



Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application



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

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:	PHILLIPS CRUISES & TOURS, LLC	License #:	5138		
License Type:	COMMON CARRIER - SEASONAL	Statutory Reference:	AS 04-09-260		
Doing Business As:	M/V GLACIER QUEST				
Premises Address:	ALASKAN WATERS				
City:	NONE	State:	ALASKA	ZIP:	
Local Governing Body:	NONE				

Transfer Type:

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

OFFICE USE ONLY			
Complete Date:		Transaction #:	100787384
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:	PHILLIPS CRUISES & TOURS, LLC				
Doing Business As:	M/V GLACIER QUEST				
Premises Address:	ALASKAN WATERS				
City:	NONE	State:	ALASKA	ZIP:	
Community Council:	NONE				

Mailing Address:	519 WEST 4TH AVENUE				
City:	ANCHORAGE	State:	AK	ZIP:	99501-2235

Designated Licensee:	CAROLYN F. NEUMANN				
Contact Phone:	907 229-1815	Business Phone:	907 279-2039		
Contact Email:	gmcates@26glaciers.com				

Seasonal License? ☒ Yes ☐ No APRIL 15TH - OCTOBER 15TH
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.

N/A

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.

N/A



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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

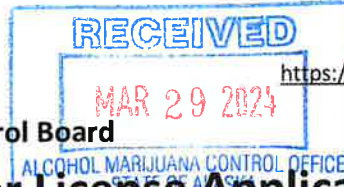
Name:					
Address:					
City:		State:		ZIP:	

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:	CAROLYN F. NEUMANN				
Title(s):	MANAGER AND MEMBER	Phone:	907 229-1815	% Owned:	
Address:	1433 WEST 13TH AVENUE				
City:	ANCHORAGE	State:	ALASKA	ZIP:	99501



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Entity Official:	CAROLYN NEUMANN EXEMPT FAMILY TRUST				
Title(s):		Phone:		% Owned:	50%
Address:	519 WEST 4TH AVENUE				
City:	ANCHORAGE	State:	ALASKA	ZIP:	99501-2235

Entity Official:	ROBERT NEUMANN EXEMPT FAMILY TRUST				
Title(s):		Phone:		% Owned:	50%
Address:	519 WEST 4TH AVENUE				
City:	ANCHORAGE	State:	ALASKA	ZIP:	99501-2235

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.

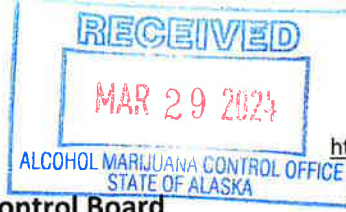
DOC Entity #:	82471D	AK Formed Date:	10/15/2003	Home State:	AK
Registered Agent:	CAROLYN F. NEUMANN	Agent's Phone:	907 229-1815		
Agent's Mailing Address:	1433 WEST 13TH AVENUE				
City:	ANCHORAGE	State:	AK	ZIP:	99501

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:

GAYLE M. CATES, FINANCIAL MANAGER OF PHILLIPS CRUISES & TOURS, LLC.
GAYLE CATES HANDLES ALL THE ALASKA ALCOHOLIC BEVERAGE LIQUOR
APPLICATIONS, RENEWALS AND TRANSFERS.



Alaska Alcoholic Beverage Control Board

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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.

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.

Carolyn F. Neumann

Signature of transferor

CAROLYN F. NEUMANN

Printed name of transferor

Subscribed and sworn to before me this 10th day of March, 20 25.



Gayle M. Cates
Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: 08/03/2024

Carolyn F. Neumann

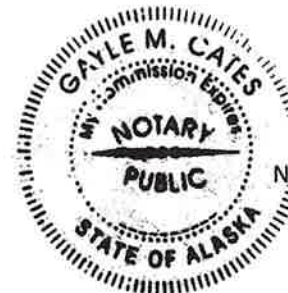
Signature of transferor

CAROLYN F. NEUMANN

Printed name of transferor

AS PERSONAL REPRESENTATIVE OF ROBERT G. NEUMANN

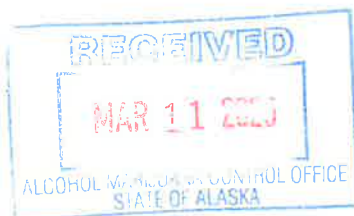
Subscribed and sworn to before me this 10th day of March, 20 25.



