

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:	Naidine D J.	5hnson	License #:		1117	
License Type:	Package St	ore	Statutory Ref	erence:	AS 04.09.230	AC
Doing Business As:	Tangle River In	in				
Premises Address:	Mile 20 Donali	tlag				
City:	Paxson	State:	AK	ZIP:	99737	
Local Governing Body: Unorganized Bolzough						

Transfer Type:

Regular transfer

Transfer with security interest

Involuntary retransfer



	OFFICE USE ONLY	
Complete Date:	Transaction #:	100952815
Board Meeting Date:	License Years:	
Issue Date:	Examiner:	



ALCOROL MARIJUANA CONTROL OFFICE

Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

	Section 2 – Trans	feree In	formation		
Enter information for the ne t	w applicant and/or location seeking to	be licensed.			
Licensee:	Rebecca Lo	ne			
Doing Business As:	Tangle River de	in			
Premises Address:	Tangle River de mile 20 Denals	Harry			
City:	Parson	State:	alaska	ZIP:	99737
Community Council:					
Mailing Address:	529 West 7	6th A	ve		
City:	Anchorage	State:	alaska	ZIP:	99518
Designated Licensee:	Rebecca Lane	-			
Contact Phone:	907-903-1228	Business	Phone:		
Contact Email:	akbecky lane Ogr	nail. C	am		
Seasonal License?	If "Yes", write your s	six-month o	perating period: <u>//</u>	7ay1-	Se PT 30
	Section 3 – Pren	nises Inf	ormation		
Premises to be licensed is:	a new building	a propos	ed building		
he next two questions mus	t be completed by <u>beverage dispensa</u>	ry (including	tourism) and <u>package st</u>	<u>ore</u> applic	ants only:
the outer boundaries of t	he shortest pedestrian route from the the nearest school grounds? Include t	he unit of me			ed premises to
Gakona Sch	001 77.3 miles (408,144	feet)			*
	he shortest pedestrian route from the e nearest church building? Include th				ed premises to
	munity Chapel 78 miles (RECE	
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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:	Rebecco S L	ane			
Address:	529 West 76 Anchorage	the Ave			
City:	AnchorAge	State:	ALASKA	ZIP:	99737
This individual is an:	applicant affiliate				
Name:					
Address:					
City:		State:		ZIP:	

Section 5 – Entity Ownership Information

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 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 <u>limited liability organization</u>, 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 <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.

Entity Official:		
Title(s):	Phone:	% Owned:
Address:		
City:	State:	ZIP:
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		ALCOHOL MARILLANA GUNTROL OFFICE



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

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

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 #:	AK Formed Date:		Home State:	
Registered Agent:		Agent's Phone:		
Agent's Mailing Address:				
City:	State:		ZIP:	

Residency of Agent:

Yes No

Is your corporation or LLC's registered agent an individual resident of the state of Alaska?

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X.	
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Section 6 – Other Licenses

Ownership and financial interest in other alcoholic beverage businesses:

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):

Rebecca Lane, Beverage Dispensary Tourism License - Seasonal #1116 dba Tangle River Inn

Section 7 – Authorization

Communication with AMCO staff:

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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	ALCOHOL MAN WAR STATE OF ALASKA





No



Yes





https://www.commerce.alaska.gov/web/amco Phone: 907.269.0350

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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 Janet A. Boylan as Personal Representative of Naidine O. Johnson Printed name of transferor Subscribed and sworn to before me this nal 10 MY COMMISSION EXP Signature of Notary Public Notary Public in and for the State of Commission Expir My commission expires:

Signature of transferor



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:

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.

l 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 304.465.

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.

ansferee

Printed name

Signature of Notary Public

Notary Public in and for the State of

My commission expires: ____

day of Subscribed and sworn to before me this

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MACK DARBEY Notary Public State of Alaska My Commission Expires Feb 21, 2027 Initials

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IN THE SUPERIOR COU	RT FOR THE STATE OF ALASKA PALMER
In the Matter of the Estate of:)
NAIDINE OLIVE JOHNSON)
Person who Died (Decedent) Date of Birth)))) CASE NO. <u>3PA-24-00186 PR</u>
	BY PERSONAL REPRESENTATIVE esentative when there IS a will)

I accept the appointment of personal representative and agree to perform the following duties:

- (1) Complete Form P-340, Information to Heirs and Devisees.
- (2) Deal with creditors:

1 . . ¹

- (a) Complete Form P-341, Notice to Creditors.
- (b) Complete Form P-345, Notice to Creditors Allowing or Disallowing the Claim.
- (3) Handle the estate property of the person who died:
 - (a) Gather the estate property.
 - (b) Complete an inventory of estate property by completing Form P-370, Inventory of Property.
 - (c) Determine the assets and liabilities of the estate property and transfer estate property by completing P-380, Accounting and Proposed Distribution.
- (4) Pay homestead, exempt property, and family allowances to surviving spouse and/or minor children.
- (5) Pay required state and federal taxes (income, property, estate).
- (6) Pay required costs of administering the probate, including any bond.
- (7) Tell the court my address and phone number in writing.
- (8) Wrap up the final business affairs of the person who died (see <u>www.courts.alaska.gov/shc/probate/probate-after-death.htm#legal-tasks</u>).
- (9) Close the estate as soon as appropriate.

I swear or affirm that I read this document and believe all statements made are true.

