



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: | Ocean Enterprises of Alaska Inc | License #: | 4325 | | |
| License Type: | Beverage Dispensary | Statutory Reference: | 04.11.090 | | |
| Doing Business As: | Kodiak Hana Restaurant | | | | |
| Premises Address: | 516 E Marine Way | | | | |
| City: | Kodiak | State: | AK | ZIP: | 99615 |
| Local Governing Body: | Kodiak, Kodiak Island Borough | | | | |

Transfer Type:

- ☒ Regular transfer
☐ Transfer with security interest
☐ Involuntary retransfer

OFFICE USE ONLY

| | | | |
|---------------------|--|----------------|--|
| Complete Date: | | Transaction #: | |
| 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: | Ocean Enterprises of Alaska Inc | | | | |
| Doing Business As: | Kodiak Hana Restaurant | | | | |
| Premises Address: | 516 E Marine Way | | | | |
| City: | Kodiak | State: | AK | ZIP: | 99615 |
| Community Council: | N/A | | | | |

| | | | | | |
|------------------|------------------|--------|----|------|-------|
| Mailing Address: | 516 E Marine Way | | | | |
| City: | Kodiak | State: | AK | ZIP: | 99615 |

| | | | | | |
|----------------------|-----------------------|-----------------|--------------|--|--|
| Designated Licensee: | Tom.o Demora | | | | |
| Contact Phone: | 907 481 1088 | Business Phone: | 907 481 1088 | | |
| Contact Email: | kodiak.hana@gmail.com | | | | |

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.

0.9 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.

0.3 miles



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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: | Tomio Demura | | | | |
| Title(s): | Director, President | Phone: | 907 486 8334 | % Owned: | 50% |
| Address: | 1519 Yanovsky St | | | | |
| City: | Kodiak | State: | AK | ZIP: | 99615 |



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| | | | | | |
|------------------|-----------------------------------|--------|--------------|----------|-------|
| Entity Official: | Fumiko Demura | | | | |
| Title(s): | Secretary, Treasurer, director | Phone: | 601 259 0610 | % Owned: | 50 % |
| Address: | 1519 Yanovsky St | | | | |
| City: | Kodiak | State: | AK | ZIP: | 99615 |

| | | | | | |
|------------------|--------------------------|--------|--------------|----------|-------|
| Entity Official: | Goon Cho | | | | |
| Title(s): | vice president, director | Phone: | 907 486 8334 | % Owned: | |
| Address: | 1519 Yanovsky St | | | | |
| City: | Kodiak | State: | AK | ZIP: | 99615 |

| | | | | | |
|------------------|--|--------|--|----------|--|
| 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 #: | 128654 | AK Formed Date: | 5/16/2010 | Home State: | AK |
| Registered Agent: | Tomio Demura | Agent's Phone: | 907 486 8334 | | |
| Agent's Mailing Address: | 516 E Marine Way | | | | |
| City: | Kodiak | State: | AK | ZIP: | 99615 |

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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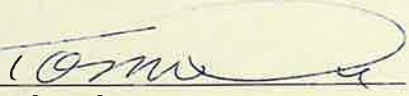
Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

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.

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 of transferor

Tomio Demura
Printed name of transferor

Subscribed and sworn to before me this 07th day of February, 20 23.




Signature of Notary Public

Notary Public in and for the State of ALASKA

My commission expires: 07/15/2025

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.

F.D

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

F.D

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.

F.D

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.

F.D

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

F.D

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.

F.D



Fumiko Demura
Signature of transferee

Fumiko Demura
Printed name

J. Castonguay
Signature of Notary Public

Notary Public in and for the State of ALASKA

My commission expires: 07/15/2025

Subscribed and sworn to before me this 8th day of February, 20 23.



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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.

(TD)

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

(TD)

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.

(TD)

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.

(TD)

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

(TD)

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.

(TD)

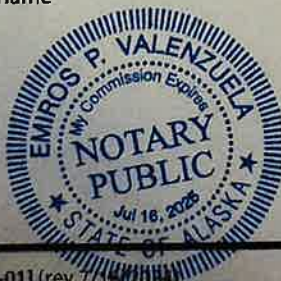
I certify that I and any individual identified in the business entity ownership section of this application, has, or will read AS 04 and its implementing regulations.

