



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:	Clapper Enterprises, Inc.	License #:	505		
License Type:	Beverage Dispensary	Statutory Reference:	04.09.200		
Doing Business As:	The Spare Room				
Premises Address:	3717 Minnesota Drive				
City:	Anchorage	State:	Alaska	ZIP:	99503
Local Governing Body/Bodies:	Municipality of Anchorage				

Transfer Type:

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

OFFICE USE ONLY			
Complete Date:		Transaction #:	101052295
Board Meeting Date:		License Years:	
Issue Date:		Examiner:	

AMCO Received 3/28/2025

Received by AMCO 8.11.25



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**Section 2 – Transferee Information**

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

Licensee:	Katharos Living, LLC				
Doing Business As:	The Spare Room				
Premises Address:	3717 Minnesota Drive				
City:	Anchorage	State:	Alaska	ZIP:	99503
Community Council, (If applicable):	Taku Campbell				

Mailing Address:	5330 Willis Avenue				
City:	Sherman Oaks	State:	CA	ZIP:	91411
Email:	tpndocor@outlook.com	Phone:	818-219-5369		

Designated Licensee:	Thomas Diamantidis				
Contact Phone:	818-219-5369	Business Phone:	818-219-5369		
Contact Email:	tpndocor@outlook.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).**

Willow Crest Elementary School - 1004 W Tudor Road - 2,526.66 feet.  
Aquarian Charter School - 1705 W 32nd Avenue - 2,076.32 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.)**

New Chance Church - 3300 Wyoming Drive - 1,433.76 feet.  
Revival Community Church - 700 W 41st Avenue, Ste 101 - 2,974.30 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).

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:	Thomas Diamantidis				
Title(s):	Manager/Member	Phone:	818-219-5369	% Owned:	100
Address:	5330 Willis Avenue				
City:	Sherman Oaks	State:	California	ZIP:	91411
Email:	tpndocor@outlook.com	Phone:	818-219-5369		

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

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 #:	10303413	AK Formed Date:	2/28/2025	Home State:	Alaska
Registered Agent:	Cogency Global Inc.		Agent's Phone:		
Agent's Mailing Address:	PO Box 33735				
City:	Juneau	State:	Alaska	ZIP:	99803
Email:	statrep@cogencyglobal.com		Phone:	866-621-3524	

Residency of Agent:

Yes No

Does your registered agent satisfy the requirement of AS 04.11.430?

☒☐

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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.

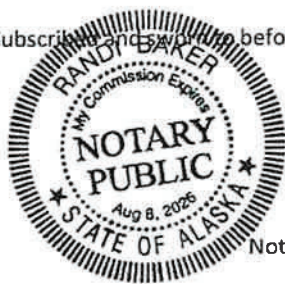
I declare under penalty of perjury that the undersigned represents a **controlling interest** of the current licensee. I additionally certify that I, as the current licensee (either the sole proprietor or the controlling interest of the currently licensed entity) have examined this application, approve of the transfer of this license, and find the information on this application to be true, correct, and complete.

Signature of transferor

Chris Clapper

Printed name of transferor

Subscribed and sworn to before me this 5<sup>th</sup> day of March, 2025

  
Signature of Notary Public

Notary Public in and for the State of Alaska

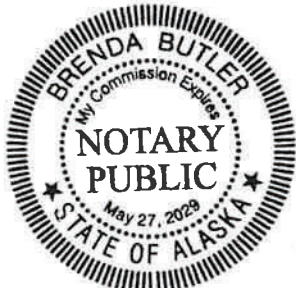
My commission expires: 8/8/2026

Signature of transferor

Ty Clapper

Printed name of transferor

Subscribed and sworn to before me this 8<sup>th</sup> day of August, 2025

  
Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: May 27, 2029



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.



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 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.



