

Alaska Alcoholic Beverage Control Board

Alcohol and Marijuana Control Office 550 W 7<sup>th</sup> Avenue, Suite 1600 Anchorage, AK 99501

alcohol.licensing@alaska.gov

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

Phone: 907.269.0350

### 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.

Form AB-01: Transfer License Application

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.

nter information for the culticensee:	Iwalan			License #:		2052
icense Type:		Dispense	aru	Statutory Refer	ence:	04.09.20
Doing Business As:	Elf's Den	Restau	/ 1	and Lo	unge	
Premises Address:		stletoe	DI			
City:	North Pol		ate:	Alaska	ZIP:	99709
Local Governing Body:	1 2 3	· North	Sto	er Boron	ugh	
ransfer Type: Regular transfer					NECKEN,	/EU
				СОН	MAR 24	erina espe
Transfer with secur		OFFICE USE C	DNLY	COH	iol areaser al lá	erina espe
Regular transfer  Transfer with secur		OFFICE USE C		coH	iol areaser al lá	erinal espe
Regular transfer  Transfer with secur Involuntary retrans		OFFICE USE C	Trans		iol areaser al lá	erinal espe



Anchorage, AK 99501 alcohol.licensing@alaska.gov https://www.commerce.alaska.gov/web/amco Phone: 907.269.0350

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# Form AB-01: Transfer License Application

The state of the s	Section	n 2 - Trans	feree Inf	ormation			
inter information for the new	applicant and/or lo	cation seeking to	be licensed.				
Licensee:	Golden		~	Corp.			
Doing Business As:	N. 022	n Rest		t and	lo	ung	
Premises Address:	2556	Mist	Le toe	Dr.			
City:	North P		State:	Hasks		ZIP:	99705
Community Council:	Fair ba	aks No	irth st	ar B	O TOV	1gh	
Mailing Address:	P.0 B0	x 56	223				**************************************
City:	North Pa		State:	Alask	(a	ZIP:	99705
Designated Licensee:	Clarita	a Gen	dreau				4 - 4 -
Contact Phone:	907-322				907	-322	1-9398
Contact Email:	cmente	aptia,	laska.	net			
Seasonal License? Yes	571	es", write your					MEG.
Premises to be licensed is:						MAR 2	, 2025
an existing facility	a new i	building	a propos	ed building			THE SERVE
The next two questions mus	st be completed by	beverage dispen	sary (including	g tourism) and <u>p</u>	ackage sto	<u>ore</u> applic	ants only:
What is the distance of t the outer boundaries of	he shortest nedestr	ian route from t	he public entr	ance of the build	ling of you	ur propos	
1. 6	miles						
What is the distance of the public entrance of the	the shortest pedestr	uilding? Include	he public entr the unit of me	ance of the build asurement in yo	ding of you	ur propos r.	ed premises to



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## 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). affiliate This individual is an: applicant Name: Address: ZIP: State: Cîty: affiliate applicant This individual is an: Name: Address: ZIP: State: City:

### 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 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 limited liability organization, 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 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.

Clarita	Gends	cau		
Director, President, Secretary	Phone:	907.322.9398	% Owned	: 100
	3			
North Pole	State:	Alaska	ZIP:	99705
	Po Box 5622	Po Box 56223	PO Box 56223	Po Box 56223

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[Form AB-01] (rev 2/24/2022)

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TCOHOL CLASSIC MANNET SCOOL

Phone: 907.269.0350

### Alaska Alcoholic Beverage Control Board

# Form AB-01: Transfer License Application

	Mi Mael	bends	reau	<u></u>			_
itle(s):	lice Plesid		Phone:	907-322-6	648 %0	wned:	
Address:	Po box 51	6223					_
City:	North Pole		State:	AK.	ZIP:	9970	25
Entity Official:							_
Title(s):			Phone:		<b>%</b> O	wned:	-
Address:							_
City:			State:		ZIP:		
Entity Official:							
Title(s):			Phone:		<b>%</b> C	Owned:	
Address:		— т			710		
City:			State:		ZIP	:	_
nis subsection must be compl anding with the Alaska Divisi laska.	leted by any applicant ion of Corporations (D		- TOBISCIO		nd LLCs are red ndividual resid Home State	100	300 2 01
DOC Entity #:	10216238		Date:	12·13·22 Agent's Phone:		e: Alas 885.6	
Registered Agent:	Polaris Lan	1 Group	Date:			1 100	
	Polaris Lau	1 Group				1 100	61
Registered Agent: Agent's Mailing Address:	Polaris Lan	1 600g 58587		Agent's Phone:	907.	885.6	0
Registered Agent: Agent's Mailing Address: City:	Polaris Lau P.O Box S Fairbanks	1 (2004) 58587 State:		Agent's Phone:	907.	885.6	61



