

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

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.

- Ward Carl	Section 1 -	Transferor Inf	ormation			
oter information for the cu	rrent licensee and licensed esta					
Licensee:	7 Streams Development LLC		License #:	5115		
License Type:	REPL		Statutory	Reference:		AS 04.09.2
Doing Business As:	Wild Wings 'n Things					
Premises Address:	1102 N. Muldoon Rd, Suite A2					
City:	Anchorage, Muni	State:	AK		ZIP:	99504
Local Governing Body/Bodies:	Anchorage Municipality	11	7.			· ·
ransfer Type:				ii.		
X Regular transfer						-
Transfer with secur	ity interest					
Involuntary retran	sfer		×			
Controlling interes	t transfer					
Location transfer				i i		rem territoria
				K		
*					AUG 1	8 2025
				1.色和	MARIJUAN SZTSOF	A GONTHOL OFFIC
		OFFICE USE ONLY				
Complete Date:		Tran	saction #:	# 10	1099	999
Board Meeting Date:		Licer	se Years:			
Innua Datas		Fxar	miner:			



alcohol.licensing@alaska.gov

https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

	Section 2 - Trans	feree Inf	ormation		
Enter information for the new	applicant and/or location seeking to	be licensed.	_		
Licensee:	AK Burger Zone LLC				
Doing Business As:	AK Burger Zone Tikhatnu		=======================================		
Premises Address:	1102 N. Muldoon Rd, Suite A2				
City:	Anchorage, Muni	State:	AK	ZIP:	99504
Community Council, (If applicable):	Anc hor age Mu nici palit y Northe	ast Comm	unity Council		
Mailing Address:	1423 Joyce Dr				
City:	Fairbanks	State:	AK	ZIP:	99701
Email:	burgerzone20@outlook.com	Phone:	907-799-6802 / 907-	388-9747	
Designated Licensee:	Eduardo Rodriguez				
Contact Phone:	907-799-6802	Business F	Phone:		
Contact Email:	burgerzone20@outlook.com				
Seasonal License? Yes Premises to be licensed is:	If "Yes", write your s Section 3 – Prem	ises Info	rmation		
x an existing facility	a new building	a proposed	_		
What is the distance of the	be completed by <u>beverage dispensar</u> e shortest pedestrian route from the he nearest school grounds? Include t lett High School	public entran	ce of the building of	your proposed	premises to
	e shortest pedestrian route from the e nearest church building? Include th				



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

Section 4 - Sole Proprietor Ownership Information

more space is neede	d, please attach	a separate sheet wit	s applying for a license. Enti h the required information. e and each affiliate (spouse).	
his individual is an:	applicant	affiliate		
Name:				
Address:				
			State:	ZIP:
City:			State.	
City:			Phone:	
	applicant	affiliate		
Email:	applicant	affiliate		
Email: his individual is an:	applicant	affiliate		
Email: his individual is an: Name:	applicant	affiliate		ZiP:

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:	Eduardo Rodriguez					
Title(s):	Member	Phone:	907-799-6802	% Ow	ned:	60
Address:	1423 Joyce Dr					
City:	Fairbanks	State:	AK	ZIP:	9970	1
Email:	burgerzone20@outlook.com	Phone:	907-799-6802			

AUG 18 2025 Page 3 of 7
AMCO Received 10/20/25



alcohol.licensing@alaska.gov

https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Entity Official:	Fatima Munoz-Reynoso							
Title(s):	Member Phone: 907-388-9747 % Own				ned:	40		
Address:	1423 Joyce Dr							
City:	Fairbanks		State	AK ZIP: 99701				1
Email:	fatyrey14@hotmail.com	i	Phon	e: 907-388-9747				
Entity Official:	1							
Title(s):			Phone	e:	T	% Owr	ned:	
Address:								
City:			State			ZIP:		
Email:		_	Phone	e:				
Entity Official:				4)				
Title(s):			Phone	e:		% Own	ed:	
Address:				11				
City:			State			ZIP:		
Email:			Phone	e:				
nis subsection must be complianding with the Alaska Divisomestic corporation authorized BPL Entity #:	ion of Corporations (zed to transact busing	(DOC). The registess in the state	and who	ent is either an indivose business office is	vidual resid the same a	ent of the set the restate:	ne state gistere	or
Registered Agent:	Eduardo Rodrigue	:Z ————————		Agent's Phone:	907-799	9-6802		
Agent's Mailing Address:	1423 Joyce Dr	1			710			
City:	Fairbanks	State:		Alaska Phone:	ZIP:		997	01
Email:	burgerzone20@c	outlook.com		Priorie.	907-799	9-6802		
sidency of Agent:							Yes	No
								NO



