



Alaska Alcoholic Beverage Control Board

## Form AB-01: Transfer License Application

Alcohol and Marijuana Control Office  
550 W 7<sup>th</sup> Avenue, Suite 1600  
Anchorage, AK 99501  
[alcohol.licensing@alaska.gov](mailto: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 #:	5798		
License Type:	COMMON CARRIER - SEASONAL	Statutory Reference:	AS 04-09-260		
Doing Business As:	M/V BRAVEST				
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:	



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:	PHILLIPS CRUISES & TOURS, LLC	License #:	5798		
License Type:	COMMON CARRIER - SEASONAL	Statutory Reference:	AS 04.11.180		
Doing Business As:	M/V BRAVEST				
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 #:	
Board Meeting Date:		License Years:	
Issue Date:		Examiner:	



Alaska Alcoholic Beverage Control Board

## Form AB-01: Transfer License Application

### 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 BRAVEST				
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



Alaska Alcoholic Beverage Control Board

## Form AB-01: Transfer License Application

### 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



Alaska Alcoholic Beverage Control Board

## Form AB-01: Transfer License Application



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?







Alaska Alcoholic Beverage Control Board

## Form AB-01: Transfer License Application



### 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

**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.

Carolyn F. Neumann

Signature of transferor

CAROLYN F. NEUMANN

Printed name of transferor

Subscribed and sworn to before me this 10<sup>th</sup> 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

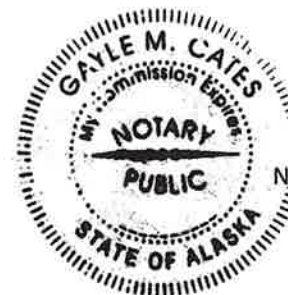
Signature of transferor

CAROLYN F. NEUMANN

Printed name of transferor

AS PERSONAL REPRESENTATIVE OF ROBERT G. NEUMANN

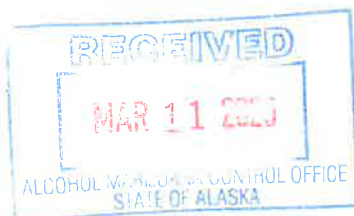
Subscribed and sworn to before me this 10<sup>th</sup> day of March, 20 25.



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.

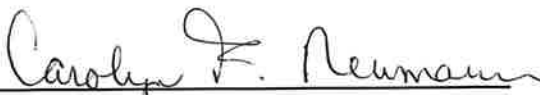
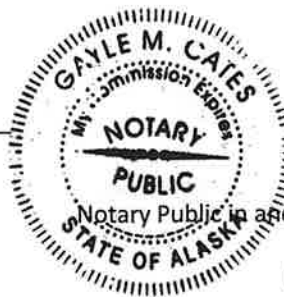
Cn

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 10<sup>th</sup> day of March, 20 25.





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.

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

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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.

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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.

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Carolyn F. Neumann  
Signature of transferee

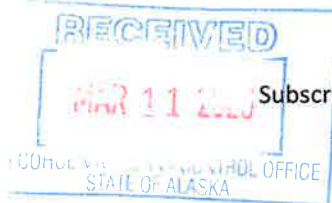


Gayle M. Cates  
Signature of Notary Public

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 10<sup>th</sup> day of March, 20 25  
hmc

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA  
THIRD JUDICIAL DISTRICT AT ANCHORAGE

In the Matter of the Estate )  
 )  
Of )  
 )  
Robert Gerald Neumann, )  
 )  
Deceased. )

) Case No. 3AN-23- 02216 PR

**Letters Testamentary**  
**[AS 13.16.015 and AS 13.16.245]**

The will of Robert Gerald Neumann, having been admitted to probate, Carolyn Frances Neumann is appointed personal representative of the estate.

11/10/2023  
Date

[Signature]  
Registrar / Superior Court Judge



**ACCEPTANCE**

I, Carolyn Frances Neumann, accept the duties and promise to perform the duties as required by law of the office of personal representative of the Estate of Robert Gerald Neumann. I acknowledge my duty as personal representative to:

(a) take possession and control of the decedent's property as required by Alaska Statute 13.16.380, determine the liabilities of the estate, and complete an inventory as required by Alaska Statute 13.16.365;

SHAFTTEL  
DELMAN, LLC  
1029 W. Third Ave.,  
Suite #600  
Anchorage, AK 99501  
(907) 276-6015  
(907) 278-6015 FAX  
E-MAIL:  
info@shaftellaw.com  
www.shaftellaw.com

LETTERS TESTAMENTARY  
Estate of Robert Gerald Neumann; Case No. 3AN-23-\_\_\_\_\_PR

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SEP 28 2023

(b) provide notice to heirs and devisees as required by Alaska Statute 13.16.360, except as provided by Alaska Statute 13.16.690;

(c) provide notice to creditors as required by law, publish notice when required, and review and either accept or reject claims as required by Alaska Statutes 13.16.455 through 13.16.515;

(d) advise the court in writing of my address and telephone number as required by Probate Rule 8;

(e) file returns for state estate taxes, if required by Alaska Statute 43.31.121 and 43.31.250;

(f) pay homestead, exempt property and family allowances as required by Alaska Statutes 13.12.401 through 13.12.405, costs of administration and other claims as required by Alaska Statute 13.16.470, and distribute the assets of the estate; and

(g) close the estate as soon as appropriate as required by Alaska Statutes 13.16.620 through 13.16.670.

