



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:	Sarah J's LLC	License #:	4106
License Type:	Restaurant / Eating Place	Statutory Reference:	AS.04.09.210
Doing Business As:	The Fireweed		
Premises Address:	# 37 Blacksmith Street		
City:	Haines	State:	Alaska
		ZIP:	99827
Local Governing Body/Bodies:			

Transfer Type:

- ☒ Regular transfer
☐ Transfer with security interest
☐ Involuntary retransfer
☐ Controlling interest transfer
☐ Location transfer

OFFICE USE ONLY			
Complete Date:		Transaction #:	101018062
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:	Deer Heart LLC				
Doing Business As:	Deer Heart				
Premises Address:	#37 Blacksmith Street				
City:	Haines	State:	Alaska	ZIP:	99827
Community Council, (If applicable):					

Mailing Address:	P.O. Box 1191				
City:	Haines	State:	Alaska	ZIP:	99827
Email:	anthonytravis.kukull@gmail.com		Phone:	206-399-3074	

Designated Licensee:	Anthony Travis Kukull				
Contact Phone:	206-399-3074	Business Phone:			
Contact Email:	anthonytravis.kukull@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).

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.)



Alaska Alcoholic Beverage Control Board

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:	Anthony Travis Kukull				
Title(s):	Sole Member, Owner	Phone:	206-399-3074	% Owned:	0
Address:	P.O. Box 1191				
City:	Haines	State:	Alaska	ZIP:	99827
Email:	anthonytraviskukull@gmail.com	Phone:	206-399-3074		



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Form AB-01: Transfer License Application

Entity Official:	Deer Heart, LLC				
Title(s):	Member	Phone:	206-399-3074	% Owned:	100
Address:	P.O. Box 1191				
City:	Haines	State:	AK	ZIP:	99827
Email:	anthonytraviskukull@gmail.com		Phone:	206-399-3074	

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 #:	10281530	AK Formed Date:	8/15/2024	Home State:	Alaska
Registered Agent:	Anthony Travis Kukull		Agent's Phone:	206-399-3074	
Agent's Mailing Address:	P.O. Box 1191				
City:	Haines	State:	Alaska	ZIP:	99827
Email:	anthonytraviskukull@gmail.com		Phone:	206-399-3074	

Residency of Agent:

Yes No

Does your registered agent satisfy the requirement of AS 04.11.430?

☒ ☐



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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):

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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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
Sarah Jaymot
Printed name of transferor


Subscribed and sworn to before me this 17 day of December, 2024.




Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: 8-27-2028


Signature of transferor
Anthony Travis Kukuit
Printed name of transferor

Subscribed and sworn to before me this ____ day of _____, 20____.

Signature of Notary Public

Notary Public in and for the State of _____

My commission expires: _____



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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:

Initials

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

atk

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

atk

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.

atk

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.

atk

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

atk

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.

atk

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.

atk


Signature of transferee

Anthony Travis Kukull
Printed name




Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: 8-27-2028

Subscribed and sworn to before me this 17 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.

Licensee:	Deer Heart LLC	License Number:	4106		
License Type:	Restaurant / Eating Place				
Doing Business As:	Deer Heart				
Premises Address:	#37 Blacksmith Street				
City:	Haines	State:	AK	ZIP:	99827



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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.