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# Form AB-01: Transfer License Application

Section 6 – Other Licenses		
ership and financial interest in other alcoholic beverage businesses:	Yes	N
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?		
"Yes". disclose which individual(s) has the financial interest, what the type of business is, and if licensed in A ense number(s) and license type(s):	laska, whi	ch
e e		
Section 7 – Authorization		100
	Yes	1
	Yes	ī
munication with AMCO staff:  Does any person other than a licensee named in this application have authority to discuss this license with AMCO staff?	Yes	
munication with AMCO staff:  Does any person other than a licensee named in this application have authority to discuss this license with AMCO staff?	Yes	i i
munication with AMCO staff:  Does any person other than a licensee named in this application have authority to discuss this license with AMCO staff?	Yes	
munication with AMCO staff:  Does any person other than a licensee named in this application have authority to discuss this license with	Yes	



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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.

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

Subscribed and sworn to before me this 22 day of Declarate 20 23.

Notary Public in and for the State of Maccha My commission expires: 90 215 200 Signature of transferor

Signature of transferor

Signature of transferor

Signature of transferor			
Printed name of transferor			
	Subscribed and sworn to before me this	day of	, 20
			Signature of Notary Public
	Notary Public in a	nd for the State o	of
		My commission	n expires:

MAK 2 4 2023

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Section 9 – Ti	ransferee Certific	ations	
Read each line below, and then sign your initials in the	box to the right of each stat	ement:	initials
certify that all proposed licensees (as defined in AS 04.	11.260) and affiliates have b	een listed on this application.	CH
I certify that all proposed licensees have been listed with	h the Division of Corporation	ns.	CH
I certify that I understand that providing a false stateme for rejection or denial of this application or revocation o	ent on this form or any other of any license issued.	form provided by AMCO is grounds	Cds
I certify that all licensees, agents, and employees who s patron will complete an approved alcohol server educate serving alcoholic beverages, will carry or have available certifying completion of approved alcohol server educate	to show a current course ca	rd or a photocopy of the card	CA
l agree to provide all information required by the Alcoh			CH
I hereby certify that I am the person herein named and application, and I know the full content thereof. I declar other documents submitted are true and correct. I underesponse in this application, or any attachment, or documenting or revoking a license/permit. I further understances to falsify an application and commit the crim	derstand that any falsification numents to support this applicant that it is a Class A misde	n or misrepresentation of any item or ication, is sufficient grounds for	BH.
2	NOTARY PUBLIC	Hutten Ugun	¥
Signature of transferee  Clarita Gendreau	Notany Public in a	Signature of Notary Public and for the State of Massaca	<i>)</i>
Printed name	Motaly Fublic III	My commission expires: 08 30	5/202
Subscribed and	sworn to before me this 2	2 day of December	, 20_
	RECEIVED		

MAR 2 4 2025 COHOLES AND THE PROPERTY OF THE PARTY OF THE



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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 no red lines within the perimeter
- Each area should be clearly labeled in any color other than red where alcohol is:
  - o Stored
  - o Served/Sold
  - Manufactured
  - o Consumed
- All diagrams must include:
  - o Dimensions (AMCO does not accept diagrams drawn to scale)
  - o Cross streets
  - Points of reference, such as a compass rose indicating True North
  - o 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:	Golden	Nuc	gaeti	Food Com	License	Number:	20	5.2
License Type:	Bever	0	R	nsara			==66	~
Doing Business As:	EH'S	Den	~/	Lauran	,	d Lou	inge	
Premises Address:	2556	Mis	Heto	~				
City:	North	Pole			State:	AK	ZIP:	99705