I will file any required bond.

9-28-23  
Date

Carolyn Frances Neumann  
Carolyn Frances Neumann  
1433 W. 13th Ave.  
Anchorage, AK 99501

[The remainder of this page was intentionally left blank.]

VERIFICATION

STATE OF ALASKA

)  
) ss.  
)

THIRD JUDICIAL DISTRICT

Carolyn Frances Neumann, being first duly sworn, deposes and says: I am the named personal representative in the foregoing document. I have read the foregoing document, know the contents thereof, and believe all the statements made in the document to be true.

Carolyn Frances Neumann

Carolyn Frances Neumann  
1433 W. 13th Ave.  
Anchorage, AK 99501

SUBSCRIBED AND SWORN to before me this 28<sup>th</sup> day of September, 2023.



Gayle M. Cates

Notary Public in and for Alaska  
My commission expires: 08/03/2026

SHAFTTEL  
DELMAN, LLC  
1029 W. Third Ave.,  
Suite #600  
Anchorage, AK 99501  
(907) 276-6015  
(907) 278-6015 FAX  
E-MAIL:  
info@shafttellaw.com  
www.shafttellaw.com

I certify that on 11.8.23  
copies of this form were sent to: J. Delman  
CLERK: NB

LETTERS TESTAMENTARY  
Estate of Robert Gerald Neumann; Case No. 3AN-23-\_\_\_\_\_PR

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IN THE SUPERIOR COURT FOR THE STATE OF ALASKA  
THIRD JUDICIAL DISTRICT AT ANCHORAGE

In the Matter of the Estate )  
 )  
Of )  
 )  
Robert Gerald Neumann, )  
 )  
Deceased. )  
 ) Case No. 3AN-23- 02216 PR

**STATEMENT OF INFORMAL PROBATE OF WILL  
AND APPOINTMENT OF PERSONAL REPRESENTATIVE  
[AS 13.16.115]**

The Registrar makes the following findings based upon the application of Carolyn Frances Neumann for informal probate of the last will of Robert Gerald Neumann and appointment of a personal representative:

1. The application appears to be complete and contains the applicant's oath or affirmation that the statements contained therein are true to the best of the applicant's knowledge and belief.

2. The applicant is an interested person.

3. Decedent died on September 4, 2023, and at least 120 hours have elapsed since decedent's death.

4. Decedent was domiciled in Anchorage, Alaska, at the time of death.

5. Venue is proper because decedent was domiciled in this judicial district at the time of death.

6. The time for appointment of a personal representative has not expired.

STATEMENT OF INFORMAL PROBATE  
Estate of Robert Gerald Neumann; Case no. 3AN-23-\_\_\_\_\_PR

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SEP 28 2023

SHAFTTEL  
DELMAN, LLC  
1029 W. Third Ave.,  
Suite #600  
Anchorage, AK 99501  
(907) 276-6015  
(907) 278-6015 FAX  
E-MAIL:  
info@shaftellaw.com  
www.shaftellaw.com

7. A personal representative has not been appointed in this or any other judicial district of this state and neither this will nor any other will of the decedent has been the subject of a previous probate order.

8. Decedent left a valid, unrevoked will dated December 13, 2012. The original will is in the registrar's possession.

9. The person whose appointment is sought has priority for appointment as personal representative.

10. No bond is required because Paragraph C of Article II of the decedent's will waives the requirement for bond.

11. Any notice required by the laws of this state has been given.

Therefore, it is ordered that the will is admitted to informal probate. It is also ordered that Carolyn Frances Neumann is appointed personal representative of the decedent's estate. Letters Testamentary will be issued upon qualification.

Date

11/6/23

Registrar



SHAFTEL  
DELMAN, LLC  
1029 W. Third Ave.,  
Suite #600  
Anchorage, AK 99501  
(907) 276-6015  
(907) 278-6015 FAX  
E-MAIL:  
info@shaftellaw.com  
www.shaftellaw.com

I certify that on 11.8.23  
copies of this form were sent to: J. Delman  
CLERK: NB

I certify that this is a true and correct  
copy of the original on file in my office.

