



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.

[correct license No. is 855. jps](#)

Licensee:	K and SC Corporation	License #:	885		
License Type:	Package Store	Statutory Reference:	04.09.230		
Doing Business As:	Peters Creek Liquor				
Premises Address:	20808 Bill Stephens Drive				
City:	Chugiak	State:	AK	ZIP:	99567
Local Governing Body/Bodies:	MOA				

Transfer Type:

- ☒ 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:	





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Section 2 – Transferee Information

Enter information for the **new** applicant and/or location seeking to be licensed.

Licensee:	Smk Management, LLC		
Doing Business As:	Peters Creek Liquor		
Premises Address:	20808 Bill Stephens Dr		
City:	Chugiak	State:	AK ZIP: 99567
Community Council, (If applicable):	MOA		

Mailing Address:	9440 Autumn Ridge Circle		
City:	Anchorage	State:	AK ZIP: 99507
Email:	907 Sunkm@gmail.com	Phone:	907 317 9072

Designated Licensee:	Sun Km		
Contact Phone:	907 317 9072	Business Phone:	907 317 9072
Contact Email:	907 Sunkm@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).

4.9 Miles

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.)

1.6 Miles

FEB 21 2023



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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:	
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:	Sun Kim				
Title(s):	Member	Phone:	907-317-9072	% Owned:	51
Address:	9440 Autumn Ridge Circle				
City:	Anchorage	State:	AK	ZIP:	99507
Email:	907sunkim@gmail.com	Phone:	907-317-9072		

RECEIVED

FEB 21 2025

ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA



Alaska Alcoholic Beverage Control Board

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Entity Official:	Moon Kim				
Title(s):	Member	Phone:	907-317-9072	% Owned:	49
Address:	9440 Autumn Ridge Circle				
City:	Anchorage	State:	AK	ZIP:	99507
Email:	907sunkim@gmail.com	Phone:	907-317-9072		

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

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

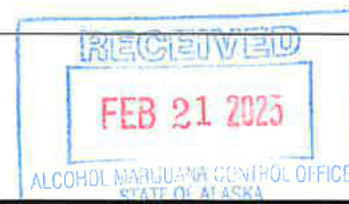
This subsection must be completed by any applicant that is a corporation or LLC. Corporations and LLCs are required to be in good standing with the Alaska Division of Corporations (DOC). The registered agent is either an individual resident of the state or domestic corporation authorized to transact business in the state and whose business office is the same as the registered office.

CBPL Entity #:	10270841	AK Formed Date:	5/17/24	Home State:	AK
Registered Agent:	Sun Kim	Agent's Phone:	907-317-9072		
Agent's Mailing Address:	9440 Autumn Ridge Circle				
City:	Anchorage	State:	AK	ZIP:	99507
Email:	907sunkim@gmail.com	Phone:			

Residency of Agent:

Yes No

Does your registered agent satisfy the requirement of AS 04.11.430?



☒ ☐



Alaska Alcoholic Beverage Control Board

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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):

Restaurant Eating Place #5572 Sushi & Sushi Restaurant.

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:

The Law Offices of Ernouf & Coffey, P.C. is assisting with the transfer.





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.



Signature of transferor

Kum Sim

Printed name of transferor

Subscribed and sworn to before me this 11 day of December, 2024.


Signature of Notary Public

Notary Public in and for the State of Alaska.

My commission expires: November 20, 2028



Signature of transferor
Myong Kim

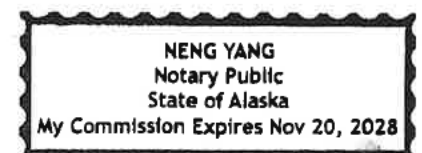
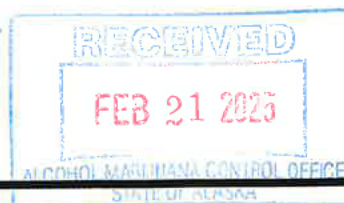
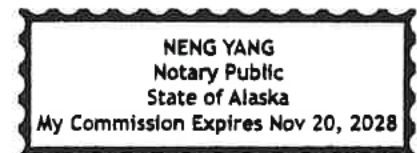
Printed name of transferor

Subscribed and sworn to before me this 11 day of December, 2024.


Signature of Notary Public

Notary Public in and for the State of Alaska.

My commission expires: November 20, 2028





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.

KSH

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

KSH

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.

KSH

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.

KSH

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

KSH

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.

KSH

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.