see attached diagram & aerial photo
+ security plan

Maines Highway

North
Parking
Lot

* ALCOHOL Regulatory
Signage posted

deck rail 42" height

Stairs

10 ft

uncovered Deck seating
ALCOHOL served/consumed

entrance
EXIT

wine storage

ALCOHOL stored

Beer TAPS

wine cooler

Locked Door

10'W x 20'L
ALCOHOL
Storage
behind
locked door

Rest of Building #37 - see photo

Fortage Streets

Dish
PIT

Walk
IN

Reach
IN

Pizza
Oven

food
PREP
AREA

Hood
vent

Kitchen
entrance

30'W x 30'L

Kitchen Area

DINING ROOM

ALCOHOL served/consumed
30' L x 30' W

BAR AREA
ALCOHOL served/consumed
30' L x 20' W

PUBLIC
Restrooms

WC

WC

employee
Bathroom

STOCK
Room

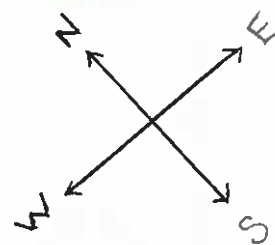
10'W x 30'L

Server
Area

entrance
EXIT

ADA Ramp

unnamed ALLEYway
South Parking Lot



AMCO Received 1/8/2025

CH typing Lisa Krop
Hans Krop



Security Plan

Deer Heart

#37 Blacksmith Street

Haines, Alaska 99827

License #4106

Re: Alcoholic beverage service at outside deck tables at Deer Heart Restaurant.

To: AMCO Board Members/employees

Location of outdoor service/seating:

The only outdoor seating area is located on the ocean side (North) of the restaurant. This can be accessed only two ways; by a staircase on the North end of the restaurant or by coming up the ADA ramp located on the South side of the restaurant and walking through the restaurants' main dining hall. There is no public access around the east side of the restaurant. Though the deck does rap around, it is narrow and designated a restricted area for employees only. The entire deck is secured with a wooden railing 42 inches in height. The outdoor seating area is elevated quite a distance from the ground, preventing a patron from being able to hop the railing with an alcoholic beverage. Proper egress from the outdoor service area will always remain unobstructed. Servers will be present in the outdoor area to monitor consumption.

Process:

Our top priority continues in providing safety for all guests regarding the service of alcoholic beverages. All new patrons are carded upon ordering alcohol. All staff is trained in the identification of fake IDs. All safety-related operations for our indoor service will additionally be enforced in the outdoor service area. Once carded, the server will then put the order in through our Point of Sales System which will in turn generate a ticket for the designated bartender. A drink will only be poured by the designated bartender after a ticket has been generated. In that way, a patron sitting outside or inside cannot just come up to the bar and order a beverage for anyone at their table or another table. The designated bartender will pour the drink ticket that prints and the server who took the order will return to the bar to pick up the drink, stabbing the ticket on a designated ticket spike so that it does not get poured or served again. The poured drink will then be directly delivered to the ordering patron at their table. Any new patrons that sit down at an already existing table outside or inside will be asked to show ID upon attempting to order an alcoholic beverage or asking for a glass for a beer pitcher already served. All servers will closely monitor that only the guests that have been carded, and are of legal age, have alcoholic beverages.

Signage:

RECEIVED
MAY 22 2025

All entrances and exits will provide clear notice that NO ALCOHOL IS ALLOWED BEYOND THE OUTDOOR SEATING AREA. Signage stating NO OUTSIDE ALCOHOL WILL BE PERMITTED are posted at both entrances. ABC mandated posters, as required by law, are posted inside Deer Heart LLC and at the entrances of the outdoor seating area. Keeping the outdoor seating area viable without any increased risk to minors exposed to alcohol WILL continue to be a part of the training for our staff. Underaged patrons will be monitored closely by our professionally trained alcohol servers.

The two entrance/exit points are marked on the premise diagram for reference.

RECEIVED
MAY 22 2025

Deer Heart Sample Menu

Breads, Grains, and Legumes

Sourdough bread, nasturtium butter, pickles, and herbs \$10

Ubé focaccia with arugula and fennel \$15

Vegan baked flageolet beans with chanterelles \$15

Masa corn bread with fermented honey \$12

Nasi goreng, Indonesian fried rice, kecap manis, fried duck egg, pickled chilies \$15