alcohol.licensing@alaska.gov

https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

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?	х	
If "Yes", disclose which individual(s) has the financial interest, what the type of business is, and if licensed in Alalicense number(s) and license type(s):	ıska, whi	ch
we have license 3376 to Greens Bar & Grill (Fairbanks) we have license 6110 to Fairbanks Golf Course Alaska (Fairbanks) we have license 5736 to AK Burger Zone (Fairbanks Location)		
Section 7 – Authorization	i Pali	
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?	х	
If "Yes", disclose the name of the individual and the reason for this authorization:		
Benjamin Blackbum - consultan and personal realtor		



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

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.

Olive L.			
Signature of transferor			
TOHNATURY SHEW			
Printed name of transferor	NOTARY PUBLIC OF ALASMAN Notary Public in a	and for the State of _	Signature of Notary Public Alaska pires: Avy 184 200
Signature of transferor			
Printed name of transferor	Subscribed and sworn to before me this	day of	20
		<u> </u>	Signature of Notary Public
	Notary Public in a	and for the State of _	
		My commission ex	pires:



alcohol.licensing@alaska.gov

https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

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.	ER
I certify that all proposed licensees have been listed with the Division of Corporations.	ER
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.	ER
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.	ER
agree to provide all information required by the Alcoholic Beverage Control Board in support of this application.	ER
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.	ER
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. NOTARY	ER
Signature of transferee PUBLIC Signature of Notary Public Signature O	
Eduardo Rodriguez Notary Public in and for the State of Hayle	
Printed name My commission expires: August	15t200i
Subscribed and sworn to before me this 10 day of April	, 20 <u>25</u> .



alcohol.licensing@alaska.gov

https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

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 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
 - o Manufactured
 - o Consumed
- All diagrams must include:
 - Dimensions (AMCO does not accept diagrams drawn to scale)
 - Cross streets
 - o Points of reference, such as a compass rose indicating True North
 - o 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:	AK BURGER ZONE LLC	License	Number:	5115	
License Type:	RESTAURANT/EATING PLACE				
Doing Business As:	AK BURGER ZONE TIKAHTNU				
Premises Address:	1102 N MULDOON RD, UNIT A2				
City:	ANCHORAGE	State:	ALASKA	ZIP:	99504

