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.

Section 1 – Transferor Information

Enter information for the *current* licensee and licensed establishment.

Licensee:	James D & Darla L Fimpel		**License #:**		375
License Type:	Beverage Dispensary		**Statutory Reference:**		AS 04.09.200
Doing Business As:	Eureka Lodge				
Premises Address:	Mile 128 Glenn Highway				
City:	Glennallen	**State:**	Alaska	**ZIP:**	99588
Local Governing Body/Bodies:	Matanuska-Susitna Borough				

Transfer Type:

- [x] Regular transfer
- [ ] Transfer with security interest
- [ ] Involuntary retransfer
- [ ] Controlling interest transfer
- [ ] Location transfer

OFFICE USE ONLY			
Complete Date:		***Transaction #:***	
Board Meeting Date:		***License Years:***	
Issue Date:		***Examiner:***	

AMCO Received 2/10/2025

Posted 1/21/25

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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:	Eureka Roadhouse LLC				
Doing Business As:	Eureka Lodge				
Premises Address:	Mile 128 Glenn Highway				
City:	Glennallen	**State:**	Alaska	**ZIP:**	99588
Community Council, (If applicable):					

Mailing Address:	HC 01 BOX 2240				
City:	Glennallen	**State:**	Alaska	**ZIP:**	99588
Email:	eureka.roadhouse.ak@gmail.com	**Phone:**	907-822-3808		

Designated Licensee:	Genevieve Schliesing		
Contact Phone:	907-538-4005	**Business Phone:**	907-538-4005
Contact Email:	genevieve.schliesing@gmail.com		

Seasonal License? Yes ☐ No ☒ **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 (Must be in feet).

Glacier View School - 24 miles (126,720 feet)

Address - (65975 S. Wolverine Cir, Sutton, AK 99674)

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.)

Glacier View Bible Church - 29 miles (153,120 feet)

Address - (35455 W. Glenn Highway, Sutton, AK 99674)

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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:**	
Email:		**Phone:**			

This individual is an: ☐ applicant ☐ affiliate

Name:					
Address:					
City:		**State:**		**ZIP:**	
Email:		**Phone:**			

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 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 **limited liability organization**, 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 **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***.
- For **any entity**, identify all affiliates for your organization as defined at 3 AAC 305.950.

Entity Official:	Genevieve Schliesing				
Title(s):	Owner	**Phone:**	907-538-4005	**% Owned:**	25
Address:	17049 Meadow Creek Dr.				
City:	Eagle River	**State:**	Alaska	**ZIP:**	99577
Email:	genevieve.schliesing@gmail.com	**Phone:**	907-538-4005		

AMCO Received 2/10/2025

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Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Entity Official:	Christopher Schliesing				
Title(s):	owner	**Phone:**	907-602-0081	**% Owned:**	25
Address:	17049 Meadow Creek Dr.				
City:	Eagle River	**State:**	Alaska	**ZIP:**	99577
Email:	christopher.schliesing@servicefuel.com	**Phone:**	907-602-0081		

Entity Official:	Gary Schliesing				
Title(s):	owner	**Phone:**	907-331-8285	**% Owned:**	25
Address:	9400 Midden Way				
City:	Anchorage	**State:**	Alaska	**ZIP:**	99507
Email:	gary.schliesing@gmail.com	**Phone:**	907-331-8285		

Entity Official:	Carrie Schliesing				
Title(s):	owner	**Phone:**	907-250-6199	**% Owned:**	25
Address:	9400 Midden Way				
City:	Anchorage	**State:**	Alaska	**ZIP:**	99507
Email:	carrie.schliesing@gmail.com	**Phone:**	907-250-6199		

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 #:	10290410	**AK Formed Date:**	11/06/24	**Home State:**	Alaska
Registered Agent:	Gary Schliesing		**Agent's Phone:**	907-331-8285	
Agent's Mailing Address:	9400 Midden Way				
City:	Anchorage	**State:**	Alaska	**ZIP:**	99507
Email:	gary.schliesing@gmail.com		**Phone:**	907-331-8285	

Residency of Agent: Yes ☒ No ☐

Does your registered agent satisfy the requirement of AS 04.11.430?

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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:

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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.

