

[Form AB-01] (rev 7/16/2024)

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

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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

Licensee: GRIFFIN GOLF LLC			License #:		5788		
License Type:				Statutory Refer	Statutory Reference:		
Doing Business As:	KENAI	GOLF COUR	SE				
Premises Address:	1420	LAWTON	DR. ALS	0 1500 LA	a norm	2,	
City:	KENAI		State:	ALASKA	ZIP:	49611	
Local Governing Body/Bodies:	City of	KENAI					
ansfer Type:							
Regular transfer							
Transfer with secur	rity interest						
Involuntary retran	sfer						
Controlling interes	st transfer						
Location transfer							
					1	CTN. 5.00 C D 2221.	
		OFF	ICE USE ONLY		ALCOHOL W.	1 A/2 a. 1F0. (1)	
Complete Date:				action #:			
Board Meeting Date:			Licen	se Years:			
	1						

rec#101069344



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nter information for the <i>ne</i>	w applicant and/or location seeking to b	e licensea.					
Licensee:	KNC GOLF INC.						
Doing Business As:	KENAI GOLF COURS	SE					
Premises Address:	1420 LAWTON DR,	ALS	0 1500	LAWTON	DR		
City:	KENAI State: ALASKA ZIP: 99						
Community Council, (If applicable):							
Mailing Address:	275 S. KOBUK ST						
City:	SOLDOTNA	State:	ALAJKA	ZIP:	99669		
Email:	BILL & COGHILL GROUP. COM	Phone:	(907) 95	3-9010			
Designated Licensee:	WILLIAM S. COGH	ILL					
Contact Phone:	(907) 953-9010	(907) 953-9010 Business Phone: (907) 283-3484					
Contact Email:	BILL C COGHILLGRO	up.com					
easonal License? X	If "Yes", write your si			i: <u>MAY - O c</u>	TOBER		
an existing facility	a new building	a propose	d building				
e next two questions mus	t be completed by beverage dispensary	(including t	ourism) and <u>pac</u>	kage store applica	nts only:		
	he shortest pedestrian route from the path the nearest school grounds? Include to						
the buter boundaries of	the hearest school grounds: include the	ne dilic of the	easurement my	our answer (was	be in recep.		
.							
What is the distance of t	he shortest pedestrian route from the	public entrar	nce of the buildi	ng of your propose	ed premises to		
the public entrance of the	ne nearest church building? Include the	unit of mea	surement in yo	ur answer (Must l	e in feet.)		
					17.58		
				HitaGa	11/19/11/19/21		



Email:

Alcohol and Marijuana Control Office 550 W 7th Avenue, Suite 1600 Anchorage, AK 99501 <u>alcohol.licensing@alaska.gov</u>

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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). affiliate This individual is an: applicant Name: Address: ZIP: State: City: Phone: Email: This individual is an: affiliate Name: Address: ZIP: City: State:

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 <u>partner</u> with an interest of 10% or more, and for each <u>general partner</u>.
- For any entity, identify all affiliates for your organization as defined at 3 AAC 305.950.

Entity Official:	WILLIAM S. COGHILL	-	L			
Title(s):	TREASURER		(907) 953-9010	% Ow	ned:	16.67
Address:	275 S. KOBUK ST					
City:	SOLDOTNA	State:	ALASKA	ZIP:	99	669
Email:	BILL & COGHILLGROUP, COM	Phone:	(907) 953-9	010		