AUG 1 8 2025



alcohol.licensing@alaska.gov

https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

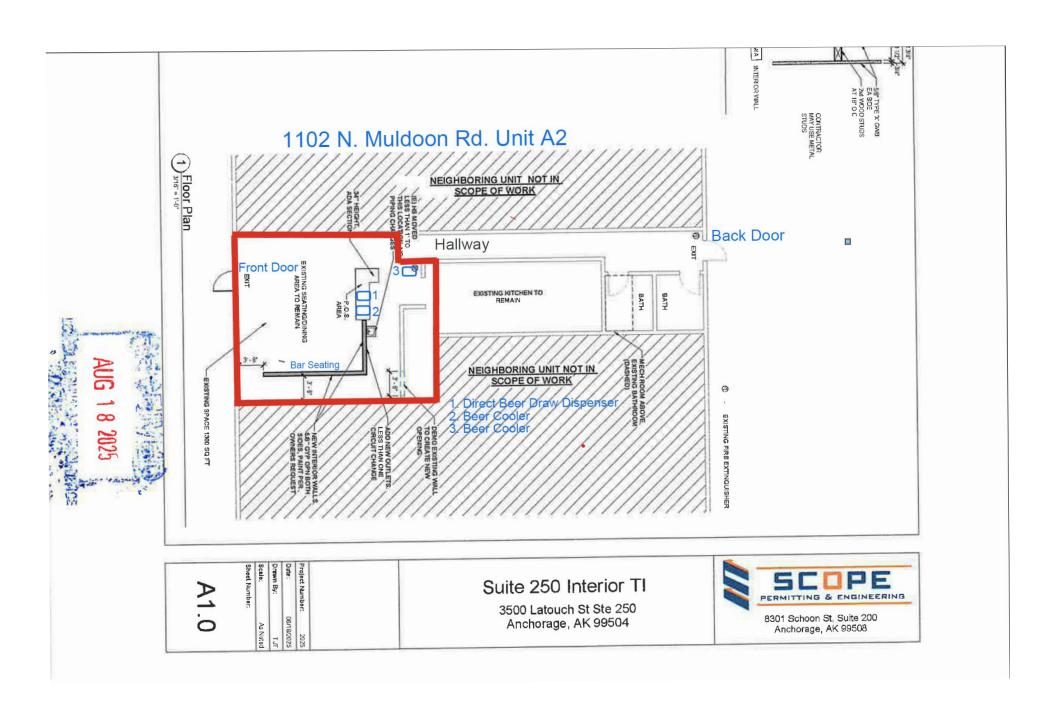
Alaska Alcoholic Beverage Control Board

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. See above for detailed instructions.

SEE ATTACHMENT





IMPROVEMENT TO CHANGE EXISTING SPACE FROM RESTAURANT TO RESTAURANT. DESIGNED TO THE 2018 IBC, 2018 IFC TENANT IMPROVEMENT

CONSTRUCTION TYPE: VB B OCCUPANCY

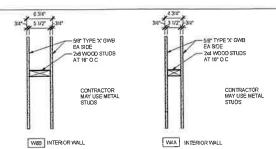
PARKING: NO CHANGE IN PARKING AFFECTED OR REQUIRED

EXISTING PUBLIC ADA RESTROOMS TO REMAIN, NO CHANGES NECESSARY, INSPECTOR TO VERIFY

EXIT ACCESS DISTANCE IS <75 FT FOR FULL SUITE > OK

PROJECT NOTES:

- NEW NON STRUCTURAL WALLS
- **NEW FINISHES**
- EXISTING DOORS TO REMAIN AS SHOWN
- FE 2 A 10 BC EXTINGUISHERS ARE **EXISTING**



Wall Types

- EXITING: REQUIRED
- A FIRST FLOOR (PER IBC TABLE 1884 5) ISS GROSS OLF FOR B OCCUPANCIES ONE EXIT IS REQUIRED WHEN

PROJECT INFO

THIS PROJECT IS LOCATED AT

1102 N MULDOON RD STE A2

-COMMERCIAL -PARCEL ID: 006-0441-28-000 -LEGAL: GATEWAY TR A FRAGMENT LT 17A

ANCHORAGE, AK 99501

-ZONING B3SL -UNIT SQ FT: 1300

- A FIRST FLOOR (PERIES TABLE 1004 3) THIS REQUIRED 2 PROVIDED A FIRST FLOOR (PERIES TABLE 1004 5) A RECOUPANDED A FIRST FLOOR (PERIES TABLE 1004 5) A OCCUPANDES ONE ENTITS PROVIDED

EXIT TRAVEL/COMMON PATH OF EGRESS

- 1 PER IBC TABLE 1006 2 1 THE LENGTH OF EGRESS TRAVEL SHALL NOT BE MORE THAN A GROUP 8 75 FEET AS THIS FACULTY IS SPRINGLERED THIS PROJECT COMPUES WITH THIS REQUIREMENT (72 FT MAX)

- SZE OF EGRESS DOORS (ALL DOORS BOSTING IN THIS PROJECT)

 1 PER 100 1 1 SIZE OF DOORS

 A THE MINIMUM WOTH OF EACH EGRESS DOOR OPENING SHALL BE SUFFIGENT FOR THE OCCUPANT LOAD
 THEREOF SHALL PROVIDE A CLEAR WOTH OF 32 INCHES

 9 CLEAR OPENINGS OF DOORWAYS WITH SWANGING DOORS SHALL BE MEASURED BETWEEN THE FACE OF
- DOOR OPEN 90 DEGREES

DOOR SWING (ALL DOORS EXISTING IN THIS PROJECT)