Signature of transferee

Thomas Diamantidis

Printed name

Signature of Notary Public

Notary Public in and for the State of \_\_\_\_\_

My commission expires: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

*See Turab attached.*

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**CALIFORNIA JURAT WITH AFFIANT STATEMENT**

**GOVERNMENT CODE § 8202**

~~NOTARY PUBLIC - CALIFORNIA~~

- ☐ See Attached Document (Notary to cross out lines 1–6 below)  
☐ See Statement Below (Lines 1–6 to be completed only by document signer[s], not Notary)

2 \_\_\_\_\_  
 3 \_\_\_\_\_  
 4 \_\_\_\_\_  
 5 \_\_\_\_\_  
 6 \_\_\_\_\_

Signature of Document Signer No. 1      Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

Subscribed and sworn to (or affirmed) before me

on this 7 day of march, 2025  
 by      Date      Month      Year

(1) Thomas Gus Diamantidis

(and (2) \_\_\_\_\_),  
 Name(s) of Signer(s)

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.



Place Notary Seal and/or Stamp Above

Signature \_\_\_\_\_  
 Signature of Notary Public

**OPTIONAL**

Completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

**Description of Attached Document**

Title or Type of Document: Transfer License Application

Document Date: 03/17/25      Number of Pages: 7

Signer(s) Other Than Named Above: \_\_\_\_\_



# Alcoholic Beverage Control Office

## Public Notice

### Application for Transfer of Ownership

**Application ID:** 5875  
**License Type:** Beverage Dispensary License(BDL) AS  
04.09.200  
**License Number:** 505  
**Seasonality:** Year-round

#### From Transferor:

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**Doing Business As:** The Spare Room  
**Premises Address:** 3717 Minnesota Dr, Anchorage, AK,  
99503, USA  
**City/Municipality:** Anchorage (Municipality of)  
**Community Council:** Spenard

#### Licensee

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**Licensee Name:** Clapper Enterprises, Inc.  
**Type:** Corporation  
**Licensee Mailing Address:** 3717 Minnesota Drive, Anchorage, AK,  
99503, USA

#### Entity Officer, Stockholder/Shareholder

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##### Entity Stockholder/Shareholder #1

**Type:** Organization  
**Name:** Budd Clapper Revocable Trust  
**Title:** Stockholder/Shareholder  
**Percentage of Ownership:** 13.57%

##### Entity Stockholder/Shareholder #2

**Type:** Organization  
**Name:** Coralie Clapper Revocable Trust  
**Title:** Stockholder/Shareholder  
**Percentage of Ownership:** 13.57%



**Entity President #3**

**Type:** Person  
**Name:** Budd Clapper  
**Title:** President

**Entity Secretary,Treasurer #4**

**Type:** Person  
**Name:** Coralie Clapper  
**Title:** Secretary,Treasurer

**Entity Vice President #5**

**Type:** Person  
**Name:** Chris Clapper  
**Title:** Vice President  
**Percentage of Ownership:** 31.56%

**Entity Vice President #6**

**Type:** Person  
**Name:** Ty Clapper  
**Title:** Vice President  
**Percentage of Ownership:** 31.56%

## To Transferee:

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**Doing Business As:** The Spare Room  
**Premises Address:** 3717 Minnesota Dr, Anchorage, AK,  
99503, USA  
**City/Municipality:** Anchorage (Municipality of)  
**Borough:** None  
**Community Council:** Spenard

## Licensee

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**Licensee Name:** Katharos Living, Llc  
**Type:** Limited liability company  
**Licensee Email:** tpndocor@outlook.com  
**Licensee Phone:** 818-219-5369  
**Licensee Mailing Address:** 5330 Willis Ave, Los Angeles, --Select--,  
91411, USA

## Entity Officer, Stockholder/Shareholder

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**Entity Manager, Member #1**

**Type:** Person  
**Name:** Thomas Diamantidis  
**Title:** Manager, Member  
**Percentage of Ownership:** 100%  
**Phone number:** 818-219-5369  
**Email:** tpndocor@outlook.com  
**Mailing Address:** 5330 Willis Ave, Sherman Oaks, CA,  
91411, USA