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Entity Official:	JENNIFER A	1. Cogn	ILL						
Title(s):	SECRETARY		Phone	::	(541)604.6308		% Ow	ned:	16.7
Address:	275 S. Ko								
City:	SOLDOTNA	State:		ALMSKA		ZIP:	99	669	
Email:	IRUNLIKEAGIE	Phone	::						
Entity Official:	BILL H. H	<							
Title(s):	PRESIDENT		Phone):	(562) 7560856		% Owned:		33.3
Address:	45250 Cosi) CT.		<u> </u>				
City:	SOLDOTNA		State:		AUASKA		ZIP:	99	669
Email:	BHOONE MS	N, COM	Phone	e:	(562) 75		56	1-	
Entity Official:	MICHAEL	S. NAU	ARRI	٥			-		
Title(s):	VICE-PRESIDENT		Phone	e: 	(907) 394 2300		% Owned:		33.3
Address:	P.O. BOX 1	69							
City:	KENAI		State:		ALASKA		ZIP: 996		611
Email:	MIKENEZAN	INC. NET	Phone	= (907) 394 2300					
his subsection must be com tanding with the Alaska Divi Iomestic corporation author	sion of Corporations (I	OOC). The regi	stered ag	ent	is either an indiv	idual resi	ident of t	he sta	te or
CBPL Entity #:	10290130	AK Formed	Date:	11	104/2024	Home	State:	AL	ASKA
Registered Agent:	WILLIAM	CogHIU	_	Α	gent's Phone:	(907)	95	3-9	010
Agent's Mailing Address	275 S. K	LOBUK S	iT-						
City:	SOLDOTNA	State:		A	LASKA	ZIP:		99	669
Email:	BILLE COGHILL	GROUP.CC	M	P	hone:	(907)	953	3-90	10
Residency of Agent:				-				Ye	s No
Does your registered a	gent satisfy the require	ement of AS 04	.11.430?	the same of	170 = 1			Σ	I
Form AB-01] (rev 7/16/2024)				1	ALGOHOL MATILUA	4.91		P	age 4 of 7



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Section 6 - Other Licenses					
nership 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?		X			
financial interest in any other alcoholic beverage business that does business in or is licensed in Alaska? f "Yes", disclose which individual(s) has the financial interest, what the type of business is, and if licensed in Alicense number(s) and license type(s):					
Section 7 – Authorization					
	Yes	No			
	Yes	No No			
Does any person other than a licensee named in this application have authority to discuss this license with AMCO staff?	Yes	No No			
Does any person other than a licensee named in this application have authority to discuss this license with	Yes	No X			
Does any person other than a licensee named in this application have authority to discuss this license with AMCO staff?	Yes	No No			
Does any person other than a licensee named in this application have authority to discuss this license with AMCO staff?	Yes	No No			





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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 application, approve of the transfer of this I	e proprietor or the controlling interest of the currently licensed entity) have examined this icense, and find the information on this application to be true, correct, and complete.
Signature of transferor	
MARK GRIFFIN Printed name of transferor Subs	scribed and sworn to before me this 4th day of <u>December</u> , 2024.
CATHERINE J. BRAS Notary Public State of Alaska My Commission Expires Oct 8, 2025	Signature of Notary Public Notary Public in and for the State of
La Navi A	My commission expires: 10/8/2025
Signature of transferor LARIA GRIFFIN	
Printed name of transferor	scribed and sworn to before me this 4th day of December 2024.
	Caffer By as Signature of Notary Public
CATHERINE J. BRAS Notary Public State of Alaska My Commission Expires Oct 8, 2025	Notary Public in and for the State of <u>Masica</u> . My commission expires: 10/8/2025



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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.



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.



Lagree 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.



Printed name

Notary Public in and for the State of ___

My commission expires: _[0] 8 | 2028

CATHERINE J. BRAS Notary Public State of Alaska My Commission Expires Oct 8, 2025

Subscribed and sworn to before me this

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Kenai Golf Course Menu

Hot Dog

Cheeseburger (frozen/microwave)
Philly Cheesesteak Sandwich (frozen/microwave)

Breakfast Sandwich (frozen/microwave)

Chips

Nuts

Trail mix

Candy bars

Muffins

Bananas

Gum

Soda pop

Water

Powerade

Ice Tea

Coffee

Beer

Wine

Cider





Alaska Food Code 2025 Establishment Permit

Division of Environmental Health Food Safety & Sanitation Program

Permit Number: 17243

Issued to: KNC GOLF INC.