rev 12/12/2023

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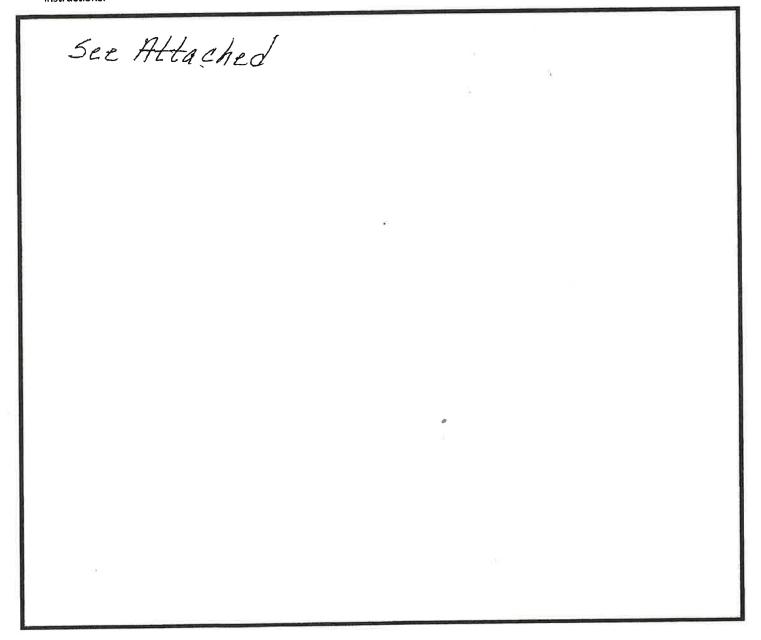
Phone: 907.269.0350

### Alaska Alcoholic Beverage Control Board

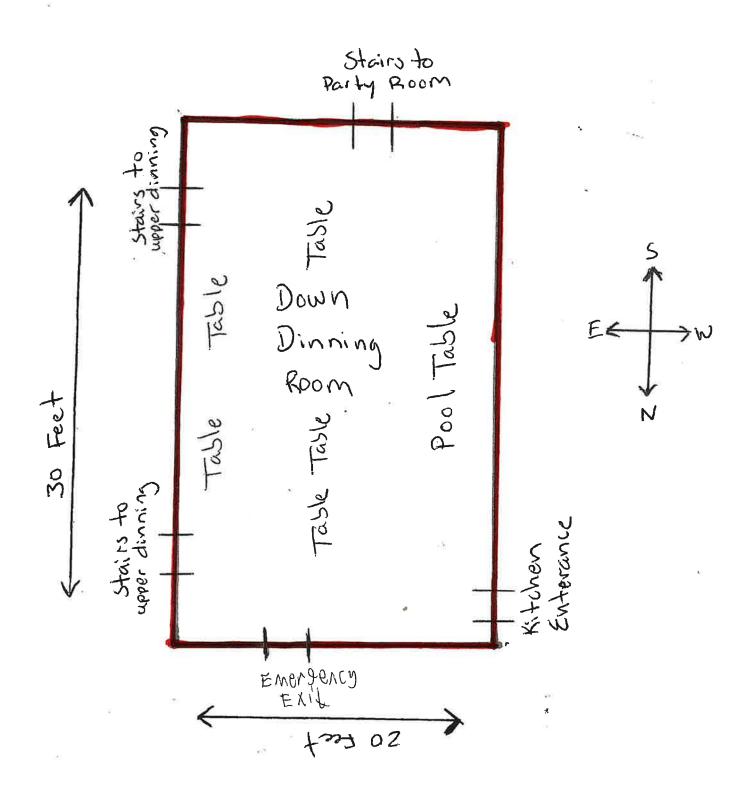
# Form AB-02: Premises Diagram

### 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.



parking parking Mid entrance 14 feet 1 Ky Feet -> Fence patio recieving entrance Main entrance consumed 34 Feet non-consumption Alwhol €20 Feet Boilerman walk. mens In waiting room South locked party Room AMCORPORED HOUSE BY BY 1918 liquor Storage Room Dry Storage non-consumption workans Stairs COOM Bocked Bock room Stairs Station 4503 down UP table innina Dinning Feet 43!7 +0e Dish area Ritchen Boom North Boom stler alcertool alcohol Storage run consumed (on surred ٤ Bar Prep area 32 Feet emergancy Alley way Alleyway Building Auto Parts Napa



28 Feet Stairs From waiting Room Tables UP Dinning Room Tables Tables Stairs to lower dinning Bar

14 Feet middle entrance tables up Stairs bath 30 Feet alcohol consumed

# Golden Nugget Food Corp dba Elf's Den Restaurant 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. Patio is permanently locked and will not be used for food or alcohol service.
- 5. Under aged 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 Elf's Den Restaurant entrances.
- 8. All entrances and exits will provide clear notice that NO ALCOHOL IS ALLOWED OUTSIDE OF DESIGNATED SERVICE AREA.
- 9. There will be no outdoor seating area.
- 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.

