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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.

before any license applicati	on will be considered comple	ete.			
	Section 1 -	Transferor Inf	formation		
Enter information for the cui	rrent licensee and licensed esta	ablishment.			
Licensee:	O"Malley Alehouse 8	& Pizza LLc	License #: 54	48	04.09.2
License Type:	Package Store		Statutory Refere	nce:	04.11.150
Doing Business As:	Firetap Package	Store	•		
Premises Address:	10950 O'Malley Cen	tre Drive			
City:	Anchorage	State:	Alaska	ZIP:	99515
Local Governing Body/Bodies:	Municipality of Ancl	horage			
Transfer Type: Regular transfer Transfer with securi Involuntary retrans Controlling interest Location transfer	fer			,	
		OFFICE USE ONLY	T	1.51	~
Complete Date:		Trans	action #:	10/03670	d h
Board Meeting Date:		Licens	e Years:		
Issue Date:		Exam	iner:		

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

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	Section 2 - Trans	feree Inf	ormation		
Enter information for the <i>new</i>	applicant and/or location seeking to b	e licensed.			
Licensee:	Liquor of the A	Sorth	LLC		
Doing Business As:	11.1011	iuor i	I		
Premises Address:	no Dramises				
City:	Anchorago	State:	AK	ZIP	: 199
Community Council, (if applicable):		The state of			
Mailing Address:	DO BOX 111846	P			
City:	Anchorage	State:	AK	ZIP	99511
Email:	gallostkogmail.com	Phone:	907-	771-60	60
Designated Licensee:	Abraham Gall	0			
Contact Phone:	907-444-4929	Business	Phone:	907-	771-6060
Contact Email:	gallostkeamail	com			10
Seasonal License?	No If "Yes", write your s Section 3 – Prem			·	
Premises to be licensed is:	00011011011011				
an existing facility	a new building	a propose	ed building		
	t be completed by <u>beverage dispensar</u>				
What is the distance of the outer boundaries of	ne shortest pedestrian route from the the nearest school grounds? Include	public entrai the unit of m	nce of the buildin easurement in ye	og of your propo our answer (M	osed premises to ust be in feet).
no F	oremises				
	4.				
What is the distance of the public entrance of the	ne shortest pedestrian route from the e-nearest church building? Include th	public entrai e unit of me	nce of the buildin asurement in you	ng of your prope our answer (Mus	osed premises to it be in feet.)



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

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

Entity Official:	Aloraham Gallo					
Title(s):	Mar. Member	Phone:	907-771606	% Ow	ned:	100
Address:	2030X 111846					
City:	Anchorage	State:	AK	ZIP:	90	311
Email:	gallostkecmail-com	Phone:	907-771	606	0	

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Entity Official:								
Title(s):		Phone	::		% 0	wned:		
Address:								
City:		State:			ZIP:			
Email:		Phone):					
Entity Official:			***					ere e
Title(s):		Phone):		% O	wned:		
Address:								
City:		State			ZIP:			
Email:		Phone	22					
Entity Official:								
Title(s):		Phone	e:		% O	wned:		
Address:	-				*			
City:		State:	\$ 7		ZIP:	i		
Email:		Phone	e:		**			
nis subsection must be compl anding with the Alaska Divis omestic corporation authoriz ————————————————————————————————————	ion of Corporations (D zed to transact busines	OC). The registered ag ss in the state and who	ent is either a ose business of	n individ	dual resident o	f the sta	ate or	
Registered Agent:	10.248208	AK Formed Date:	9/13/20 Agent's Ph		Trome Didic	F	rk_	_
Agent's Mailing Address:			Agent 3111					_
		111846 State: 11			ZIP:	0	2-11	_
City:	anchage !	AK	Phone:	-	Δ _α , 3.5	امار	1511	
Email: esidency of Agent:	1gallos+KC	gmail.com			90+++	-17	es N	О
								_
				REC	FIVED	-	7 [
Does your registered ag	ent satisfy the require	ment of A5 04.11.430?		LUCK	ANS 8 3737	-		_



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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?	Ø	
If "Yes", disclose which individual(s) has the financial interest, what the type of business is, and if licensed in Alalicense number(s) and license type(s):	iska, whic	:h
5 Beverage Disp# 2833, 3572, 4314, 814, 4109 1 Package Store#4919		
1 Package Store # 4919		
		İ
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:		
Renee Johnston Office Admin		
		İ

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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.	Chy
I certify that all proposed licensees have been listed with the Division of Corporations.	ON
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.	CV
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.	οΛ
I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application.	CX
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.	eM.
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.	on
All Notary States of North States	,
Signature of transferee Abraham Galo Signature of transferee Abraham Galo Oblat/2002 Flick n and for the State of Alaska	027
Printed name AUBLIC My commission expires: Dle 17 2 Subscribed and sworn to before me this 21 day of	, 20 <u>24</u>