For: KENAI GOLF COURSE

For Operation Of: FN-1 Limited Food Service

Located at: 1420 Lawton DR Kenai, AK 99611

This permit, issued under the provisions of 18 AAC 31, is valid until the noted expiration date or unless suspended or revoked by the department.

This permit is not transferable for change of ownership, facility location, or type of operation. It must be posted in plain view in the establishment and is the property of the State of Alaska.

Expiration Date:

December 31, 2025

Program Manager:

If you have questions or concerns regarding safe food handling practices call or text 907-764-9825 or visit our website to file a complaint

(dec.alaska.gov/eh/fss/report-illness-issue/)





1 of 1 5/20/2025, 8:42 AM



alcohol.licensing@alaska.gov https://www.commerce.alaska.gov/web/amco

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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:

rev 12/12/2023

- 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
 - o Served/Sold
 - o Manufactured
 - o Consumed
- All diagrams must include:
 - Dimensions (AMCO does not accept diagrams drawn to scale)
 - Cross streets
 - o 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:	KNC Golf Inc.			License	Number:	5788	
License Type:	Golf Course						
Doing Business As:	Kenai Golf Course						
Premises Address:	1420 Lawton Dr.	ALSO	1500	LAWT	on Dr		
City:	Kenai			State:	Ak	ZIP:	99611

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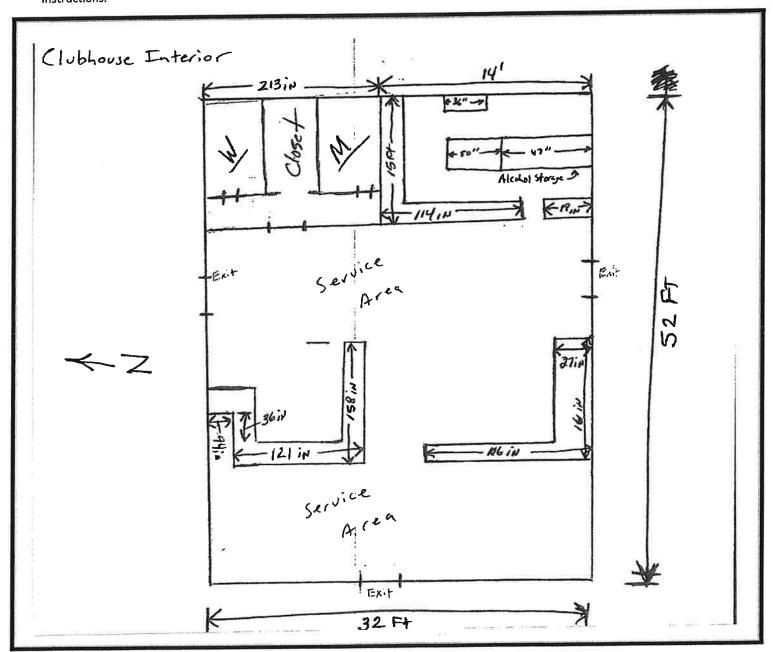
Phone: 907.269.0350

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.



TOTAL DESCRIPTION OF THE PARTY OF THE PARTY

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Page A of 6

GOLF COURSE AND RECREATION AREA

PARCEL A Government Lots 1 & 2 Section 3, T6M, R11W

PARCEL B Lot 3, Portion of Lot 4, Section 3, T5N, R11W, S.M.