Dala L. Fimpel
Signature of transferor

DALA L Fimpel
Printed name of transferor

Subscribed and sworn to before me this 9th day of January, 2025.

Lisa Louise Hall
Signature of Notary Public

LISA LOUISE HALL
Notary Public
State of Alaska
My Commission Expires Jan 6, 2029

Notary Public in and for the State of Alaska.

My commission expires: 01/06/2029

James D Fimpel
Signature of transferor

JAMES Fimpel
Printed name of transferor

Subscribed and sworn to before me this 9th day of January, 2025.

Lisa Louise Hall
Signature of Notary Public

LISA LOUISE HALL
Notary Public
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AMCO Received 2/10/2025

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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: Initials

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

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

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. GS

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. GS

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

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. GS

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. GS

Genevieve Schliesing
Signature of transferee

Genevieve Schliesing
Printed name

Lisa Louise Hall
Signature of Notary Public

Notary Public in and for the State of Alaska.

My commission expires: 01/06/2029

LISA LOUISE HALL
Notary Public
State of Alaska
My Commission Expires Jan 6, 2029

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AMCO Received 2/10/2025

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Signature of transferor

DARLA L Fimpel
Printed name of transferor

Subscribed and sworn to before me this 9th day of January, 2025.

Signature of Notary Public

LISA LOUISE HALL
Notary Public
State of Alaska
My Commission Expires Jan 6, 2029

Notary Public in and for the State of Alaska.

My commission expires: 01/06/2029

Signature of transferor

James Fimpel
Printed name of transferor

Subscribed and sworn to before me this 9th day of January, 2025.

Signature of Notary Public

LISA LOUISE HALL
Notary Public
State of Alaska
My Commission Expires Jan 6, 2029

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AMCO Received 2/10/2025

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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.

Signature of transferee

Carrie L Schliesing
Printed name

Signature of Notary Public

Notary Public in and for the State of Alaska.

My commission expires: 01/06/2029

LISA LOUISE HALL
Notary Public
State of Alaska
My Commission Expires Jan 6, 2029

Subscribed and sworn to before me this 9th day of January, 2025.

AMCO Received 2/10/2025

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Form AB-01: Transfer License Application

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Signature of transferee

Signature of Notary Public

CHRISTOPHER SCHLESING
Printed name

Notary Public in and for the State of Alaska.

My commission expires: 01/06/2029

LISA LOUISE HALL
Notary Public
State of Alaska
My Commission Expires Jan 6, 2029

Subscribed and sworn to before me this 9th day of January, 2025.

AMCO Received 2/10/2025

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Darla L. Fimpel
Signature of transferor

DARLA L Fimpel
Printed name of transferor

Subscribed and sworn to before me this 9th day of January, 2025.

Lisa Louise Hall
Signature of Notary Public

LISA LOUISE HALL
Notary Public
State of Alaska
My Commission Expires Jan 6, 2029

Notary Public in and for the State of Alaska.

My commission expires: 01/06/2029

James Fimpel
Signature of transferor

James Fimpel
Printed name of transferor

Subscribed and sworn to before me this 9th day of January, 2025.

Lisa Louise Hall
Signature of Notary Public

LISA LOUISE HALL
Notary Public
State of Alaska
My Commission Expires Jan 6, 2029

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AMCO Received 2/10/2025

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Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 9 – Transferee Certifications

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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.	G.S.

Signature of transferee

Gary Schlessing
Printed name

Signature of Notary Public

Notary Public in and for the State of Alaska.

My commission expires: 01/06/2029

LISA LOUISE HALL
Notary Public
State of Alaska
My Commission Expires Jan 6, 2029

Subscribed and sworn to before me this 9th day of January, 2025.