ATTEST:

Clerk of the Trial Courts at Anchorage

By Mari Bahr 11-8-23  
Deputy Date

STATEMENT OF INFORMAL PROBATE

Estate of Robert Gerald Neumann; Case no. 3AN-23-\_\_\_\_\_PR

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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.
  - 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:	5798		
License Type:	COMMON CARRIER - SEASONAL				
Doing Business As:	MV BRAVEST				
Premises Address:	ALASKAN WATERS				
City:	NONE	State:	ALASKA	ZIP:	



Alaska Alcoholic Beverage Control Board

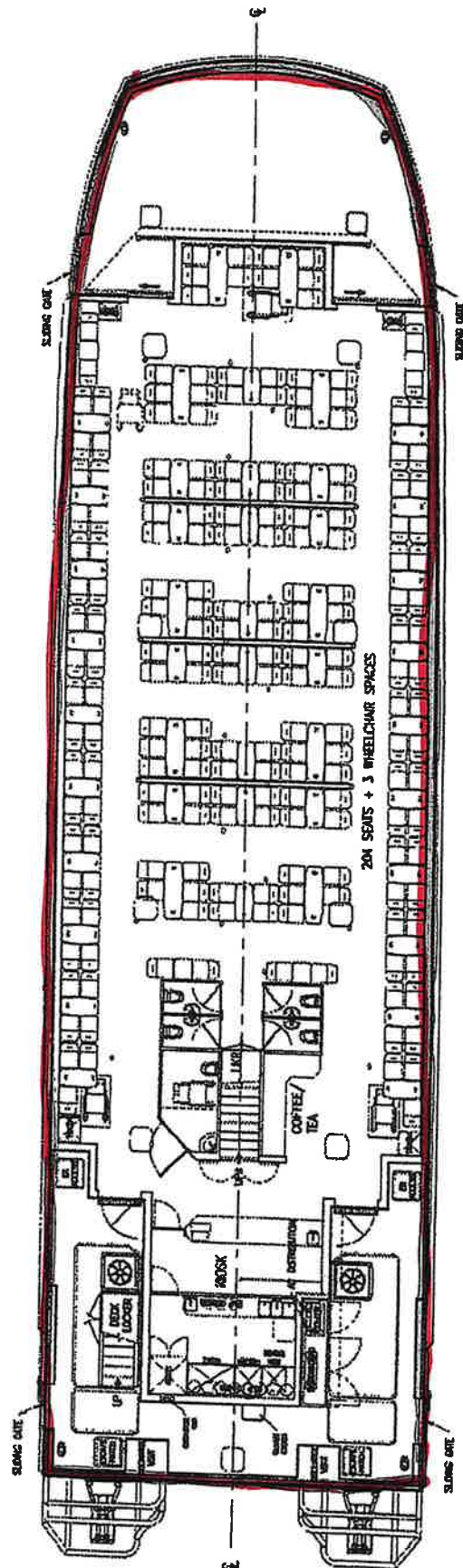
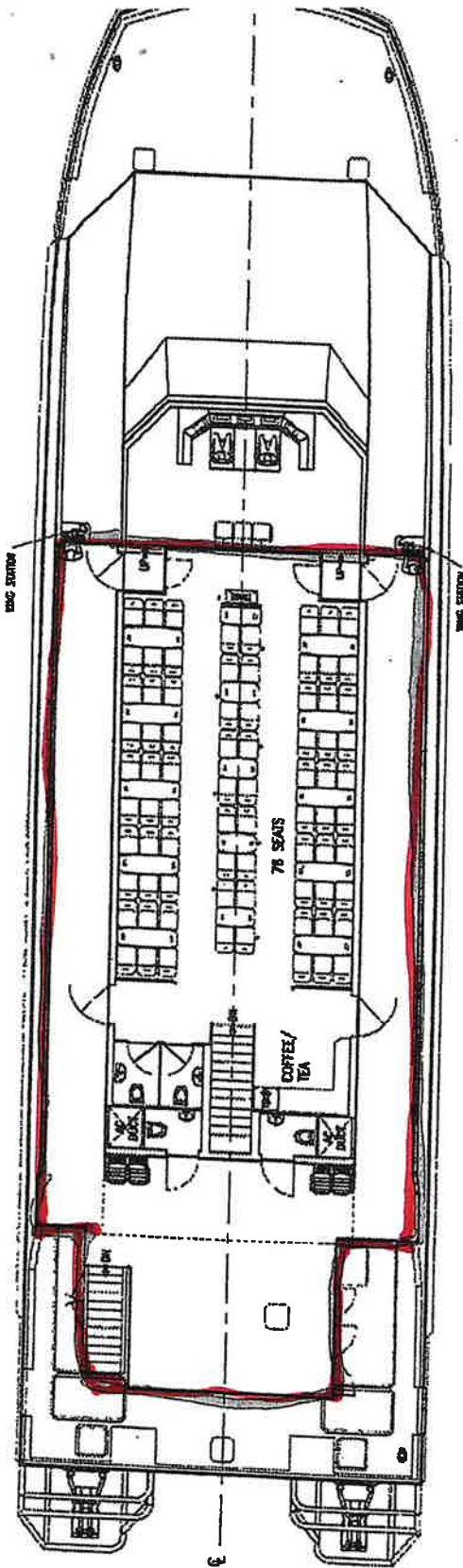
## Form AB-02: Premises Diagram

### 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





32'-9"

PLAN VIEW ON MAIN DECK

127'-0"

M/V BRAVEST

