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 $\underline{\text{https://www.commerce.alaska.gov/web/amco}}$

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.

| Section 1 – Transferor Information | | | | | | | | |
|--|---|-----------|------------------|-------|--------------|--|--|--|
| Enter information for the <i>cur</i> | rent licensee and licensed establishment. | | | | | | | |
| Licensee: | Holiday Alaska, LLC | | License #: | | 2386 | | | |
| License Type: | Package Store | | Statutory Refere | ence: | AS 04.09.230 | | | |
| Doing Business As: | No DBA | No DBA | | | | | | |
| Premises Address: | No Premises | | | | | | | |
| City: | Municipality of Anchorage Star | te: | AK | ZIP: | | | | |
| Local Governing Body/Bodies: | MOA | | | | | | | |
| Regular transfer Transfer with securit Involuntary retransf Controlling interest Location transfer | fer | <u>.Y</u> | | | | | | |
| Complete Date: | | Transa | ction #: | | | | | |
| Board Meeting Date: | | License | Years: | | | | | |
| Issue Date: | | Examir | ner: | | | | | |



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Section 2 - Transferee Information Enter information for the *new* applicant and/or location seeking to be licensed. Licensee: Holiday Alaska, LLC **Doing Business As:** Circle K **Premises Address:** 1501 Abbott Road City: State: AK ZIP: 99507 Anchorage Community Council, Abbot Loop (If applicable): **Mailing Address:** 6000 Clearwater Dr., Ste. 300 State: ZIP: City: MN 55343 Minnetonka **Email:** Phone: 952-830-8046 gary.brant@holidaycompanies.com **Designated Licensee:** Gary Brant **Business Phone: Contact Phone:** 952-830-8046 952-830-8700 **Contact Email:** gary.brant@holidaycompanies.com If "Yes", write your six-month operating period: _ **Seasonal License? 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

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 (Must be in feet.)

the outer boundaries of the nearest school grounds? Include the unit of measurement in your answer (Must be in feet).

2,112 feet (0.4 miles) - Rock Church of Anchorage

2,112 feet (0.4 miles) - Korean Open Door Presbyterian

2,112 feet (0.4 miles) - Morning Star Christian School



Email:

Alcohol and Marijuana Control Office 550 W 7th Avenue, Suite 1600 Anchorage, AK 99501

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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: **Email:** Phone: This individual is an: applicant affiliate Name: Address: City: State: ZIP:

Section 5 – Entity Ownership Information

Phone:

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: | Holiday Stationstores, LLC | | | | | |
|------------------|--|--------|--------------|------|-----|-----|
| Title(s): | Sole Member Phone: 952-830-8700 % Owned: | | | | | |
| Address: | 4567 American Blvd. W | | | | | |
| City: | Bloomington | State: | MN | ZIP: | 554 | 137 |
| Email: | gary.brant@holidaycompanies.com | Phone: | 952-830-8700 | | | |



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| Entity Official: | Gary Melburn E | Brant | | | | | | | | |
|---|---|-----------------|----------|-------|--------------------|------------|-----------|----------|------|----|
| Title(s): | Affiliate, Holiday A | laska, LLC | Phone | e: | 952-830-87 | 700 | % Owr | ned: | 0 | |
| Address: | 4567 American | Blvd. W | | | | | | • | | |
| City: | Bloomington | | State: | | MN | | ZIP: | 554 | 37 | |
| Email: | gary.brant@holidayco | mpanies.com | Phone | e: | | | | • | | |
| | | | | | | | | | | |
| Entity Official: | | | | | | ı | | ı | | |
| Title(s): | | | Phone | e: | | | % Owr | ned: | | |
| Address: | | | | | | | | | | |
| City: | | | State: | : | | | ZIP: | | | |
| Email: | | | Phone | e: | | | | | | |
| | | | | | | | | | | |
| Entity Official: | | | | | | | | | | |
| Title(s): | | | Phone | e: | | | % Owr | ned: | | |
| Address: | | | | | | | | | | |
| City: | | | State: | | | | ZIP: | | | |
| Email: | | | Phone | e: | | | | | | |
| This subsection must be com standing with the Alaska Div domestic corporation autho | ision of Corporations ([| DOC). The regis | tered ag | ent i | is either an indiv | idual resi | dent of t | he stat | e or | |
| CBPL Entity #: | 10081D | AK Formed | Date: | 4/ | 19/1971 | Home | State: | AK | | |
| Registered Agent: | United States Corporation Company Agent's Phone: 888-690-2882 | | | | | | | | | |
| Agent's Mailing Address | : 8585 Old Dair | y Road, S | uite 20 | 80 | | | | | | |
| City: | Juneau | State: | | Ak | (| ZIP: | | 998 | 01 | |
| Email: | sop@cscglobal | .com | | Pł | none: | | | | | |
| Residency of Agent: | | | | | | | | Yes | | No |
| Does your registered a | gent satisfy the require | ement of AS 04. | 11.430? | | | | | <u>~</u> | | |



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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 Alas license number(s) and license type(s): | ka, whic | ch |
| Holiday Alaska, LLC; Convenience Store; License #264 - Package Store Holiday Alaska, LLC; Convenience Store; License #660 - Package Store Holiday Alaska, LLC; Convenience Store; License #2386 - Package Store Holiday Alaska, LLC; Convenience Store; License #3282 - Package Store Holiday Alaska, LLC; Convenience Store; License #3460 - Package Store Holiday Alaska, LLC; Convenience Store; License #3973 - Package Store Holiday Alaska, LLC; Convenience Store; License #4156 - Package Store Holiday Alaska, LLC; Convenience Store; License #4198 - Package Store | | |
| 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? | V | |
| If "Yes", disclose the name of the individual and the reason for this authorization: | | |
| Jessica Brown, Holland & Knight - Legal Counsel Andrew Klair, Holland & Knight - Legal Counsel Landon Mignardi, Holland & Knight - Legal Counsel | | |



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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 **Gary Brant** Printed name of transferor Subscribed and sworn to before me this 5th day of November Signature of Notary Public Notary Public in and for the State of My commission expires: Melissa Duncan Notary Public Seal State of Indiana Brown County Commission # NP0731409 ly Commission Expires 02/01/2029 Signature of transferor **Gary Brant** Printed name of transferor Subscribed and sworn to before me this 5th day of Nove Signature of Notary Public Notary Public in and for the State of My commission expires:

> Melissa Duncan Public Seal State of Indiana **Brown County** Commission # NP0731409



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Form AB-01: Transfer License Application

| 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. | SMB |
| I certify that all proposed licensees have been listed with the Division of Corporations. | SMB |
| 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. | 645 |
| 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. | 6ns |
| I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application. | 6MB |
| 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. | 6hB |
| 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. | GMB |
| Signature of transferee Signature of Notary Public | |
| Gary Brant Notary Public in and for the State of Indiana |) |
| Printed name My commission expires: 03/01/3 | 1029 |
| Melissa Duncan Notary Public Seal State of Indiana Brown County Subscribed and sworn to before me this 5th day of November | , 20 <u>24</u> . |



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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).
 - o There should be no red lines within the perimeter
- Each area should be clearly labeled in any color other than red where alcohol is:
 - Stored
 - o Served/Sold
 - Manufactured
 - o 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: | Holiday Alaska, LLC | License | Number: | 2386 | |
|--------------------|---------------------|---------|---------|------|-------|
| License Type: | Package Store | | | | |
| Doing Business As: | Circle K | | | | |
| Premises Address: | 1501 Abbott Road | | | | |
| City: | Anchorage | State: | AK | ZIP: | 99507 |

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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. |
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