VEGETABLES

FIRE-ROASTED CAULIFLOWER, ROMESCO SAUCE, PICKLED RED ONIONS, AND PRESERVED ORANGE ZEST \$15

HARISSA ROASTED CARROTS, POMEGRANATE LABNEH \$15

FOUR WIND'S FARM SALAD GREENS WITH TOKYO TURNIPS AND DEVIL'S CLUB VINAIGRETTE \$12

BRAISED TAT SOY WITH BAGNA CAUDA AND LEMON \$10

MAINS

LASAGNA SUMMER SQUASH CAPONATA \$25

BRAISED BRISKET AND MUSHROOMS, BLUE CORN TORTILLAS, CURTIDO \$35

FRIED LING COD, UBE BREADCRUMBS, KIMCHI, LEMON KEWPIE \$30

LAOTIAN LEMONGRASS AND PUMPKIN CURRY, TOFU, NAAN \$20

Sweets

Apple strudel with gjetost cream and sweet vermouth raisins \$10

Flourless beet chocolate cake with sour cherry jam \$12

Ice cream sandwich, tahini cookie, fig leaf ice cream, sea buckthorn curd \$15

Consuming raw or undercooked meats, poultry, seafood, shellfish, or eggs may increase your risk of foodborne illness, especially if you have certain medical conditions.



Alaska Alcoholic Beverage Control Board

Form AB-03: Restaurant Designation Permit Application

Why is this form needed?

A restaurant designation permit application is required for a licensee desiring designation under 3 AAC 304.715 – 3 AAC 304.795 as a bona fide restaurant, hotel, or eating place for purposes of AS 04.16.010(c) or AS 04.16.049. Designation will be granted only to a holder of a beverage dispensary, club, recreational site, golf course, or restaurant or eating place license, and only if the requirements of 3 AAC 304.305, 3 AAC 304.725, and 3 AAC 304.745, as applicable, are met. A menu or expected menu listing the meals, including entrées prepared on-site and offered to patrons, and copy of the DEC Food Service Permit (or corresponding DHHS documentation for licenses located in the Municipality of Anchorage) must accompany this form. Applicants should review AS 04.16.049 – AS 04.16.052 and 3 AAC 304.715 – 3 AAC 304.795. All fields of this form must be completed. The required \$50 permit fee may be made by credit card, check, or money order.

Section 1 – Establishment Information

Enter information for licensed establishment.

Licensee:	Deer Heart LLC				
License Type:	Restaurant / Eating Place	License Number:	4106		
Doing Business As:	Deer Heart				
Premises Address:	#37 Blacksmith Street				
City:	Haines	State:	Alaska	ZIP:	99827
Contact Name:	Anthony Travis Kukul	Contact Phone:	206-399-3074		

Section 2 – Type of Designation Requested

This application is for the request of designation as a bona fide restaurant, hotel, or eating place for purposes of AS 04.16.010(c) or AS 04.16.049, and for the request of the following designation(s) (check all that apply):

- ☐ Dining after standard closing hours: AS 04.16.010(c)
- ☒ Dining by persons 16 – 20 years of age: AS 04.16.049(a)(2)
- ☒ Dining by persons under the age of 16 years, accompanied by a person over the age of 21: AS 04.16.049(a)(3)
- ☒ Employment for any persons under 21 years of age: AS 04.16.049(c)
 NOTE: Under AS 04.16.049(d), a Department of Labor and Workforce Development work permit is not required to employ a person 18 - 20 years of age.

OFFICE USE ONLY	
Transaction #:	Initials:



Alaska Alcoholic Beverage Control Board

Form AB-03: Restaurant Designation Permit Application

Section 3 – Minor Access

Review AS 04.16.049(a)(2); AS 04.16.049(a)(3); AS 04.16.049(c)

List where within the premises minors are anticipated to have access in the course of either dining or employment as designated in Section 2. (Example: Minors will only be allowed in the dining area. OR Minors will only be employed and present in the Kitchen.)

Minors employed will have access to the kitchen, dining area, stock room, the bar back area for utensil & glassware restocking, the dish pit, the employee bathroom, and both public restrooms. Minors dining at the restaurant will have access to the dining area, the barstool seating surrounding the outside of the bar & public restrooms.