4-16.24 Juit	Sonal Representative Janet Boylan Printed Name
	907-694-5387
18609 Man O'War Drive	
Address Line 1 Eagle River, Alaska 99687	Phone Number joneslawinak@yahoo.com
Address Line 2	E-mail Address
Subscribed and sworn to or affirmed (date) <u>4/10/24</u> Notary Public	before me at Pelmer, Alaska on
TIMOTHY HALL	Clerk of Court, Notary Public or other person
StateseAllaske My Commission Expires May 12, 2025	authorized to administer oaths.
My Commission Expire's May 12, 2025	My commission expires: 5/12/29

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 Right to be Appointed as Personal Representative. The court finds that *[name]* Don Boylan & Javet Boylan is 19 years or older and:
 As priority for appointment as personal representative.

may be appointed as the personal representative because all persons with greater or equal priority to serve as personal representative have consented to the appointment.

9. Additional Findings.

10. Notice. Any notice required by Alaska law has been given.

PROCEDURAL ORDER

The court orders that:

- 1. The will is admitted to informal probate.
- 2. No bond is required. A bond is required in the amount of \$_____
- 3. The appointed personal representative is [name] Don Baytin & Janet Baytan and he or she assumes the responsibilities after posting a bond, if required.
- 4. The court will issue Letters Testamentary after the personal representative files Form P-335, Acceptance of Duties by Personal Representative and Letters Testamentary by Court.

Other: 5. 5 9124 Signature of Registra Date Printed Name I hereby certify that this is a true and correct Cert. Copy. Jones copy of the original on file in my office: 5/16/24 ATTEST: Clerk of the Trial Courts BP \$116 Date AS 13.16.115 Page 2 of 2

P-316 (5/21)(cs) STATEMENT STARTING INFORMAL PROBATE AND APPOINTING A PERSONAL REPRESENTATIVE WHEN THERE IS A WILL

	COURT FOR THE STATE OF	State of Alaska Third District at Palmer, Alaska
IN THE SUPERIOR	PALMER	MAY 09 2024
In the Matter of the Estate of:	}	^b Clerk of the Trial Courts ByDeputy
NAIDINE OLIVE JOHNSON Person Who Died (Decedent) Date of Birth:) ■) CASE NO. <u>3 PA -</u>	2 4-00186 PR

FILED in the TRIAL COURTS

STATEMENT STARTING INFORMAL PROBATE AND APPOINTING A PERSONAL REPRESENTATIVE WHEN THERE IS A WILL

(Statement of Informal Probate of Will and Appointment of Personal Representative)

Based upon the request of [name] DON BOYLAN to open informal probate of [name of person who died] NAIDINE OLIVE JOHNSON's last will and appoint a personal representative, the court makes the following findings and order based on that request.

FINDINGS

- 1. **Application.** The application appears to be complete and includes the requestor's oath or affirmation that the statements are true to the best of the requestor's belief.
- 2. **Interest.** The requestor is a person with an interest in the estate because he or she is a spouse, relative, person named in the will, beneficiary, creditor, or fiduciary representing an interested person.
- 3. **Person Who Died (Decedent).** The decedent died on [date] 3/01/2024 At least five full days have passed since the death.
- **4. Filing Location.** This is the correct court to file in because the person who died:
 - Iived in this judicial district at the time of death.
 - did not live in Alaska at the time of death, but had property located in this judicial district at the time of death.
- 5. Time. The time for probate is within the required time period because:
 - less than three years have passed since the person died.
 - more than three years have passed but late probate is allowed under AS 13.16.040 because:
- **6. Will.** The person who died made a valid will on *[date]* <u>1/22/2002</u>. The court has the original will (or an authenticated copy of the will probated in another jurisdiction).

7. Current Personal Representative.

. .

- X No court has appointed a personal representative of the estate.
- A court appointed a personal representative, but later ended that appointment.
- A court appointed [name] _______ as personal representative who lives at [address] _______
- The requestor filed an authenticated copy of the will and a statement from the court where the will was first probated.

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				FILED in the TRIAL COURTS State of Alaska Third District at Palmer, Alaska
		IN THE SUPERIOR COUR ATP	FOR THE STATE OF ALASK	
		In the Matter of the Estate of:	}	Clerk of the Trial Courts
		NAIDINE OLIVE JOHNSON Person who Died (Decedent) Date of Birth:))) _) Case No 3PA-	24-00186 PR

Leave This Portion Blank for the Court to Fill Out

LETTERS TESTAMENTARY BY COURT

(Court Opens Probate and Appoints a Personal Representative When There is a Will)

The will of the decedent was admitted to probate. The appointed personal representative is: Don Baylan & Danet Baylan

The personal representative is:

Enot supervised.

supervised. The personal representative shall not make any distribution of the estate or exercise the following powers without prior order of the court:

9/24

Cert. Copy - Jones

5/16/24

BP

Date

Signature of Registrar or Judicial Officer¹

Krehlen

Printed Name

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

Clerk of the Trial Courts

5/16/24 By Date Deputy

JUN 2 7 2024

Probate Rules 7 & 8; AS 13.16.015; AS 13.16.245, AS 13.16.220

¹ <u>Informal</u> appointment under AS 13.16.115 can be made by the <u>registrar</u> without hearing or notice. <u>Formal</u> appointment under AS 13.16.145 must be made by a judge after hearing and notice.



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 <u>no red lines within the perimeter</u>
- 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:
 - o Dimensions (AMCO does not accept diagrams drawn to scale)
 - o 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:	Rebecca & Caneson	License	Number:	11	7
License Type:	Package Store				
Doing Business As:	Tangle River Inn				
Premises Address:	mile as Denali Havy				
City:	Paxson	State:	AK	ZIP:	99737

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00	24'	
	10' VIII A	D 10
	Nor g	
	62'	Taxware Taxware
	AMCO F	Received 5/16/2025



