all information required by the Alcoholic Bevera	ge Control Board in support of this application.	(v)
I hereby certify that I am the person herein named and subscribing complete application, and I know the full content thereof. I declare and evidence or other documents submitted are true and correct. misrepresentation of any item or response in this application, or a application, is sufficient grounds for denying or revoking a license/misdemeanor under Alaska Statute 11.56.210 to falsify an applicat	e that all of the information contained herein, I understand that any falsification or ny attachment, or documents to support this permit. I further understand that it is a Class A	[P]
Falsification. Signature of licensee	Tandrakulau Signature of Notary Public	lace
	otary Public in and for the State of	
Printed name of licensee PUBLIC	My commission expires: 04 13	2025
Tandra K. Wallace	iviy commission expires:	X
STATE OF ALASKA My Commission Expires 04/13/2025 bscribed and sworn to be	fore me this 30 day of Dovember	2023
My Commission Expires U4/13/2020 biscribed and sworn to be	day of	200





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Form AB-02: Premises Diagram

Why is this form needed?

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 <u>second page</u> of this form may not be 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 Anchorage 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.	A	

Section 1 - Establishment Information

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

Licensee:	Racher Gilliland	License Number:					
License Type:	Breweny						
Doing Business As:	Muddy Brews Too						
Premises Address:	66720 Oil Well Rd						
City:	Ninicolic	State:	AK	ZIP:	99639		



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Alaska Alcoholic Beverage Control Board Form AB-02: Premises Diagram

Section 2 - Detailed Premises Diagram

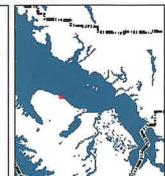
Clearly indicate the boundaries of the premises and the proposed licensed area within that property. Clearly indicate the interior layout of any enclosed areas on the proposed premises. Clearly identify all entrances and exits, walls, bars, and fixtures, and outline in red the perimeter of the areas designated for alcohol storage, service, consumption, and manufacturing. 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.



Map title goes here.



This map is a user generated static output from an Internet mapping site and is for reference only. Data layers that appear on this map may or may not be accurate, current, or otherwise reliable. Do not use for navigation. DATE PRINTED: 12/20/2023



- Mileposts
- Highways
- Roads

Town Medium Volume

- Town Low/Seasonal; Other Proposed
- Parcels
- lmage Red: Red
- Green: Green
- Blue: Blue



Notes

Enter map notes here



