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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 – Tr	ansferor In	formation			
nter information for the $oldsymbol{arepsilon}$	urrent licensee and licensed establis	shment.				
Licensee:	Wildlife Investments, LLC		License #:	License #:		
License Type:	Package Store		Statutory Ref	erence:	04.09.230	
Doing Business As:	The Pit					
Premises Address:	11857 Seward Hwy.					
City:	Seward	State:	AK	ZIP:	99664	
Local Governing Body/Bodies:	Kenai Peninsula Bor	ough				
Transfer with secu Involuntary retran Controlling interes Location transfer	isfer				1 2023 A CUNIFOL OFFICE ALASYM	
					*	
Complete Date:	OF	FICE USE ONLY	saction #:			
Board Meeting Date:	, and the second	Licer	nse Years:			
Issue Date:		Exan	niner:			





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ticensee: Doing Business As: Premises Address: 11857 Seward Incomplex Seeking to be licensed. Seward Eateries, LLC Los Cenotes Bestaurant & Cantina Licenses Address:	quor Store		
Doing Business As: Los Cenotes Restaurant & Cantina Lice Premises Address:	quor Store		
Premises Address:	quor Store		
Premises Address			
I LISS / SOMSTO HWW			
City: Seward State:	AK	ZIP:	99664
Community Council, (If applicable):	AK		
Mailing Address: 12206 Old Exit Glacier Rd.,			
City: Seward State:	AK	ZIP:	99664
	(907) 382-6 ⁻	129	
Designated Licensee: Brandon Tatum			
Contact Phone: (907) 382-6129 Business Phone	one:	(907) 382-6	129
Contact Email: tatum.brandon@gmail.com			
easonal License? X If "Yes", write your six-month operation 3 – Premises Inform			
remises to be licensed is:			
an existing facility a new building a proposed bu	uilding		
an existing facility a new building a proposed but a proposed but a next two questions must be completed by beverage dispensary (including touris	_	re store annlican	ts only:
What is the distance of the shortest pedestrian route from the public entrance of the outer boundaries of the nearest school grounds? Include the unit of measu	of the building o	of your proposed	premises to
the outer boundaries of the fledress school grounds. Madde the diffe of the fledress school grounds.		Assessment	
20,064 Feet			2
What is the distance of the shortest pedestrian route from the public entrance of the public entrance of the nearest church building? Include the unit of measure	of the building o	of your proposed answer (Must be	premises to
18,480 Feet			





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S	ection 4 – Sole Pro	oprietor Ownership Inf	ormation
If more space is needed, ple The following information mu	ase attach a separate sheet	ho is applying for a license. Entities with the required information. ensee and each affiliate (spouse).	s should skip to Section 5.
Name:			
Address:			
City:		State:	ZIP:
Email:		Phone:	
This individual is an:	applicant affiliate	3	
Name:			
Address:			
City:		State:	ZIP:
Email:		Phone:	

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 <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:	Brandon Tatum					
Title(s):	Member	Phone:	907-382-6129	% Own	ed:	93.00
Address:	12206 Old Exit Glacier Ro	d	11.			
City:	Seward	State:	AK	ZIP:	9	9664
Email:	tatum.brandon@gmail.com	Phone:	907-382-6129	9		





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Entity Official:	Albi Tatum								
Title(s):	Me m ber		Phone	<u>:</u> (9	9 <mark>07</mark>) 30 1-5	751	% Own	ed:	7. 00
Address:	12206 Old Exit	Glacier Rd							
City:	Se wa rd		State:		AK		ZIP:	95	664
Email:	Comard		Phone	:	(9 07) 301-	57 51			
Entity Official:									
Title(s):			Phone	:			% Own	ed:	
Address:									
City:			State:				ZIP:		
Email:			Phone	:					
Entity Official:									
Title(s):			Phone	:			% Own	ed:	
Address:									
City:			State:				ZIP:		
Email:			Phone	2:					
This subsection must be compl standing with the Alaska Divisi domestic corporation authoriz	ion of Corporations (I	DOC). The regis	stered ag and who	ent is eit	ther an indivi less office is	idual resi	dent of th	ne state gistere	e or d office.
CBPL Entity #:	10224404	AK Formed	Date:	1/ 10/	25		State:	Al	\
Registered Agent:	Brandon Tatur	n		Agent	's Phone:	907	-382-61	129	
Agent's Mailing Address:	PO Box 656	12206 Old	Exit G			ırd, AK	99664		
City:	Seward	State:		Ał	<	ZIP:		9	9664
Email:	tatum.brando	n@gmail.co	om	Phone	e:	907	7-382-6	129	
Residency of Agent:		J	,					Yes	No
Does your registered ago	ent satisfy the require	ement 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 Alicense number(s) and license type(s): Section 7 – Authorization		x	
If "Yes", disclose which individual(s) has the financial interest, what the type of business is, and if licensed in Ala license number(s) and license type(s):	ska, whic	ch	
Section 7 – Authorization Communication with AMCO staff:	Yes	No	
	×		