KSH

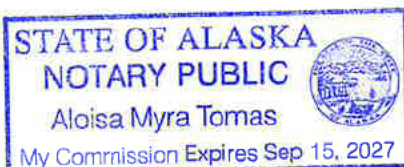
Signature of transferee
Sun Kim

Printed name

Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: 09.15.2027



Subscribed and sworn to before me this 13th day of December, 2024





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:

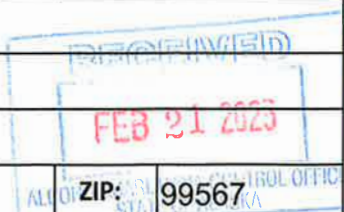
- You must use a solid, contiguous red line to outline the outer perimeter of your premises with no breaks or separations.
 - The red outline is required to follow a physical barrier (wall, fence and even across doorways).
 - There should be no red lines within the perimeter
- Each area should be clearly 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.

[correct license No. is 855. jps](#)

Licensee:	SMK Management, LLC	License Number:	885
License Type:	Package Store		
Doing Business As:	Peters Creek Liquor		
Premises Address:	20808 Bill Stephens Dr.		
City:	Chugiak	State:	AK
		ZIP:	99567





Alaska Alcoholic Beverage Control Board

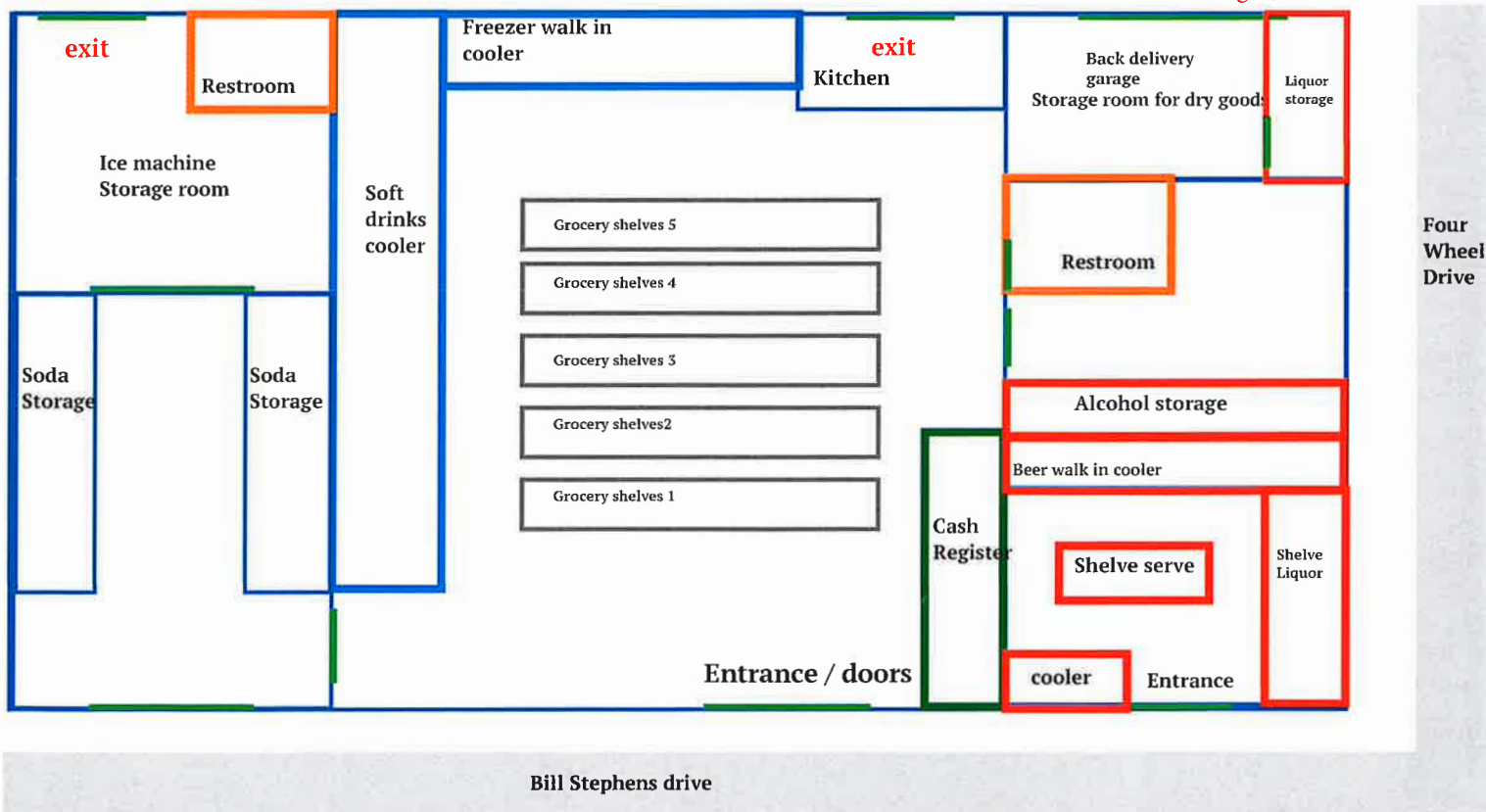
Form AB-02: Premises Diagram

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.