, 098

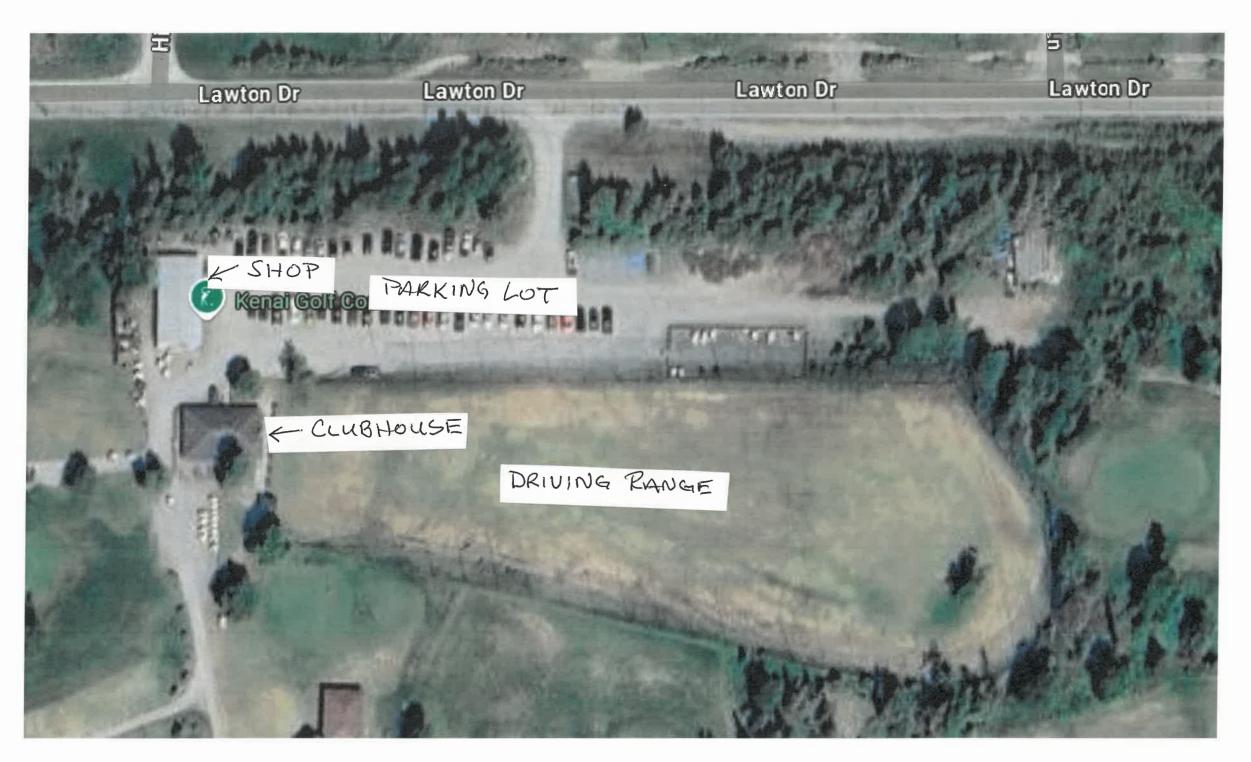
1 inch equals 833 feet

The information depicted here on is for graphic representation only of the best available sources. The City of Kenai assumes no responsibility for errors on this map.

Date: 8/7/2018

KENA GOLF COURSE WITH DED LINE SHOWING OUTER PERIMETER OF





Security and Storage Statement

All alcoholic beverages will be securely stored behind the counter inside the clubhouse Building within staff controlled areas with no public access allowed. The staff area is chained off To prevent access by the public. Alcohol will be served to patrons at the clubhouse and consumed within the clubhouse or on the grounds of the course itself per the terms of the seasonal golf course license.

At Least one employee will always be on hand at the clubhouse to ensure there is no Unauthorized access to the alcohol storage areas. Signs indicating video surveillance are placed Around the property to deter minors and others from unauthorized access to the premises during Closed hours. The clubhouse is routinely locked down upon closing. Golf course staff routinely Patrol the course during regular maintenance activities.