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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 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 Printed name of transferor Subscribed and sworn to before me this 21^{64} LOSIVALE SIULUA Notary Public Signature of Notary Public State of Alaska My Commission Expires Feb 3, 2029 HIASKA Notary Public in and for the State of 2/3/2029 My commission expires: Signature of transferor Printed name of transferor Subscribed and sworn to before me this 21th day of May LOSIVALE SIULUA Notary Public State of Alaska Signature of Notary Public My Commission Expires Feb 3, 2029 MIDSICA Notary Public in and for the State of My commission expires:

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Section 8 - Transferor Certifications

	attached, as needed, for the controlling interest of the current licensee to be represented.
that I, as the current licensee (either the	the undersigned represents a controlling interest of the current licensee. I additionally certification of the controlling interest of the currently licensed entity) have examined the thin this license, and find the information on this application to be true, correct, and complete.
72 m 2 7	
Signature of transferor	
RICHARD M HOB	85 I
Printed name of transferor	Subscribed and sworn to before me this 22 day of May 20 29
	Bqull Signature of Notary Publ
	Notary Public In and for the State of Alubane
	My commission expires:
Condua Sabs Signature of transferor ANORSA HOBBS	
Printed name of transferor	Subscribed and sworn to before me this Z2 day of May
	Signature of Notary Publi
	Notary Public in and for the State of A la back
	My commission expires:
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My Commission Expires August 2, 2028

BRADLEY RYAN WALKER Notary Public Alabama State at Large



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Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 8 - Transferor Certifications

Additional copies of this page may be attached, as needed, for the controlling Interest of the current licensee to be represented.

Tem 1 II	
Signature of transferor	
RICHARD M HOBBS IL	
Printed name of transferor Subscribed and sw	rorn to before me this 22 day of May 20 25 B Q W Signature of Notary Public
	Notary Public in and for the State of Alabame
	My commission expires:
Signature of transferor ANONSA HOBBS Printed name of transferor Subscribed and sw	vorn to before me this <u>Z2</u> day of <u>May</u> , 20 <u>Z5</u> Signature of Notary Public
	Notary Public in and for the State of A la busin
	My commission expires:
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My Commission Expires August 2, 2028

BRADLEY RYAN WALKER Notary Public Alabama State at Large



Document reference ID: 5570

Licensing Application Summary

Transfer of Ownership

License ID: 5448

Application ID: 5570

Applicant Name: Liquor Of The North Llc

License Type applied for: Package Store License(PSL) (AS 04.09.230)

Application Status: In Review

Application Submitted On: 05/10/2025 08:21 AM AKDT

Entity Information

Business Structure: Limited liability company

FEIN/SSN Number:

Member Managed or Manager Member Managed

Managed:

Alaska Entity Number (CBPL): 10245585

Alaska Entity Formed Date: 09/13/2023

Home State: AK

Entity Contact Information

Entity Address: PO Box 111846, Anchorage, AK, 99511, USA

Initial Application Information

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

Legal First Name: Abraham

Legal Last Name: Gallo

Email Address: gallostk@gmail.com

Phone Number: 907-771-6060

Additional Authorized Users

Legal Name	Relation with Applicant
Renee Johnston, Office Admin	Other

Registered Agent Information

Name Abraham Gallo

Agent's Phone Number 907-771-6060

Agent's Email gallostk@gmail.com

Address PO Box 111846, Anchorage, AK, 99511, 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

Premises Address

Address: No Premises

Basic Business information

Business/Trade Name: North Pole Liquor II

Local Government and Community Council Details

City/Municipality

Anchorage (Municipality of)

Other licenses involvement

From 2/2025 paper transfer app: 5 Beverage Disp. #s 2833, 3572, 4314, 814, 4109. One package store #4919.

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 Yes

ten consecutive days?

What was the other conspicuous location of your post? (Please

Include the full address)

From paper transfer app: Huffman Post Office

What was the first day you posted your application?

10/15/2024

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: 101036705

Payment Date: 05/10/2025 08:21 AM AKDT

Documents

#	File Name	Туре	Added On
1	NOT REDACATED AB-11.pdf	Signed Creditors Affidavit	05/10/2025 08:15 AM AKDT
2	Public Notice and Newspaper.pdf	Publishers Affidavit	05/10/2025 08:20 AM AKDT
3	AB-01.pdf	License Paper Form Application Document	05/10/2025 08:20 AM AKDT
4	AB-01.pdf	Transferee and Transferor Certifications Form	05/10/2025 08:20 AM AKDT



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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:

- 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:
 - Stored
 - Served/Sold
 - o 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.
 - o 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:	Liquor of the North LLC License Number: 54			5448		
License Type:	Package Store					
Doing Business As:	North Pole Liquor II					
Premises Address:	No Premises					
City:	Anchorage	State:	Ak	ZIP:	99511	



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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.

NO PREMISES	