AMCO Received 2/10/2025

ALCOHOL STORAGE

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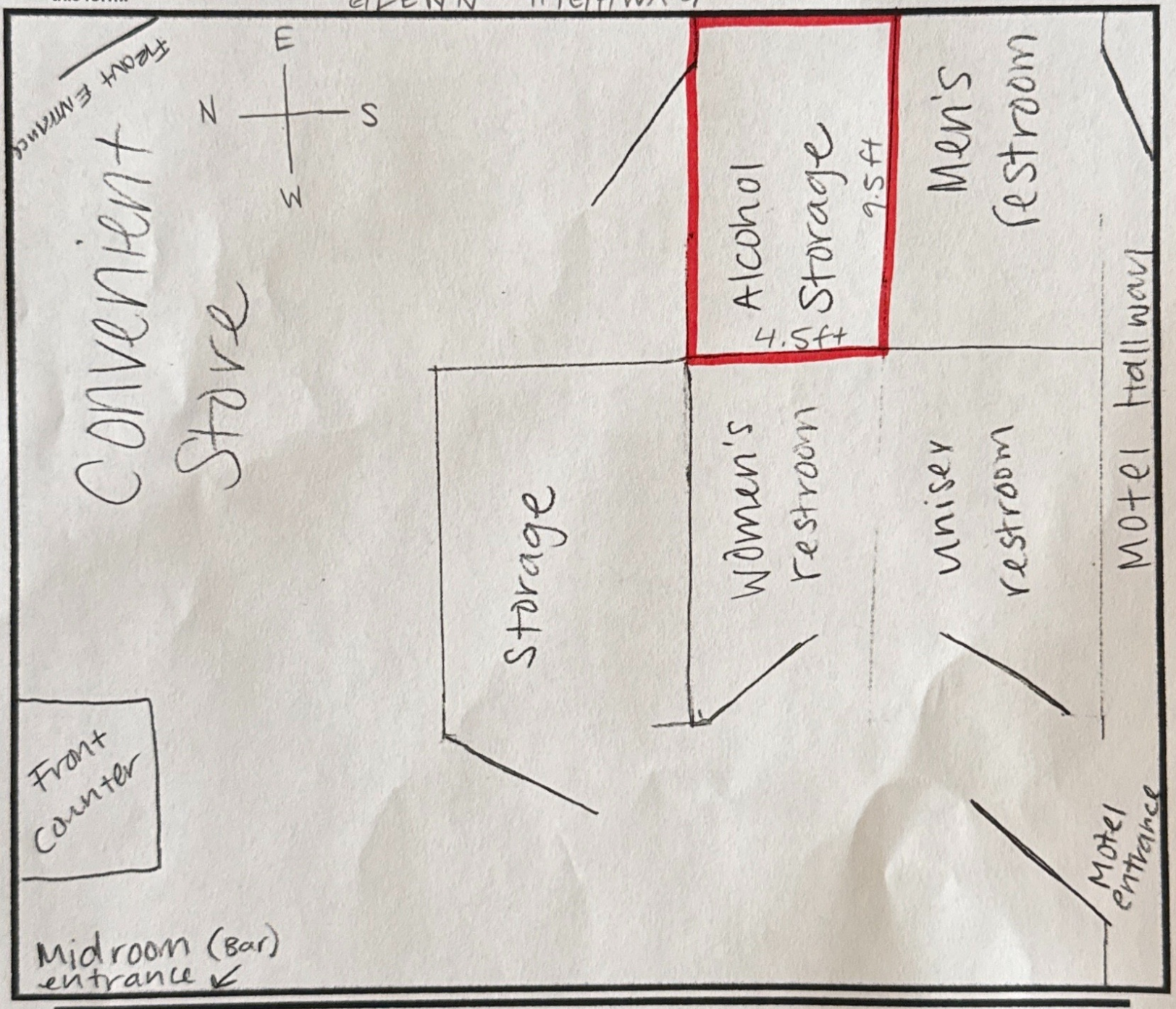
Alaska Alcoholic Beverage Control Board

Form AB-38: Off-Site Warehouse/Storage Application

Section 2 – Detailed Premises Diagram

Clearly indicate the boundaries of the premises and the proposed licensed area within that property. Clearly indicate the interior layout of any enclosed areas on the proposed premises. Clearly identify all entrances and exits, walls, bars, and fixtures, and outline in red the perimeter of the areas designated for alcohol storage, service, consumption, and manufacturing. Include dimensions, cross-streets, and points of reference in your drawing. You may attach blueprints or other detailed drawings that meet the requirements of this form.