**Resident Agent's Name:** Cogency Global, Inc.  
**Agent's Phone Number:** 800-221-0102  
**Agent's Email:** statrep@cogencyglobal.com  
**Agent's Address:** PO Box 33735, Juneau, AK, 99803, 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

Interested persons may object to the application by submitting a written statement of reasons for the objection to their local government, the applicant, and the Alcohol & Marijuana Control Office (AMCO). Written comments should be sent to AMCO at [alcohol.licensing@alaska.gov](mailto:alcohol.licensing@alaska.gov) or to 550 W 7th Ave. Suite 1600, Anchorage, AK 99501.

**Posting Date:**

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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.
  - 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:	Katharos Living, LLC	License Number:	505
License Type:	Beverage Dispensary		
Doing Business As:	The Spare Room		
Premises Address:	3717 Minnesota Drive		
City:	Anchorage	State:	Ak
		ZIP:	99503



Alaska Alcoholic Beverage Control Board

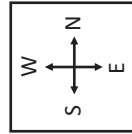
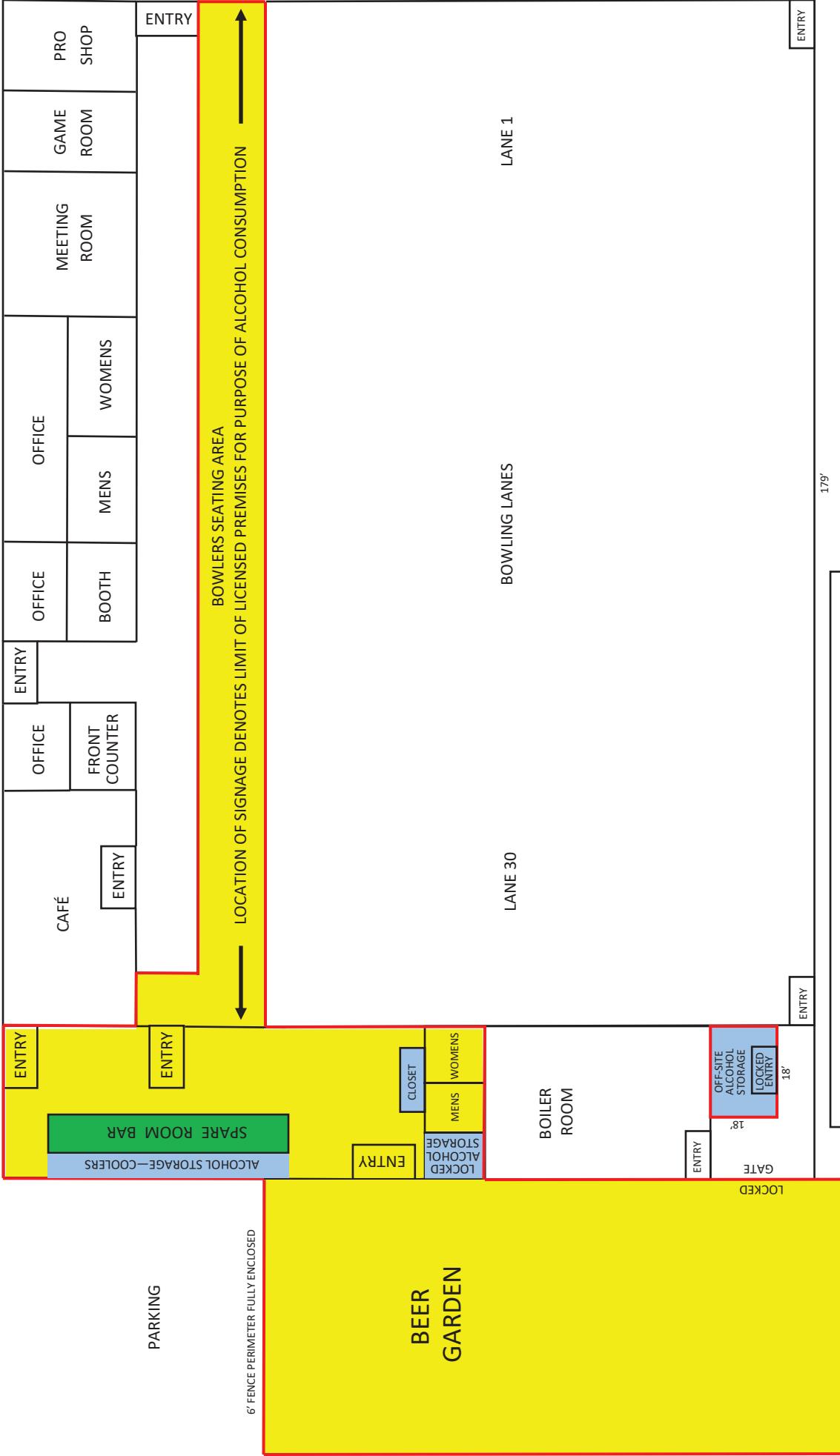
## Form AB-02: Premises Diagram