(TD)

Signature of transferee

Tomio Demura

Printed name



Signature of Notary Public

AK

Notary Public in and for the State of

My commission expires:

07/16/2025

Subscribed and sworn to before me this

14th day of July

2025



Alaska Alcoholic Beverage Control Board

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 second page 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

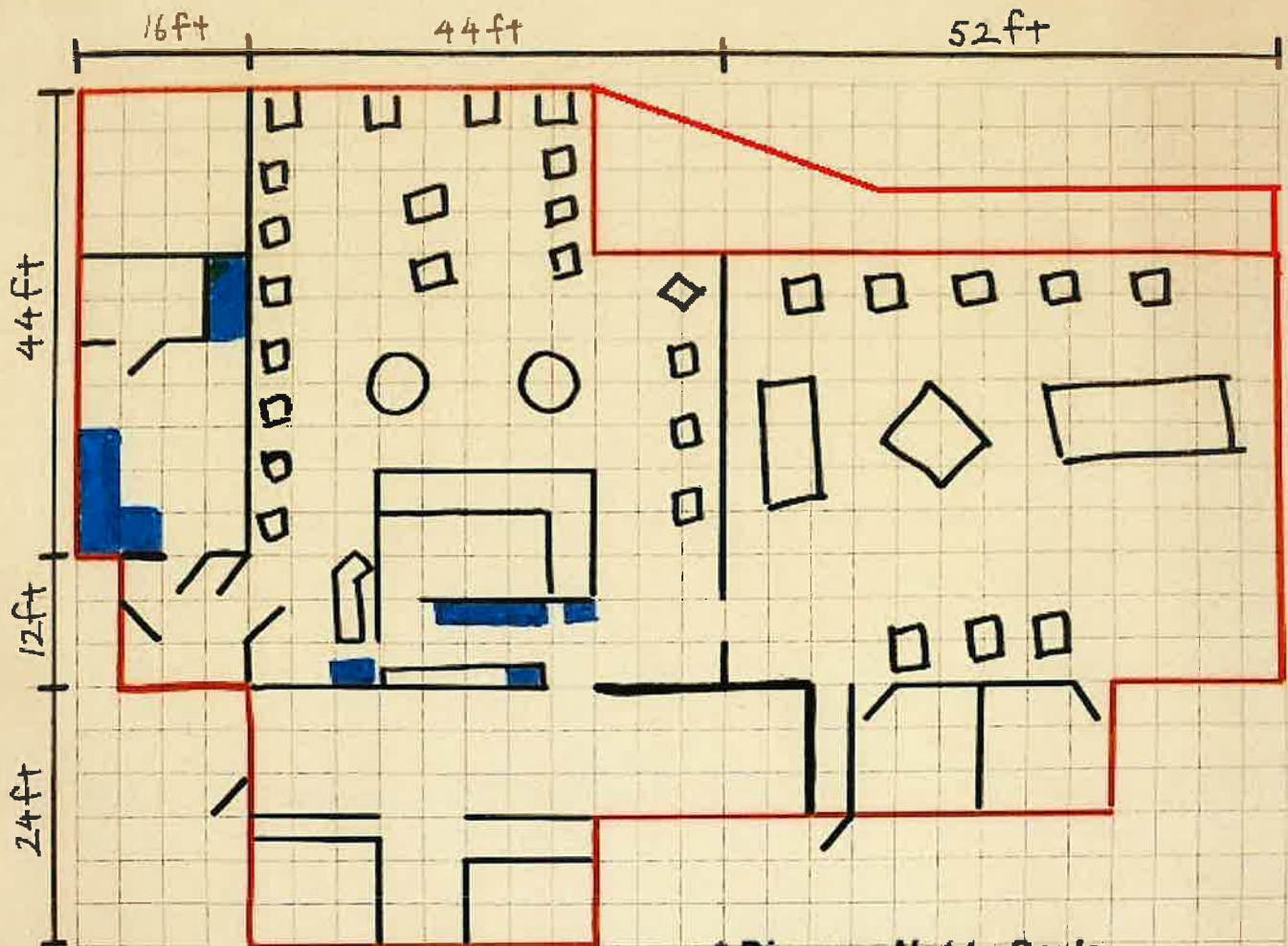
I have attached blueprints, CAD drawings, or other supporting documents in addition to, or in lieu of, the second page of this form.

☒ ☐

Section 1 – Establishment Information

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

| | | | |
|--------------------|---------------------------------|-----------------|-------|
| Licensee: | Ocean Enterprises of Alaska Inc | License Number: | 4325 |
| License Type: | Beverage Dispensary | | |
| Doing Business As: | Kodiak Hana Restaurant | | |
| Premises Address: | 516 E Marine Way | | |
| City: | Kodiak | State: | AK |
| | | ZIP: | 99615 |



** Diagram Not to Scale*



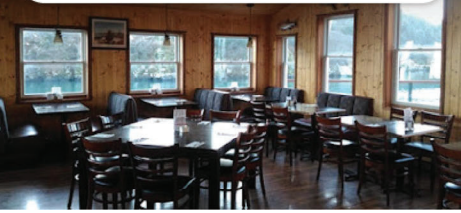
Kodiak Hana Restaurant

516 E Marine Way

Kodiak, AK 99615

License # 4325

Kodiak Hana Restaurant



Kodiak Hana Restaurant

4.4 ★★★★★ (425) • \$20–30
Japanese restaurant • 🌐

[Overview](#) [Menu](#) [Reviews](#) [About](#)

