



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-01: Transfer License Application



Why is this form needed?

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 Anchorage 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:	All Alaskan Services LLC		License #:	263	
License Type:	Package Store		Statutory Reference:	A5.4.11.150	
Doing Business As:	Coghill's General Store				
Premises Address:	807 north A street				
City:	Nenana	State:	AK	ZIP:	99760
Local Governing Body:	City Of Nenana				

Transfer Type:

- Regular transfer
- Transfer with security interest
- Involuntary retransfer

OFFICE USE ONLY

Complete Date:		Transaction #:	#100800278
Board Meeting Date:		License Years:	
Issue Date:		Examiner:	



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Section 2 – Transferee Information

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

Licensee:	All Alaskan Services LLC				
Doing Business As:	Coghill's General Store				
Premises Address:	807 north A street				
City:	Nenana	State:	AK	ZIP:	99760
Community Council:					

Mailing Address:	P.O. Box 100				
City:	Nenana	State:	AK	ZIP:	99760

Designated Licensee:	TALLON SHREEVE				
Contact Phone:	1(907)347-5742	Business Phone:	1(907)832-5422		
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.

1,316ft

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.

390ft



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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:	TALLON SHREEVE				
Title(s):	Member Manager	Phone:	1(907)347-5742	% Owned:	99
Address:	P.O. Box 100				
City:	Nenana	State:	AK	ZIP:	99760



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Entity Official:	KRISTINE SHREEVE				
Title(s):	Member	Phone:	1(907)854-2720	% Owned:	1
Address:	P.O. Box 100				
City:	Nenana	State:	AK	ZIP:	99760

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 #:	10050915	AK Formed Date:	2/17/2017	Home State:	AK
Registered Agent:	TALLON SHREEVE	Agent's Phone:	1(907)347-5742		
Agent's Mailing Address:	P.O. Box 100				
City:	Nenana	State:	AK	ZIP:	99760

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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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 - Transfer 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

Tyler Shred
 Printed name of transferor

Subscribed and sworn to before me this 27th day of February, 2024.

[Signature]
 Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: 07/19/26



 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: _____



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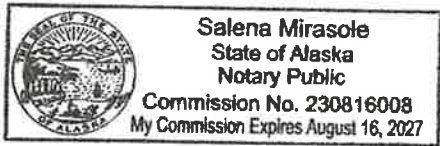
I declare under penalty of perjury that the undersigned represents a **controlling interest** of the current licensee. I additionally certify that I, as the current licensee (either the sole proprietor or the controlling interest of the currently licensed entity) have examined this application, approve of the transfer of this license, and find the information on this application to be true, correct, and complete.

Weston Shraevel
 Signature of transferor

Weston Shraevel
 Printed name of transferor

Subscribed and sworn to before me this 28th day of February, 2024.

Salena Mirasole
 Signature of Notary Public



Notary Public in and for the State of Alaska.

My commission expires: August 16, 2027

 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: _____



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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.

Robert Gay Shreave
 Signature of transferor

Robert Gay Shreave
 Printed name of transferor

Subscribed and sworn to before me this 1 day of March, 2024.

Kiera Horst
 Signature of Notary Public



Notary Public in and for the State of Alaska.

My commission expires: 03/10/2024

 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: _____



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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.

TS

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

TS

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.

TS

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.

TS

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

TS

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted are true and correct. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment, or documents to support this application, is sufficient grounds for denying or revoking a license/permit. I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

TS

[Handwritten Signature]

Signature of transferee

[Handwritten Signature: Cheryl Knabe]

Signature of Notary Public

[Handwritten Printed Name: T91101 Shraw]

Printed name

Notary Public in and for the State of *[Handwritten: Alaska]*

My commission expires: *[Handwritten: 07/19/24]*

Subscribed and sworn to before me this *[Handwritten: 27]* day of *[Handwritten: February]*, 20*[Handwritten: 24]*



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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.

KMS

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

KMS

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.

KMS

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.

KMS

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

KMS

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted are true and correct. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment, or documents to support this application, is sufficient grounds for denying or revoking a license/permit. I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

KMS

Kristine Shreve

Signature of transferee

Kristine Shreve

Printed name

Julian Krabe

Signature of Notary Public

Notary Public in and for the State of

Alaska

My commission expires:

7/19/26

Subscribed and sworn to before me this

27th day of

February

2024



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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:	All Alaskan Services LLC	License Number:	10050915		
License Type:	Package Store				
Doing Business As:	Coghill's General Store				
Premises Address:	807 North A Street				
City:	Nenana	State:	AK	ZIP:	99760

BOX 178

GROceries
 ———
 HARDWARE
 ———
 CLOTHING
 ———
 MAGAZINES

PHONE 832-5422

COGHILL'S GENERAL MERCHANTS

NENANA,

ALASKA 99760

FURS BOUGHT AND
 SOLD
 ———
 PROPANE GAS
 ———
 FRESH FRUITS
 VEGETABLES AND
 MEATS WEEKLY
 ———
 BEER, WINE AND
 LIQUOR

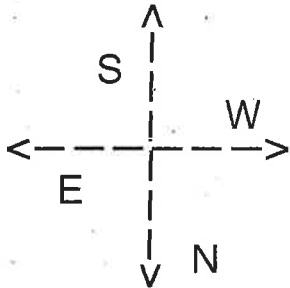
First Street

Parking Lot

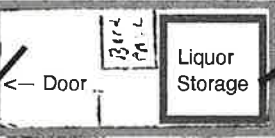
RECEIVED
 APR 05 2024
 ALCOHOL MARIJUANA CONTROL OFFICE
 STATE OF ALASKA

Hardware

A Street



Entrance



←--21'-->

← Door
 ↓ 10'

Food storage

Main General Store