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Section 8 - Transferor Cartifications

	Section 0 - mai	ialeioi ceitiii	Sations	
Additional copies of this page	may be attached, as needed, for	r the controlling inter	est of the current licensee	to be represented.
that I, as the current licensee (iury that the undersigned represe either the sole proprietor or the o ansfer of this license, and find the	controlling interest of	the currently licensed entit	y) have examined this
Lann	<u></u>			
Signature of transferor				
Jamey M. McDevitt				
Printed name of transferor	Subscribed and sworn t	o before me this 🙏	_day of telepring	20 <u>25</u> .
	NOTARY PUBLIC *	·	Sign of the State of Alas My commission expires:	
Signature of transferor				
Printed name of transferor	Subscribed and sworn t	o before me this	day of	, 20
			Sig	nature of Notary Public

Notary Public in and for the State of ____

My commission expires: ___







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Section 9 - Transferee Certifications

Initials 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. 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. ture of transferee **Brandon Tatum** Notary Public in and for the State of Printed name My commission expires:

Subscribed and sworn to before me this 11 day of





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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 <u>follow a physical barrier</u> (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
 - 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.
 - 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:	Seward Eateries, LLC	License N	umber:	877	
License Type:	Package Store				
Doing Business As:	Los Cenotes Restaurant & Canti	na Liquor Store			
Premises Address:	11857 Seward Hwy.	C. 45		##2.(;;###	
City:	Seward	State: A	K	ZIP:	99664

rev 12/12/2023

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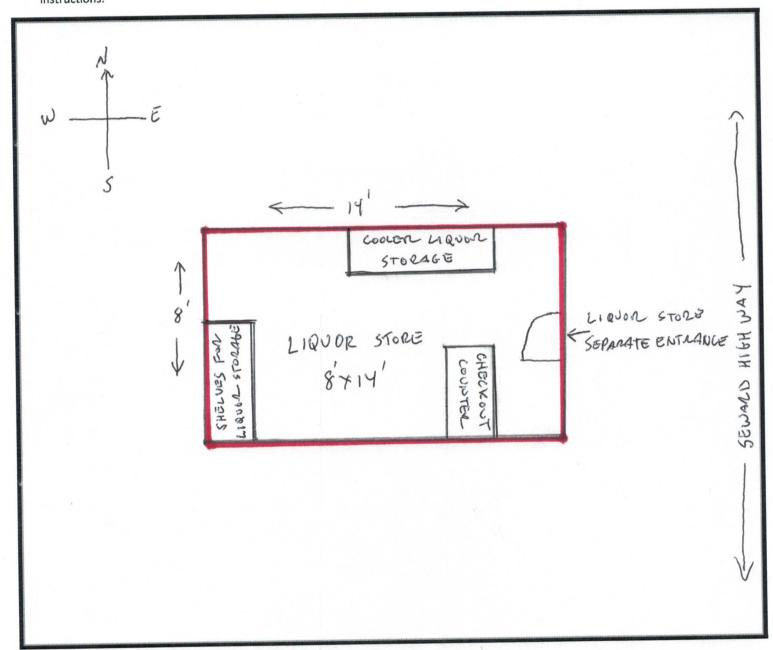
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Form AB-02: Premises Diagram

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.





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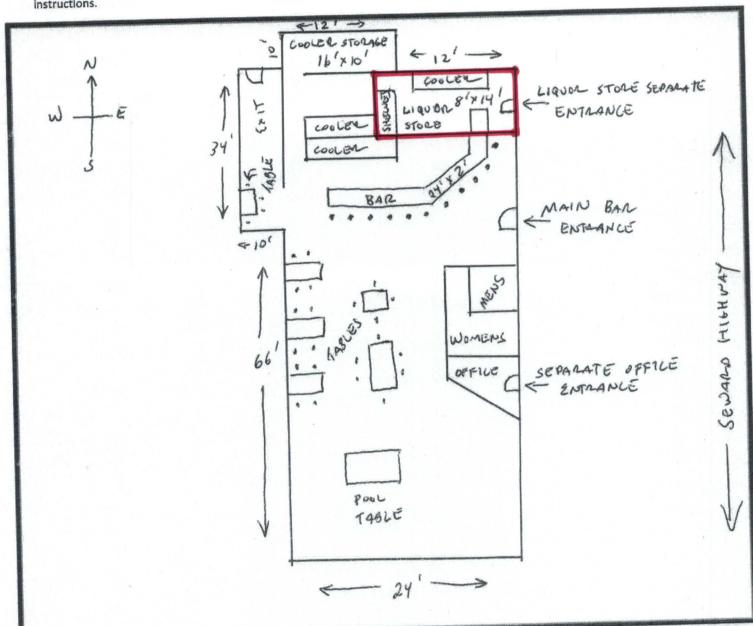
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Form AB-02: Premises Diagram

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.





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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.