Outdoor Security Plan

- 1. All Minors must be accompanied by an adult (age over 21) while in the restricted area when any alcohol is being served/sold/consumed.
- 2. All new patrons are carded upon ordering alcohol.
- 3. All staff is trained in the identification of fake IDs.
- 4. The course itself is generally bounded by private property to the north along Lawton Drive And uninhabited lowlands to the east and south. The west side backs up to the City park lands. As a lessee of a public entity, KNC Golf, Inc. is not able to erect physical barriers around the property boundaries. Sighs are, or will be, placed indicating the boundaries of the golf course property along potential access points off Lawton Drive and the park area to the west. There signs will indicate that alcohol cannot be brought into or out of the designated property.
- 5. Underaged persons will be monitored closely by our professionally trained alcohol servers.
- 6. Proper egress from the outdoor service area will always remain unobstructed.
- 7. ABC mandated posters as required by law are posted inside the club house and at the entrances of the outdoor area.
- 8. Keeping outdoor area viable without any increased risk to minors exposed to alcohol WILL continue to be part of our training for our staff.
- 9. Proper signage at points of entry indicating no minors without a parent or legal guardian will be posted.
- 10. All servers will closely monitor that only the guests that have been carded will have alcoholic beverages.
- 11. Our top priority continues in providing safety for all guests regarding the service of alcoholic beverages.
- 12. Servers and other staff will be present in the outdoor area to monitor consumption.
- 13. Any guest bringing a cooler or other similar container will be subject to inspection by staff.



From: William Coghill

To: Sawyer, Jane Preston (CED)

Subject: RE: RE: Reviewing Alcohol Transfer Application: ID 5579. Lic. 5788 Kenai Golf Course.

Wednesday, May 14, 2025 12:20:35 PM Date:

Attachments: image001.png

image002.png

enlarged site map with detail.pdf

Hi Jane.

See enlarged map which shows parking lot, clubhouse, shop and driving range.

Thanks again,

Bill

William S Coghill, CPA

KNC Golf Inc.

From: Sawyer, Jane Preston (CED) <jane.sawyer@alaska.gov>

Sent: Wednesday, May 14, 2025 11:47 AM **To:** William Coghill <bill@coghillgroup.com>

Subject: RE: Reviewing Alcohol Transfer Application: ID 5579. Lic. 5788 Kenai Golf Course.

Thank you, Bill. I'll get back to you soon.

Jane

From: William Coghill < bill@coghillgroup.com> **Sent:** Wednesday, May 14, 2025 11:36 AM

To: Sawyer, Jane Preston (CED) < <u>jane.sawyer@alaska.gov</u>>

Subject: RE: RE: Reviewing Alcohol Transfer Application: ID 5579. Lic. 5788 Kenai Golf Course.

CAUTION: This email originated from outside the State of Alaska mail system. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hello Jane,

Thanks for your work reviewing our license transfer application. I have attached the updated Kenai Golf Course map and corrected the red lined area to exclude the parking lot. Also, I have attached the City of Kenai's Consent of assignment for Parcel B. Lastly, attached is the new add with both addresses.

It appears that both addresses are for our clubhouse on Parcel A as there is no road access into Parcel B.

I have reviewed the requirements for a Restaurant Endorsement and we will not be applying for one.

Do you still want a list of food items we will have available?

I will try and get any info you need as promptly as I can.

Thanks again for your help with this application.

Cheers, Bill

William S Coghill, CPA KNC Golf Treaserer And General Manager.

From: Sawyer, Jane Preston (CED) < <u>jane.sawyer@alaska.gov</u>>

Sent: Tuesday, May 13, 2025 3:30 PM

To: William Coghill < bill@coghillgroup.com>

Cc: CED ABC Alcohol Licensing (CED sponsored) <alcohol.licensing@alaska.gov>

Subject: RE: Reviewing Alcohol Transfer Application: ID 5579. Lic. 5788 Kenai Golf Course.

Hi, Bill,

I called you, but did not leave a message.

I listened to your voicemail.

I cannot advice you whether to apply for the Restaurant Endorsement. Below are the definitions to take into consideration if you do.

3 AAC 305.397. Definitions. For the purposes of AS 04.21.080(b) "a variety of types of food items appropriate for meals is prepared on site" means that the meals are prepared on site in a commercial kitchen and that the majority of meal preparation involves more than warming or rewarming food in movable kitchen appliances, such as slow-cookers and microwave ovens.

AS 04.21.080. Definitions. (b) In this title,...

(3) "bona fide restaurant" means an establishment or a portion of an establishment where,