

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

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 305** 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, 3 AAC 305.045 and 3 AAC 305.060.

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.

before any license applicati	on will be considered complete.							
	Section 1 – Trans	feror Inf	ormation					
Enter information for the cui	rrent licensee and licensed establishmer	nt.						
Licensee:	Fisherman's Bar and Joe's Liquor	Store, Inc.	License #:		581			
License Type:	581 - Package Store License (PS	31 - Package Store License (PSL) Statutory Reference: 04.09.230 (pack						
Doing Business As:	Joe's Liquor Store	Joe's Liquor Store						
Premises Address:	Mile 0 Alaska, Peninsula Highway							
City:	Naknek	State:	AK	ZIP:	99633			
Local Governing Body/Bodies:	Bristol Bay Borough							
Transfer Type: Regular transfer Transfer with securi Involuntary retrans X Controlling interest Location transfer	sfer							
Complete Date:			action #:					
Board Meeting Date:		Licens	e Years:					
Issue Date:		Exami	ner:					



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Form AB-01: Transfer License Application

Section 2 - Transferee Information

			oi iiiatioii			
Enter information for the <i>new</i>	$oldsymbol{ u}$ applicant and/or location seeking to b	e licensed.				
Licensee:	Fisherman's Bar and Joe's Liquor	Store, Inc.				
Doing Business As:	Joe's Liquor Store					
Premises Address:	Mile 0 Alaska, Peninsula Highway					
City:	Naknek	State:	AK		ZIP:	99633
Community Council, (If applicable):	N/A					
Mailing Address:	P.O. Box 73					
City:	Naknek	State:	AK		ZIP:	99633
Email:	rbabiak@northpacifictrading.com	Phone:	907-891-266	1		
Designated Licensee:	Robert Babiak					
Contact Phone:	907-891-2661	Business	Phone:	907-891	-2661	
Contact Email:	rbabiak@northpacifictrading.com					
Yes Seasonal License?	No If "Yes", write your si Section 3 – Prem			l:		
Premises to be licensed is:	Section 3 - Piem	ises iiiic	mation			
X an existing facility	a new building	a propose	d building			
The next two questions must	be completed by beverage dispensary	(including to	ourism) and <u>pac</u>	kage store	applicant	s only:
	e shortest pedestrian route from the paths in the paths i				-	-
Per Google Maps, the	distance of the shortest pedestrian he nearest school grounds is appro	route from	the public entra			
the public entrance of the	e shortest pedestrian route from the penarest church building? Include the	unit of mea	surement in yo	ur answer	(Must be	in feet.)
	distance of the shortest pedestrian he nearest church building is appro		•	ance of th	e buildin	g for both



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Section 4 – So	le Proprietor Ownership In	ormation	
This section must be completed by any sole proposed from the following information must be completed for This individual is an:	te sheet with the required information.	should skip to Section 5.	
Name:			
Address:			
City:	State:	ZIP:	
Email:	Phone:		
This individual is an: applicant	affiliate	g.	
Name:			
Address:			
City:	State:	ZIP:	
Email:	Phone:	——————————————————————————————————————	

Section 5 - 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 6.
If more space is needed, please attach a separate sheet with the required information.

- If the applicant is a <u>corporation</u>, the application shall be executed by an authorized officer of the Corporation. Information must be completed below 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>, whether manager managed or member managed, the following information must be completed for each member with an ownership interest of 10% or more and for each manager regardless of ownership share.
- 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>.
- For any entity, identify all affiliates for your organization as defined at 3 AAC 305.950.

Entity Official:	Kvichak Management Services, L	Kvichak Management Services, LLC					
Title(s):	Sole Shareholder	Phone:	206-323-3200	% Ow	ned:	100%	
Address:	2510 W. Casino Road, Suite B						
City:	Everett	State:	WA	ZIP:	982	04	
Email:	rbabiak@northpacifictrading.com	Phone:	206-323-3200				