BAR CLOSE UP

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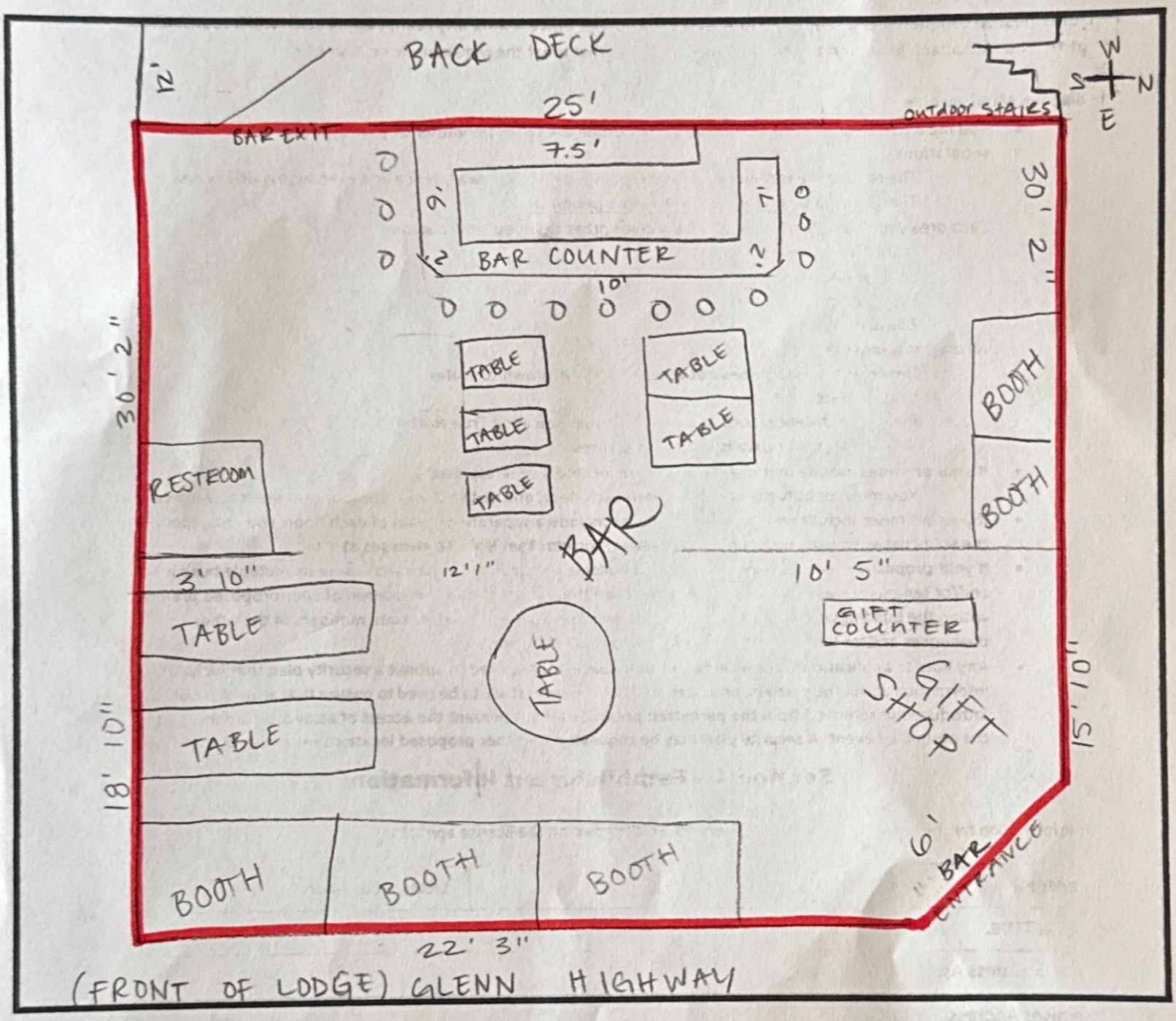
Alaska Alcoholic Beverage Control Board

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.