Gayle M. Cates
Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: 08/03/2026





Alaska Alcoholic Beverage Control Board

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.

Cn

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

Cn

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.

Cn

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.

Cn

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

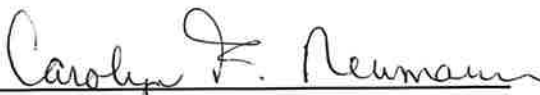
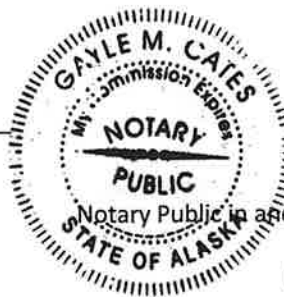
Cn

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.

Cn

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.

Cn


Signature of transfereeCAROLYN F. NEUMANN FOR CAROLYN NEUMANN
Printed name EXEMPT FAMILY TRUST
Signature of Notary PublicNotary Public in and for the State of AlaskaMy commission expires: 08/03/2024Subscribed and sworn to before me this 10th day of March, 20 25.



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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.

CN

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CN

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.

CN

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.

CN

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

CN

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.

CN

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.

CN

Carolyn F. Neumann

Signature of transferee



Gayle M. Cates

Signature of Notary Public

CAROLYN F. NEUMANN FOR ROBERT NEUMANN

Printed name

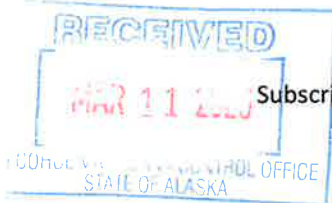
EXEMPT FAMILY TRUST

Notary Public and for the State of

Alaska

My commission expires:

08/03/2024



Subscribed and sworn to before me this 10th day of March, 2025.



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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.
 - The red outline is required to follow a physical barrier (wall, fence and even across doorways).
 - 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
 - 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.

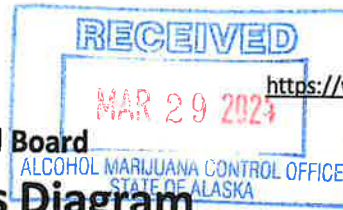
Section 1 – Establishment Information

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

Licensee:	PHILLIPS CRUISES & TOURS, LLC	License Number:	5138		
License Type:	COMMON CARRIER - SEASONAL				
Doing Business As:	MV GLACIER QUEST				
Premises Address:	ALASKAN WATERS				
City:	NONE	State:	ALASKA	ZIP:	



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Alaska Alcoholic Beverage Control Board
Form AB-02: Premises Diagram

Section 2 – Detailed Premises Diagram

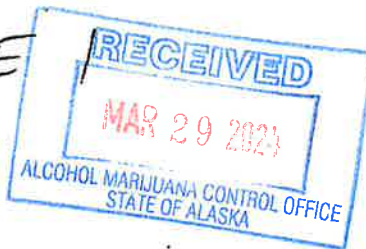
Clearly indicate the boundaries of the premises and the proposed licensed area within that property. See above for detailed instructions.

SAME AS ORIGINAL

M/V. GLACIER QUEST

STATE OF ALASKA
ALCOHOL BEVERAGE CONTROL BOARD
Licensed Premises Diagram

PAGE



CTIONS: Draw a detailed floor plan of your present or proposed licensed premises on the graph below:
all entrances and exits, and all fixtures such as tables, booths, games, counters, bars, coolers, stages, etc.

DBA: PHILLIPS CRUISES & TOURS, LLC (GLACIER QUEST)

PREMISES LOCATION: PRINCE WILLIAM SOUND, ALASKA

Indicate scale by x after appropriate statement or show length and width of premises.

SCALE A: ☒ 1 SQ. = 4 FT. SCALE B: ☐ 1 SQ. = 1 FT.

Length and width of premises in feet:

Outline the area to be designated for sale, service, storage, and consumption of alcoholic beverages in red.
DO NOT USE BLUE INK OR PENCIL ON THIS DIAGRAM.

M/V GLACIER QUEST