[Directions](#) [Save](#) [Nearby](#) [Send to phone](#) [Share](#)

[Dine-in](#) • [Takeout](#) • [Delivery](#)

📍 516 E Marine Way, Kodiak, AK 99615

🕒 **Closed** • Opens 11:30 AM Tue

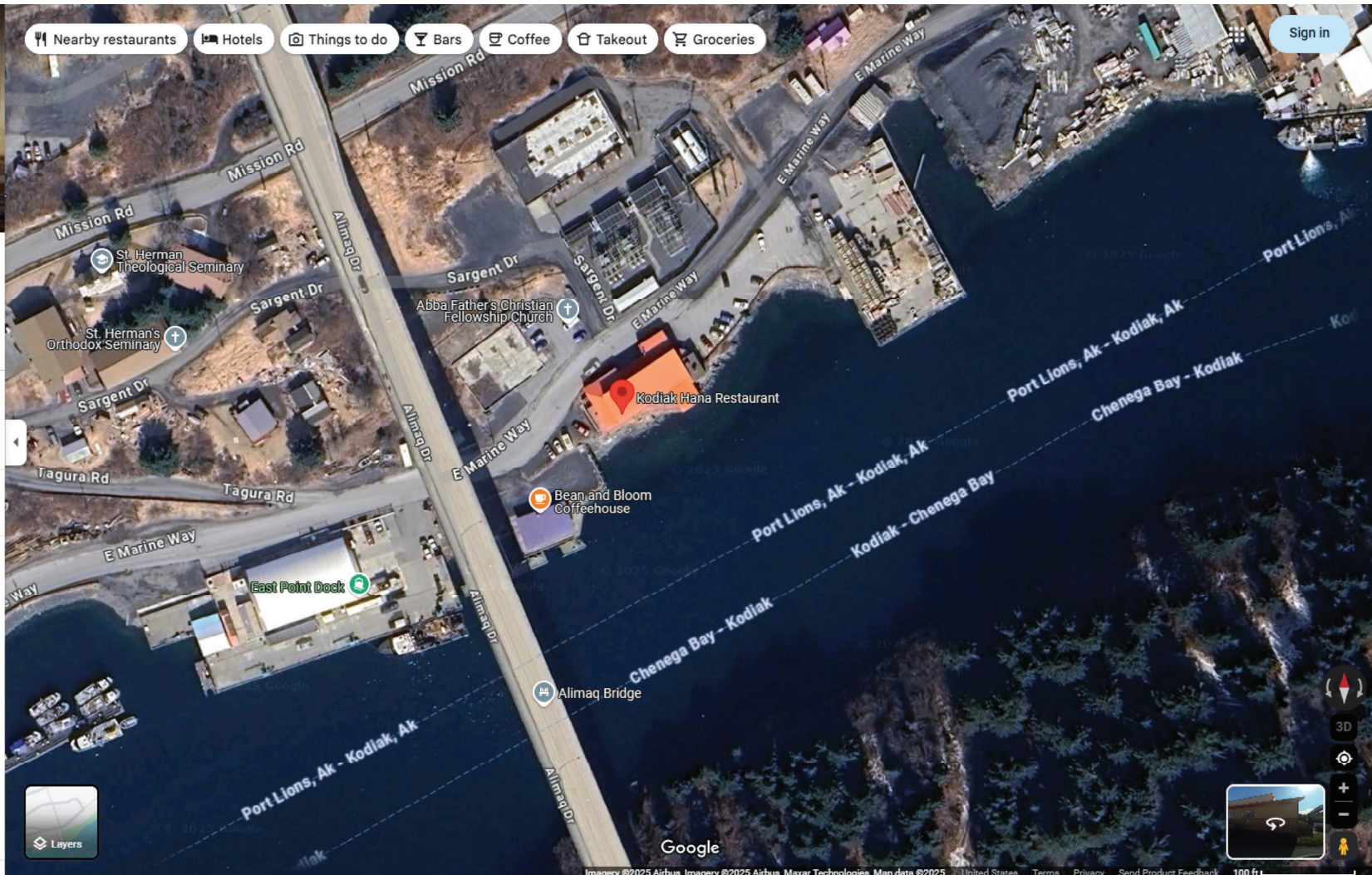
💰 \$20–30 per person
Reported by 92 people

🌐 kodiakhana.com

📞 (907) 481-1088

📍 QJQ3+M8 Kodiak, Alaska

[Suggest an edit](#)



Sign in

Nearby restaurants Hotels Things to do Bars Coffee Takeout Groceries

Mission Rd Mission Rd Sargent Dr Sargent Dr E Marine Way E Marine Way

St. Herman's Theological Seminary St. Herman's Orthodox Seminary Abba Father's Christian Fellowship Church

Kodiak Hana Restaurant

Bean and Bloom Coffeehouse

East Point Dock

Alimaq Bridge

Port Lions, Ak - Kodiak, Ak

Chenega Bay - Kodiak

Google

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