Describe the policies, practices and procedures that will be in place to ensure that minors do not gain access to alcohol while dining or employed at your premises.

All diners whom appear to be under 35 years of age will be carded by wait staff when ordering an alcoholic beverage. All wait staff will be 21 years of age or older and hold a current TAPS certificate. All alcoholic beverages will only be poured after a ticket has been submitted to the Point of Sales system which is relayed to the bartender. All beer and wine will be kept in designated, secured areas behind the bar or in the locked storage room. Only the owner and management staff older than 21 year of age will have the key to the storage room. No employees will be allowed to consume alcohol on the premises.

Yes No

Is an owner, manager, or assistant manager who is 21 years of age or older always present on the premises during business hours?



Section 4 – DEC Food Service Permit

Per 3 AAC 304.910 for an establishment to qualify as a Bona Fide Restaurant, a Food Service Permit or (for licenses within the Municipality of Anchorage) corresponding Department of Health and Human Services documentation is required.

Please follow this link to the DEC Food Safety Website: <http://dec.alaska.gov/eh/fss/food/>

Please follow this link to the Municipality Food Safety Website:

<http://www.muni.org/Departments/health/Admin/environment/FSS/Pages/fssfood.aspx>

IF you are unable to certify the below statement, please discuss the matter with the AMCO office:

Initials

I have attached a copy of the current food service permit for this premises OR the plan review approval.



**Please note, if a plan review approval is submitted, a final permit will be required before finalization of any permit or license application.*



Alaska Alcoholic Beverage Control Board

Form AB-03: Restaurant Designation Permit Application

Section 5 – Hours of Operation

Review AS 04.16.010(c).

Enter all hours that your establishment intends to be open. Include variances in weekend/weekday hours, and indicate am/pm:

Wednesday – Sunday 11am – 9pm
Closed Mondays & Tuesdays

Section 6 – Entertainment & Service

Review AS 04.11.100(g)(2)

Are any forms of entertainment offered or available within the licensed business or within the proposed licensed premises?

Yes

No

☐☒

If "Yes", describe the entertainment offered or available and the hours in which the entertainment may occur:

Food and beverage service offered or anticipated is:

☒

table service

☐

buffet service

☒

counter service

☒

other

If "other", describe the manner of food and beverage service offered or anticipated:

Take out for food/bakery items and non-alcoholic beverages to patrons ordering online. No delivery.



Alaska Alcoholic Beverage Control Board

Form AB-03: Restaurant Designation Permit Application

Section 7 – Certifications and Approvals

Read each line below, and then sign your initials in the box to the right of each statement:

Initials

There are tables or counters at my establishment for consuming food in a dining area on the premises.

atk

I have included with this form a menu, or an expected menu, listing the meals to be offered to patrons.
This menu includes entrées that are regularly sold and prepared by the licensee at the licensed premises.

atk

I certify that the license for which I am requesting designation is either a beverage dispensary, club, recreational site, golf course, or restaurant or eating place license.

atk

I have included with this application a copy of the most recent AB-02 or AB-14 for the premises to be permitted.

atk

*(AB-03 applications that accompany a new or transfer license application will
not be required to submit an additional copy of their premises diagram.)*

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.

atk

Anthony Travis Kukull

Printed name of licensee

Anthony Travis Kukull

Signature of licensee

Local Government Review (to be completed by an appropriate local government official):

Approved

Denied

☐
☐

Signature of local government official

Date

Printed name of local government official

Title



Alaska Alcoholic Beverage Control Board

Form AB-03: Restaurant Designation Permit Application

AMCO Enforcement Review:

Enforcement Recommendation:

Approve

Deny

☐☐

Signature of AMCO Enforcement Supervisor

Printed name of AMCO Enforcement Supervisor

Date

Enforcement Recommendations:

AMCO Director Review:

Approved

Denied

☐☐

Signature of AMCO Director

Printed name of AMCO Director

Date

Limitations: