

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 *current* licensee and licensed establishment.

Licensee:	Princess Cruise Lines, LTI	Princess Cruise Lines, LTD.		License #: 6032			
License Type:	Common Carrier Dispensary License (CCDL)		Statutory Reference:		04.09.260		
Doing Business As:	Crown Princess	Crown Princess					
Premises Address:	Alaskan Waters	Alaskan Waters					
City:	Alaskan Waters	State:	AK	ZIP:			
Local Governing Body/Bodies:	Alaskan Waters/ Other (Co	ommon Carrier)					

Transfer Type:

Regular transfer	
Transfer with security interest	
Involuntary retransfer	
Controlling interest transfer	
Location transfer	



OFFICE USE ONLY					
Complete Date:	Transaction #: 1003-771				
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.

Email:	lauren.voke@gray-robinson.com	Phone:	e: (305) 420-3943		
City:	Miami	State:	FL	ZIP:	33131
Mailing Address:	333 SE 2nd Ave. Ste. 3200				
Community Council, (If applicable):	Alaskan Waters/ Other (Common	Carrier)			
City:	Alaskan Waters	State:	АК	ZIP:	
Premises Address:	Alaskan Waters			,	
Doing Business As:	Coral Princess				
Licensee:	Princess Cruise Lines, LTD.				

Designated Licensee:	Daniel Howard		
Contact Phone:	(661) 753-1563	Business Phone:	(661) 753-1563
Contact Email:	jdundore@hagroup.com		

Seasonal License?	No If "Yes", write your six-month operating period: 5/01 - 10/31
	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 <u>beverage dispensary</u> (including tourism) and <u>package store</u> applicants only:
N/A What is the distance of the	ne nearest school grounds? Include the unit of measurement in your answer (Must be in feet). The shortest pedestrian route from the public entrance of the building of your proposed premises to nearest church building? Include the unit of measurement in your answer (Must be in feet.)
N/A	FEB 1 3 2025
	ALCOHOL MARGUARIA GUNTHOL OFFICE STATE OF ALASKA



Email:

Alaska Alcoholic Beverage Control Board

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Section 4 – Sole Proprietor Ownership Information

This section must be completed by any <u>sole proprietor</u> 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:	N/A				
Address:	N/A				
City:	N/A	State:	N/A	ZIP:	N/A
Email:	N/A	Phone:	N/A		
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 *partner* with an interest of 10% or more, and for each general partner.
- For any entity, identify all affiliates for your organization as defined at 3 AAC 305.950.

Entity Official:	Sunshine Shipping Corporation	n, Ltd.				
Title(s):	Stockholder	Phone:	(661) 753-0000	% Ow	ned: 10	00
Address:	24305 Town Center Drive					
City:	Santa Clarita	State:	СА	ZIP:	91355	
Email:	jdundore@hagroup.com	Phone:	(661) 753-1563		2	
			FEB	1 0 2025		



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Entity Official:	Gustavo E. Antorcha					
Title(s):	President, Director	Phone:	(661) 753-0000	% Ow	ned:	0
Address:	5740 SW 96th Street					
City:	Pinecrest	State:	FL	ZIP:	3315	56
Email:		Phone:				

Entity Official:	Daniel Howard				
Title(s):	SVP, Asst. Secretary, Director	Phone:	(661) 753-0000	% Ow	ned: 0
Address:	26626 Campbell Ct.				
City:	Stevenson Ranch	State:	CA	ZIP:	91381
Email:		Phone:		-	

Entity Official:	Simeon Waldron	70				
Title(s):	CFO, Director	Phone:	(661) 753-0000	% Ow	ned:	0
Address:	1115 Geneva Street					
City:	Glendale	State:	CA	ZIP:	9120)7
Email:		Phone:				

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). The registered agent is either an individual resident of the state or domestic corporation authorized to transact business in the state and whose business office is the same as the registered office.

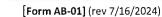
CBPL Entity #:	135215	AK Formed Date:	4/26/2011	Home State:	Bermuda		
Registered Agent:	Ralph Samuels		Agent's Phone:	(907) 264-8027			
Agent's Mailing Address:	11404 Discovery P	11404 Discovery Park Drive					
City:	Anchorage	State:	АК	ZIP:	99515		
Email:			Phone:				

Residency of Agent:

Yes No

Iх

Does your registered agent satisfy the requirement of AS 04.11.430?





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Entity Official:	Janet Swartz					
Title(s):	Director	Phone:	(661) 753-0000	% Ow	ned:	0
Address:	27008 E Island Rd					
City:	Valencia	State:	CA	ZIP:	9135	55
Email:		Phone:				

Entity Official:	SC Shipping & Air Services (Curacao) N.V.					
Title(s):	Director Phone: % Owned: 0					
Address:	Kaya Flamboyan 9, Willemstad, C	aya Flamboyan 9, Willemstad, Curacao CW				
City:	Refer to address State: Refer to address ZIP:					
Email:		Phone:				

Entity Official:		
Title(s):	Phone:	% Owned:
Address:		
City:	State:	ZIP:
Email:	Phone:	

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). The registered agent is either an individual resident of the state or domestic corporation authorized to transact business in the state and whose business office is the same as the registered office.