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Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Entity Official:	Robert Babiak							
Title(s):	Manager President	dent Phone	e:	907-891-2661		% Owi	ned:	0%
Address:	Lot 8 Pike Ridge Sub							
City:	King Salmon	State	:	AK		ZIP:	9961	3
Email:	rbabiak@northpacific	trading.com Phon	e:	907-891-2661				
Entity Official:	Jody Ca	net						
Title(s):	Secretar	Phon	e:	907-469	· 2040	% Owi	ned:	0%
Address:	to 4080 H		C	iv				
City:	Palmer	State	:	AK		ZIP:	99	645
Email:	Jeanetono	wtopacific Phon	e:	907.41	16.Pa	040		
	4	Vading com						
Entity Official:								
Title(s):		Phon	e:			% Owi	ned:	
Address:								
City:		State	:			ZIP:		
Email:		Phon	e:					
anding with the Alaska	completed by any applicant Division of Corporations (Dithorized to transact busines	OC). The registered agos in the state and who	gent i ose b	is either an indiv	ridual resi the same	ident of t	he state egistere	2 OF
Registered Agent:		ark Bradford	+	gent's Phone:		1-2661-	1	
Agent's Mailing Addr								
City:	King Salmon		A	٨K	ZIP:		9961	39963
Email:	rbabiak@northpaci		Pł	hone:	907-89	1 -2661 4	107.4	<u> ۱۱۲</u>
esidency of Agent:	fishermans	bar@live.com		Tope of			Yes	No
				LUBER	WHI LE LESS	The state of the s	Х	



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Section 6 - Other Licenses		
ership 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?	X	
"Yes", disclose which individual(s) has the financial interest, what the type of business is, and if licensed in Alas tense number(s) and license type(s):	ka, whic	h —,
Kvichak Management Services, LLC holds liquor license number 5642 (Beverage Dispensary Tourism (BDTL)), doing business as Sockeye Saloon and located at Mile 15 Alaska Peninsula Highway, Outsid Limits, AK.	License e City	9
Section 7 – Authorization	Yes	No
	Yes	No
munication with AMCO staff: Does any person other than a licensee named in this application have authority to discuss this license with		No





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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.

that I, as the current licensee (eith application, approve of the transformature of transferor Mark Bradford Printed name of transferor	that the undersigned r er the sole proprietor c er of this license, and	epresents a controlling in or the controlling interest of incide information on this	terest of the current li of the currently license is application to be true	censee. I additionally certify d entity) have examined this e, correct, and complete.
MARK		MY COMMISSION		
Signature of transferor		06/29/2026		
Mark Bradford		AUBLIC . A LINE		
Printed name of transferor	Subscribed and s	ATE OF ALASH	sh day of July	20_25.
	1		Debora	Signature of Notary Public
		Notary Public in a	and for the State of	Alaska
			My commission exp	oires: June 29, 2026
			,	
Signature of transferor				
Printed name of transferor				
Printed name of transferor	Subscribed and s	worn to before me this	day of	
			-	Signature of Notary Public
				Signature of Notary Fabric
		Notary Public in	and for the State of	·
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
			My commission exp	
				REGELVED
				MJE 04 2025
				DHOL MARLUANA GONTROL OFFICE
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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.



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



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.



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 305.700.



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



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 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.



AS 04 and its implementing regulations.

AS 04 and its implementing regulation



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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 alcohol license applications, per AS 04.11.260, 3 AAC 305.630 and 3 AAC 305.660. 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.

This form must be completed and submitted to AMCO's Anchorage office before any license application will be considered complete. You may attach blueprints or other detailed drawings that meet the requirements of this form.

The diagram MUST include:

- You must use a solid, contiguous red line to outline the outer perimeter of your premises with no breaks or separations.
 - o The red outline is required to follow a physical barrier (wall, fence and even across doorways).
 - There should be <u>no red lines within the perimeter</u>
- Each area should be clearly labeled in any color other than red where alcohol is:
 - Stored
 - Served/Sold
 - Manufactured
 - Consumed
- All diagrams must include:
 - Dimensions (AMCO does not accept diagrams drawn to scale)
 - Cross streets
 - Points of reference, such as a compass rose indicating True North
 - All entrances, exits, walls, bars, and fixtures
- If your premises include multiple floors, please include a separate diagram of each floor.
 - You must identify the stairs between each floor, and each hallway/corridor that leads to each set of stairs.
- If your premises includes multiple floors, please include a separate diagram of each floor. You must identify the stairs between each floor, and each hallway/corridor that leads to each set of stairs.
- 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.
- Any license applications that include outdoor space 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 permitted premises and to prevent the access of alcohol by a minor during
 the permitted event. A security plan may be requested for other proposed locations on a case-by-case basis.