BAR / RESTAURANT
Full View

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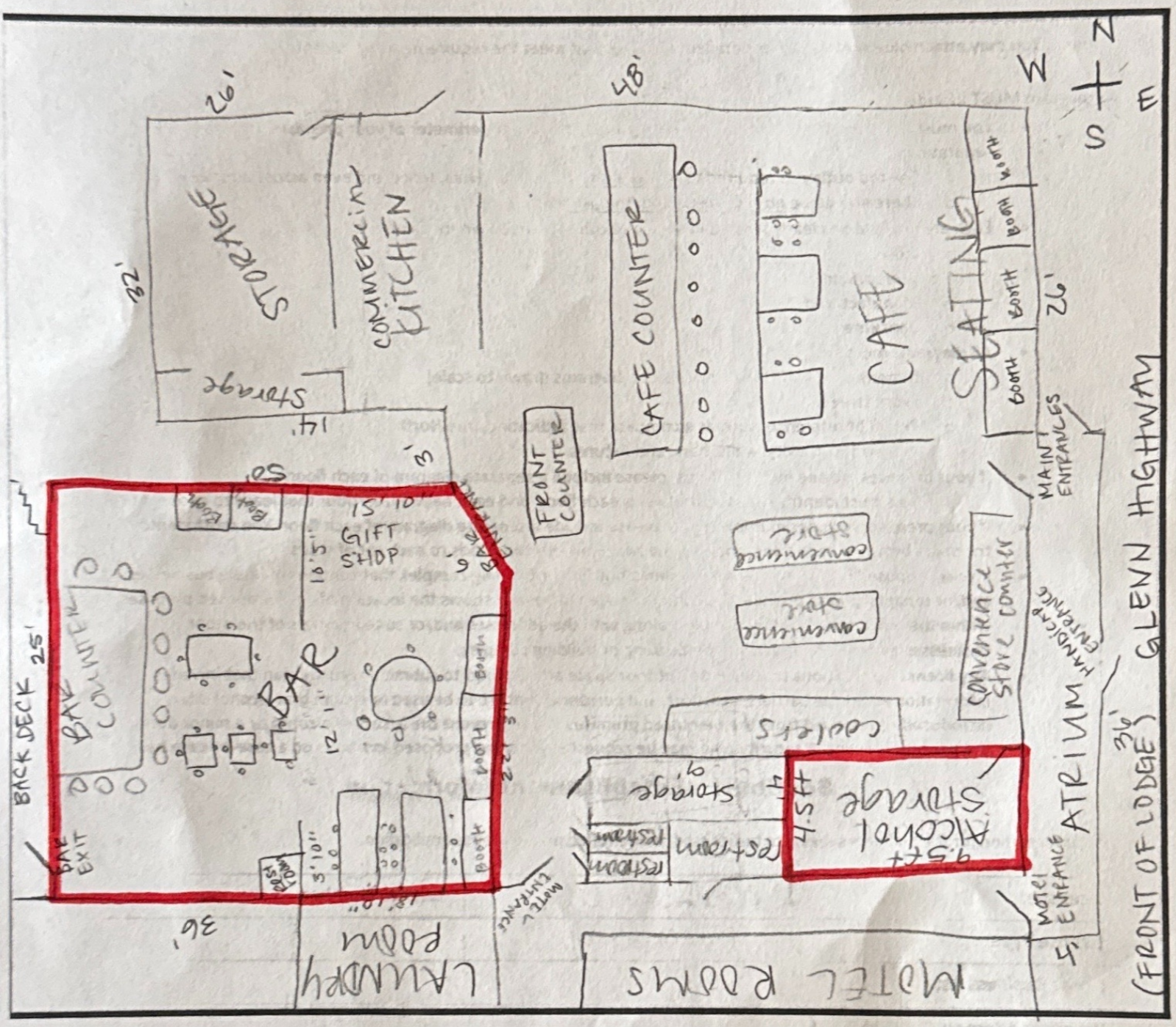
Alaska Alcoholic Beverage Control Board

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.



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Alaska Alcoholic Beverage Control Board

Form AB-38: Off-Site Warehouse/Storage Application

Section 3 – Off-Site Location Information

	Yes	No
Is this location within 200 feet of a school or church grounds?	☐	☒
Does this location comply with local zoning limitations?	☒	☐
Will this location be available for inspection?	☒	☐
Is the location another licensed premises?	☐	☒
If yes, provide the license number and DBA: _____		
Are you anticipating, or in the process of applying for a liquor license for the location listed above?	☐	☒

Describe how the location will be secured?

This Alcohol storage has been the same storage used for many years. The storage room is locked by a door with a pad lock. Only employees / owners with current Charr TAP certification are allowed the code to this storage room.