20808 bill Stephens Dr Chugiak AK 99567

Needs and
has applied
for off-site
storage. JPS





Document reference ID : 5594

Licensing Application Summary

Transfer of Ownership

License ID:	855
Application ID:	5594
Applicant Name:	Smk Management, Llc
License Type applied for:	Package Store License(PSL) (AS 04.09.230)
Application Status:	In Review
Application Submitted On:	05/15/2025 11:42 AM AKDT

Entity Information

Business Structure:	Limited liability company
FEIN/SSN Number:	██████████
Member Managed or Manager Managed:	Member Managed
Alaska Entity Number (CBPL):	10270841
Alaska Entity Formed Date:	05/17/2024
Home State:	AK

Entity Contact Information

Entity Address:	9440 Autumn Ridge Cir, Anchorage, AK, 99507, USA
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Initial Application Information

Authority Type: I am authorized user by the designated licensee with binding authority

Legal First Name: Sun

Legal Last Name: Kim

Email Address: 907sunkim@gmail.com

Phone Number: 907-317-9072

Additional Authorized Users

Legal Name	Relation with Applicant
Law Offices of Ernouf & Coffey	Legal Counsel

Registered Agent Information

Name	Sun Kim
Agent's Phone Number	907-317-9072
Agent's Email	907sunkim@gmail.com
Address	9440 Autumn Ridge Cir, Anchorage, AK, 99507-5010, USA
The registered agent is either an individual resident of the state or a domestic corporation authorized to transact business in the state and whose business office is the same as the registered office?	Yes

Ownership / Principal Party Details

Principal Parent Entity	Principal Party	Role	%Ownership
Smk Management, Llc	Sun Kim	Member	51
Smk Management, Llc	Moon Kim	Member	49

Premises Address

Address:	20808 Bill Stephens Drive, Chugiak, AK, 99567, USA
Does the proposed site include a valid street address?	Yes

Basic Business information

Business/Trade Name:	Peters Creek Liquor
What is your primary business at this location?	Package Store / Liquor Store

Premises Contact Details

Contact Person Name	Sun Kim
Business Phone Number	907-317-9072
Email Address	907sunkim@gmail.com

Local Government and Community Council Details

City/Municipality	Anchorage (Municipality of)
Borough	None
Community Council Name	Chugiak

Measurement Information

What is the approximate 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? (in feet)	25872
What is the approximate 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? (in feet)	8448

Property Ownership

Do you, the applicant, own the land, building, and/or warehouse at this proposed licensed location?	No
Property Utilization Status	An Existing Facility
Are you operating under?	Lease
Add Copy of Lease\Sublease document	Lease.pdf

Premises Diagram

Will the license or permit embrace the entire premises address? Yes

Premises Diagram

- [AB-02.pdf](#)

Other licenses involvement

From 2/2025 paper transfer app: Restaurant Eating Place #5572 Sushi & Sushi Restaurant.

Financial Interest

I hereby certify that no person other than a proposed licensee listed on the liquor license application has a direct or indirect financial interest, as defined in AS 04.11.450(f) in the business for which a liquor license is being applied for.

I hereby certify that any ownership change shall be reported to the board as required under AS 04.11.040, AS 04.11.045, AS 04.11.050, and AS 04.11.055.

Public Notice Posting Attestation and Publishers Affidavit

Have you posted your application at both required locations for ten consecutive days?	Yes
What was the other conspicuous location of your post? (Please Include the full address)	From 2/2025 paper app: Eagle River Carrs Grocery
What was the first day you posted your application?	12/12/2024

I attest that I have met the public posting notice requirement set forth under AS 04.11.310 by posting a copy of my application for the 10-day period at the location of the proposed licensed premises and at another conspicuous location in the area of the proposed premises as listed in this application.

I hereby attest 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 of 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.

Attestations

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

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 of 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 all proposed licensees have been listed with Division of Corporation, Business, and Professional Licensing.

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

Electronic Signature not collected; application submitted based on paper form.

Payment Info

Payment Type : Check

Check Number: 101044647

Payment Date: 05/15/2025 11:42 AM AKDT

Documents

#	File Name	Type	Added On
1	Lease.pdf	License Lease\Sublease document	05/15/2025 11:26 AM AKDT
2	AB-02.pdf	License Location Diagram Document	05/15/2025 11:27 AM AKDT
3	AB-11.pdf	Signed Creditors Affidavit	05/15/2025 11:31 AM AKDT
4	Transfer App. ID5594.AB-07 + Publishers Affidavit.pdf	Publishers Affidavit	05/15/2025 11:41 AM AKDT
5	AB-01 Updated.pdf	License Paper Form Application Document	05/15/2025 11:41 AM AKDT
6	AB-01 Updated.pdf	Transferee and Transferor Certifications Form	05/15/2025 11:41 AM AKDT