J PER 1010 1.2 EGRESS DOORS SHALL SWING IN THE DIRECTION OF EGRESS TRAVEL WHERE A ROOM OR AREA
CONTAINING AN OCCUPANT LOAD OF 50 OR MORE PERSONS OR A GROUP HOCCUPANCY. NOTE THE OCCUPANT
LOAD FOR THIS PROJECTI'S LESS THAN \$0.80 THE DOORS DO NOT NEED TO. SWING IN THE DIRECTION OF TRAVEL.

- ELEVATION OF FLOOR AT EXIT DOORS (ISC 1010 L 5)
 1. THERE SHALL BE A FLOOR OR LANDING ON EACH SIDE OF DOOR
 2. THE FLOOR OF LANDING SHALL BE A SAME ELEVATION ON EACH SIDE OF DOOR
 3. LANDINGS SHALL BE LEVEL EXCEPT FOR EXTERIOR LANDINGS WHICH ARE PERMITTED TO HAVE A SLOPE NOT TO EXCED IN A PERH HOR ZOWITAL FOR

THRESHOLDS (IBC 1010 1 7)
1, THRESHOLDS SHALL NOT EXCEED 1/2 INCH IN HEIGHT

- EGRESS DOOR OPERATION AND HARDWARE (ALL DOORS EXISTING IN THIS PROJECT)

 1 PER (10)0 19 DOOR OPERATION, EGRESS DOOR OPERATION SHALL BE READILY OPENABLE FROM THE EGRESS
- SDE WITHOUT THE USE OF A KEY OR SPECIAL KNOWLEDGE OR EFFORT 2 PER 1(8) 13 HARDWARE DOOR HANDLES, PULLS, LATCHES, LOCKS AND OTHER OPERATION DEMOES ON DOORS REQUIRED TO BE ACESSIBLE. SHALL NOT REQUIRE TIGHT GRASPING, TIGHT PINCHING OR TWISTING OF
- THE WRIST TO OPERATE
 3 PER 1010 132 HARDWARE HB GHT: DOOR HANDLES, PULLS, LATCHES, LOCKS AND OTHER OPERATING DEVICES
 SHALL BE INSTALLED 38 INCHES MINIMUM AND 48 INCHES MAXMUM ABOVETHE FINSHED FLOOR. LOCKS USED
 ONLY FOR SECURITY PURPOSES AND NOT USED FOR NORMAL OPERATION ARE PERMITTED AT ANY HE GHT
 4 PER 1010 19 5 BOLT LOCKS MANUALLY OPERATED FLUSH BOLTS OR SURFACE BOLTS ARE NOT PERMITTED
 5 PER 1010 13 B UNLATCH AN THE UNLATCHING OF ANY DOOR OR LEAS YIGHL NOT REQUIRE MORE THAN ONE
- 6 PER 1010 1.10 PANIC HARDWARE PANIC HARDWARE IS NOT REQUIRED FOR THIS PROJECT.

BATH BATH EXISTING BATHROOM TO CREATE NEW LESS THAN 1' TO THIS LOCATION, NO 0 13.5 PIPING CHANGES ADD NEW OUTLETS. LESS THAN ONE 34" HEIGHT P.O.S NEW HITEOIOD WALLS SIDES, PAINT PER EXISTING SEATING/DINING AREA TO REMAIN OWNERS REQUEST EXIT EXISTING SPACE 1300 SQ FT

1) Floor Plan

- EXISTING FIRE EXTINGUISHER @ EXIT

M g St. Suite 200 , AK 99508 ŭ Schoon Schorage, 8301 8 And

> Ste 250 (99504 250 Interior 3500 Latouch St S Anchorage, AK S Suite

Project Number: 2025 06/19/2025 ТЛТ Drawn By: Scale; As Noted

Sheet Number.

A1.0

THE CONTRACTOR IS RESPONSIBLE TO CHECK THE PLANS AND IS TO NOTIFY THE DESIGNER OF ANY ERRORS OR OMISSIONS PRIOR TO THE START OF CONSTRUCTION