CBPL Entity #:	135215	AK Formed Date:	4/26/2011	Home State:	Bermuda
Registered Agent:	Ralph Samuels		Agent's Phone:	: (907) 264-8027	
Agent's Mailing Address:	11404 Discovery P	1404 Discovery Park Drive			
City:	Anchorage	nchorage State: AK ZIP: 9			
Email:			Phone:		

Residency of Agent:		Yes	No
	RECEIVED		
Does your registered agent satisfy the requirement of AS 04.11.430?	FEB 1 0 2025	X	
	ALCOHOL MATCHANA GONIROL DEFICE		



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Section 6 - Other Licenses					
vnership 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?	\checkmark				
If "Yes", disclose which individual(s) has the financial interest, what the type of business is, and if licensed in A license number(s) and license type(s):	laska, whi	ch			
All disclosed are associated with other cruise ships operated by Princess Cruise Lines, Ltd. Commor Licenses 4701, 5135, 5223, 5299, 5373, 6032, 6105.					
Section 7 – Authorization					

AMCO staff?

If "Yes", disclose the name of the individual and the reason for this authorization:

Lauren Voke, Attorney Brandon Meadows, License Specialist



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.

tower

Signature of transferor

Daniel Howard Printed name of transferor

Subscribed and sworn to before me this	day of	, 20
	- su	attached
		Signature of Notary Public
Notary Public in a	and for the State of _	
	My commission ex	pires:

N/A

Signature of transferor

Printed name of transferor

Subscribed and sworn to before me this _____day of _____

Signature of Notary Public

, 20

Notary Public in and for the State of ______

My commission expires: _____



JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California County of Los Angeles Subscribed and sworn to (or affirmed) before me on this 26th day of November, 2024, by Daniel Howard, proved to me on the basis of satisfactory evidence to be the person who appeared before me. JOHNNIE DUNDORE Notary Public - California Los Angeles County Commission # 2484502 My Comm. Expires Mar 14, 2028 Signature of Notary Public (Seal)





Alaska Alcoholic Beverage Control Board

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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:

I certify that all proposed licensees (as defined in AS 04.11.260) and affiliates have been listed on this application.

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

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.

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.

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

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.

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.

02 (

Signature of transferee

Daniel Howard Printed name

ee e	Signature of Notary Public
Notary Public in a	nd for the State of
Subscribed and sworn to before me this	My commission expires:
	FEB 1 J 2020



Initials







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12			_
IN		7	-

JURAT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California County of Los Angeles Subscribed and sworn to (or affirmed) before me on this 26th day of November, 2024, by Daniel Howard, proved to me on the basis of satisfactory evidence to be the person who appeared before me. JOHNNIE DUNDORE Notary Public - California Los Angeles County Commission # 2484502 My Comm. Expires Mar 14, 2028 Signature of Notary Public (Seal)





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 no red lines within the perimeter
- Each area should be clearly labeled in any color other than red where alcohol is:
 - o Stored
 - Served/Sold
 - o Manufactured
 - o Consumed
- All diagrams must include:
 - o 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:	Princess Cruise Lines, LTD.	License	Number:	In the second seco
License Type:	Common Carrier Dispensary License (CCDL)			ISENVED
Doing Business As:	Coral Princess		FE	8 1 0 2823
Premises Address:	Alaskan Waters		ALCOHOL WA	ALE OF ALASIS
City:	Alaskan Waters	State:	AK	ZIP:



Alaska Alcoholic Beverage Control Board

Form AB-02: Premises Diagram

Section 2 - Detailed Premises Diagram

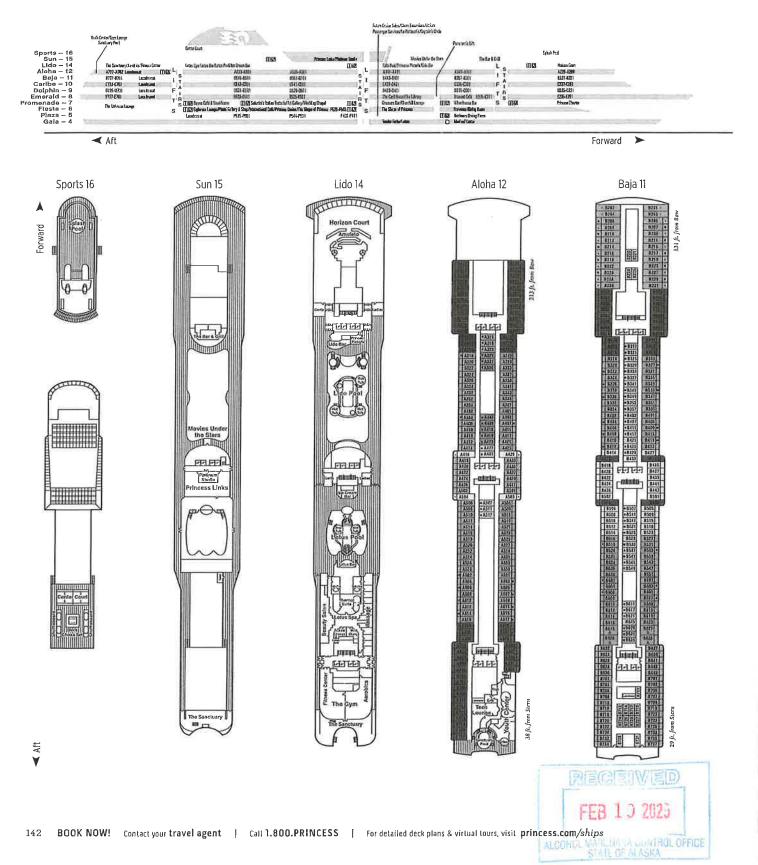
Clearly indicate the boundaries of the premises and the proposed licensed area within that property. See above for detailed instructions.