Section 1 – Establishment Information

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

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

rev 12/12/2023 Page **1** of **2**



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Form AB-02: Premises Diagram

Section 2 - Detailed Premises Diagram

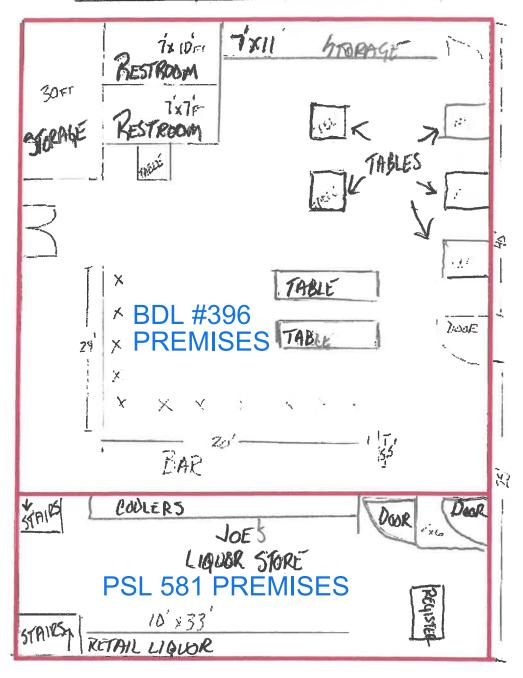
Clearly indicate the boundaries of the premises and the proposed licensed area within that property. See above for detailed instructions.

Please see attached.

Regarding the diagram AB-02 for Fisherman's Bar and Joe's Liquor Store (licenses 396 and 581)

Currently the two businesses share back-room office space and basement storage space for back stock and package sale back stock. The package store is isolated by walls and locked doors that staff open when a customer approaches the package store door. There is one entry and exit for customers accessing the package store. Point of sale registers are also independent of each other in the perspective isolated spaces. Building mechanical items such as heat and electricity are also shared.

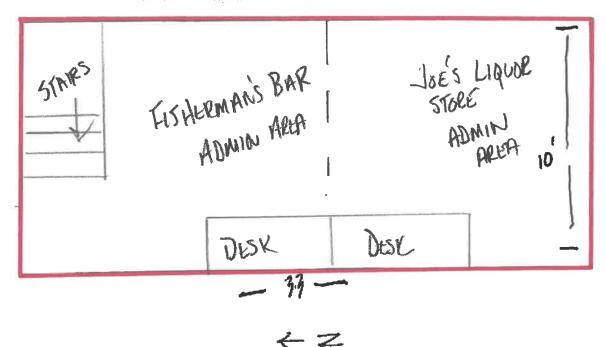
GROUND FLOOR (RESTAURANT AND PACKAGE STORE)



4 Z



SECOND FLOOR OFFICE (ABOVE PACKAGE STORE)



OVERLAPPING/SHARED PREMISES BDL #396 AND PSL #581



BASEMENT

	77 -
FISHERMANS BAR ALCOHOL STORAGE	
FIBHLEMAN'S BAR ALCOHOL STORAGE	
BOILER BOILER	
BOILER JOE'S LIQUOR BAR FISHERMANS BAR ALOHOL	
ON IEC	
- FISHERMAN'S BAR GLOOHOL STORAGE STORAGE	
JOE'S LIQUOR STORE ALCOHOL STORAGE	6
TUE'S LIQUOR STORE ALCOHOL STORAGE	
GE'S LIQUER STORE ALCOHOL STORAGE	
JOE'S LIQUOR STORE ALLOHAL STORAGE	
STAIRS Took house Soon Acould Stage	
JOE'S LIQUOR STORE ALCOHOL STORAGE	

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OVERLAPPING AND SHARED PREMISES MECHANISES BDL #396 AND PSL #581

AMCO Received 11/10/2025

VIEW OF FLOORS