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### 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.





- SOLD
- SERVED / CONSUMED
- STORED

**BUILDING ADDRESS**  
3717 Minnesota Drive  
Anchorage, AK 99503

Bowling Center Endorsement—authorizes the serving and consumption of alcoholic beverages in the bowling seating areas of Center Bowl.

Wet Lanes — By use of concourse signage and visual observation/ID checks by TAP certified Center Bowl and Spare Room staff, an alcoholic beverage zone will be established and maintained on select bowling lanes adjacent to the Spare Room allowing the consumption of alcoholic beverages. The number of lanes will vary and be determined by staff with the perimeter set according to the above premises diagram. Bowlers entering the Alcoholic Beverage Zone will adhere to the specific requirements set forth by the Alcoholic Beverage Control Board.

Dry Lanes — Bowling lanes beyond the established Alcoholic Beverage Zone where no alcoholic beverages are sold, served or consumed will authorize access by persons under 21 years of age to the bowling and seating area.

**ALCOHOLIC BEVERAGE ZONE**

NO PERSON UNDER THE AGE OF 21 YEARS ALLOWED AT THIS TABLE OR BEYOND THIS SIGN UNLESS ACCOMPANIED BY A PARENT, GUARDIAN, OR SPOUSE WHO HAS ATTAINED THE AGE OF 21 YEARS.

THANK YOU.

SIGNS PLACED ON CONCOURSE FOR LANES CONSUMING ALCOHOL FACING THE GENERAL PUBLIC

**NOTICE**

ALCOHOLIC BEVERAGES

**MAY NOT**

BE SERVED AND/OR CONSUMED BEYOND THIS SIGN. THANK YOU.

REVERSE SIDE OF SIGN TO KEEP ALCOHOL ONLY IN THE ALCOHOLIC BEVERAGE ZONE

The Spare Room  
Outdoor/Indoor Serving 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. A six (6) foot tall chain link fence with privacy screening is around the outdoor servicing area.
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 Spare Room and at the entrances of the outdoor seating area.
8. All entrances and exits will provide clear notice that NO ALCOHOL IS ALLOWED BEYOND THE OUTDOOR SEATING AREA.
9. Keeping outdoor seating area viable without any increased risk to minors exposed to alcohol WILL continue to be a part of our training for our staff.
10. All safety related operations for our current liquor service will additionally be enforced in the new service area.
11. Proper signage at points of entry indicating no minors without a parent or legal guardian will be posted.
12. All servers will closely monitor that only the guests that have been carded will have alcoholic beverages.
13. Our top priority continues in providing safety for all guests regarding the service of alcoholic beverages.
14. Servers will be present in the outdoor area to monitor consumption.