Refer to attached Deck Plans



Coral Princess®

Guest Capacity: 2,000 Length: 965 ft. Gross Tonnage: 91,627 Inaugural Cruise: January 17, 2003 Christened by: Mireya Moscoso, President of Panama



Stateroom Description

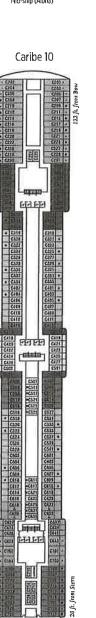
SUITE

Fremium suite Mid-ship (Dolphin)

Vista sulte Aft (Caribe, Dolphin) CLUB CLASS MINI-SUITE

M Premium Mid-ship (Baja, Caribe, Dolphin) MINI-SUITE

- NB Mid-forward, Mid-aft (Dolphin), Mid-ship (Aloha)
- Ho Aft (Caribe, Dolphin)
- Forward (Baja, Caribe, Dolphin)
- No balcony Forward (Baja, Caribe)
- BALCONY
- Premlum Mid-ship (Caribe)
- Premium Hid-forward, Mid-Aft (Caribe)
- 👪 Mid-ship (Baja, Caribe, Dolphin)
- Mid-forward, Mid-aft (Baja), Nid-ship (Aloha)



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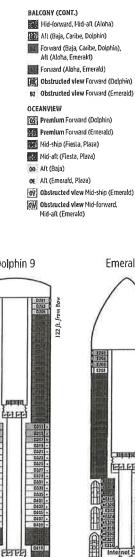
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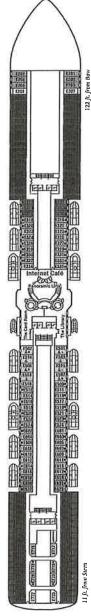
fat mint

HA HA

61

1 fc. from Stern



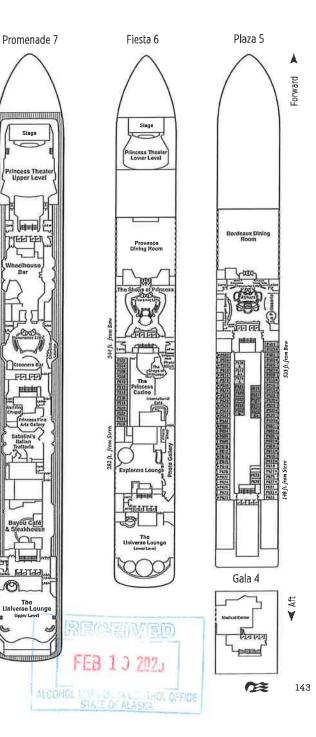


Emerald 8



- [IE] Forward (Baja, Caribe),
- Aft (Emerald, Plaza)
- Forward (Aloha)
- & Fully Accessible stateroom, roll-in shower only * Will accommodale third and fourth person
- Will accommodate third person
- Will accommodate third and fourth person, fourth berth is rollaway bed
- Connecting staterooms

Note: Some areas of the ship are not accessible to wheelchairs and scooters. Distances shown are from the bow (forward) or stern (aft) to the nearest stateroom. Most interior stateroom entrances face the starboard side of the ship. Certain stateroom categories may vary in size and configuration by ship. Stateroom views are considered unobstructed. Obstructions do not include certain nautical items like handrails, dividers or ship hardware. For balcony staterooms, the view is determined from the perspective of the balcony railing. Balconies may have either solid steel or glass railings. Upper berth and bed ladder capacities are 250 lbs. Staterooms that can accommodate rollaways have two lower berths and one upper berth, and the staterooms can accommodate a fourth berth as a rollaway bed upon request at time of reservation. There are a limited number of rollaway beds per ship, per voyage. Use of rollaway beds restricts cabin space. Call 1.800.774.6237 for more information.



Dolphin 9