

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 applicati	on will be considered complete.	1.5			
	Section 1 - Trans	feror In	formation		
Enter information for the cui	rent licensee and licensed establishme	nt.			
Licensee:	JOHN GOULD & SONS CO., INC.		License #:		3389
License Type:	ype: Package Store Statutory Reference: 04.09.2				
Doing Business As:	Gould's Liquor Store				
Premises Address:	7 Heart Lake Dr				
City:	King Cove	State:	Alaska	ZIP:	99612
Local Governing Body/Bodies:	City of King Cove, Aleutians East I	Borough	•		
Regular transfer Transfer with securi Involuntary retrans Controlling interest Location transfer	fer	ISE ONLY			
Complete Date:	OFFICE O		action #:	- Leave - Company	
Board Meeting Date:		Manual	se Years:		
Issue Date:		Exam	iner:		



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Section 2 – Transferee Information at and/or location seeking to be licensed.

	The King Cove Corporation					
Doing Business As:	King Cove Downtown Marketplace					
Premises Address:	7 Heart Lake Dr					
City:	King Cove	State:	Alaska		ZIP:	99612
Community Council, (If applicable):						
Mailing Address:	PO Box 38				MM HP	
City:	King Cove	State:	Alaska		ZIP:	99612
Email:	chantae.kochuten@kingcovecorp.com	Phone:	907-497-231	12		
Designated Licensee:	Chantae Kochuten					
Contact Phone:	907-497-2312	Business Phone: 907-497-2312				
Contact Email:	chantae.kochuten@kingcovec	orp.com				
Yes easonal License?	No ✓ If "Yes", write your si	x-month op	erating period	l:		
remises to be licensed is: an existing facility he next two questions must What is the distance of the	If "Yes", write your si Section 3 – Prem a new building be completed by beverage dispensary e shortest pedestrian route from the phe nearest school grounds? Include the retest pedestrian route to the nearest pedestrian r	a proposed (including to public entrange unit of me	ormation d building purism) and pace ce of the building easurement in y	kage store : ng of your p our answei	roposed (Must b	premises to be in feet).

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Email:

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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:

Section 5 – Entity Ownership Information

Phone:

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:	Dean Gould				
Title(s):	President	Phone:	907-497-2312	% Ow	ned:
Address:	38 Windy Walkway	18	•		
City:	King Cove	State:	Alaska	ZIP:	99612
Email:	chantae.kochuten@kingcovecorp.com	Phone:	907-497-2312		1

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Form AB-01: Transfer License Application

Entity Official:	Warren Wilson								
Title(s):	Vice President		Phone	e:	907-497-2312	2312 % Owned:			
Address:	38 Windy Walkwa	У			SACRAMIA SACRAMIA SACRAMIA SACRAMIA				
City:	King Cove		State		Alaska		ZIP:	99612	
Email:	chantae.kochuten@king	gcovecorp.com	Phone	e:	907-497-2312	2			
Entity Official:	Liza Mack								
Title(s):	Secretary		Phone	e:	907-497-2312	2	% Owr	ned:	
Address:	38 Windy Walkwa	у	U						
City:	King Cove	<u> </u>	State	:	Alaska		ZIP:	99612	
Email:	chantae.kochuten@king	gcovecorp.com	Phone	e:	907-497-2312	2			
F 005 : 1									
Entity Official:	Chantae Kochuten				T	- Compression			
Title(s):	Chief Executive Of	ficer	Phone	e:	907-497-231	2	% Owr	ned:	
Address:	38 Windy Walkway	У							
City:	King Cove		State		Alaska		ZIP:	99612	
Email:	chantae.kochuten@kingcovecorp.com Phone: 907-497-2312								
his subsection must be comp tanding with the Alaska Divis lomestic corporation authori	sion of Corporations (I	DOC). The regis	stered ag	ent	is either an indiv	idual res	ident of t	he state o	or
CBPL Entity #:	11429D	AK Formed	Date:	12	/12/1972	Home	State:	Alaska	
Registered Agent:	Chantae Kochute	en	Agent's Phone:			907-49	97-2312		
Agent's Mailing Address:	PO Box 38								
City:	King Cove	State: Alaska ZIP:			99612				
Email:	chantae.kochuten	@kingcoveco	rp.com	PI	hone:	907-4	97-2312		
esidency of Agent:								Yes	No
Does your registered ag	ent satisfy the require	ement of AS 04	.11.430?					√	Г



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Yes	No
ska, whic	:h
Yes	No
√	
	Yes



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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.

Quay Godman, P. E.	for the Estates of James and Kathnyn Gould
Signature of transferor	0
Nicole Hackman, Personal Representa the Estate of James Gould and Kather	
Printed name of transferor	
	Subscribed and sworn to before me this 16 day of May, 2025.
NOTARY PUBLIC STATE OF WASHINGTO MEGAN JUNE	Signature of Notary Public
MY COMMISSION EXPIRI JULY 15, 2027	Notary Public in and for the State of Washing for.
COMMISSION # 20961	3
	My commission expires: July 15 200
Signature of transferor	
Printed name of transferor	
Trinted name of transferor	Subscribed and sworn to before me thisday of, 20
	Signature of Notary Public
	Notary Public in and for the State of
	My commission expires:



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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:	Initial
certify that all proposed licensees (as defined in AS 04.11.260) and affiliates have been listed on this application.	X
certify that all proposed licensees have been listed with the Division of Corporations.	DE
certify that I understand that providing a false statement on this form or any other form provided by AMCO is grounds or rejection or denial of this application or revocation of any license issued.	D6
certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check the identification of a atron will complete an approved alcohol server education course, if required by AS 04.21.025, and, while selling or erving alcoholic beverages, will carry or have available to show a current course card or a photocopy of the card ertifying completion of approved alcohol server education course, if required by 3 AAC 305.700.	DG
agree to provide all information required by the Alcoholic Beverage Control Board in support of this application.	DG
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.	X
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.	Do
Signature of transferee Signature of Notary Public	
Dean Gould, President of The King Cove Corporation Notary Public in and for the State of	
rinted name My commission expires: No J 2	2820
CHRISTOPHER M. BABCOCK Notary Public Subscribed and State Synthesia before me this	_, 20 <u>2</u> _



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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.
 - 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
 - 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:	License	Number:		
License Type:				
Doing Business As:				
Premises Address:				
City:	State:		ZIP:	

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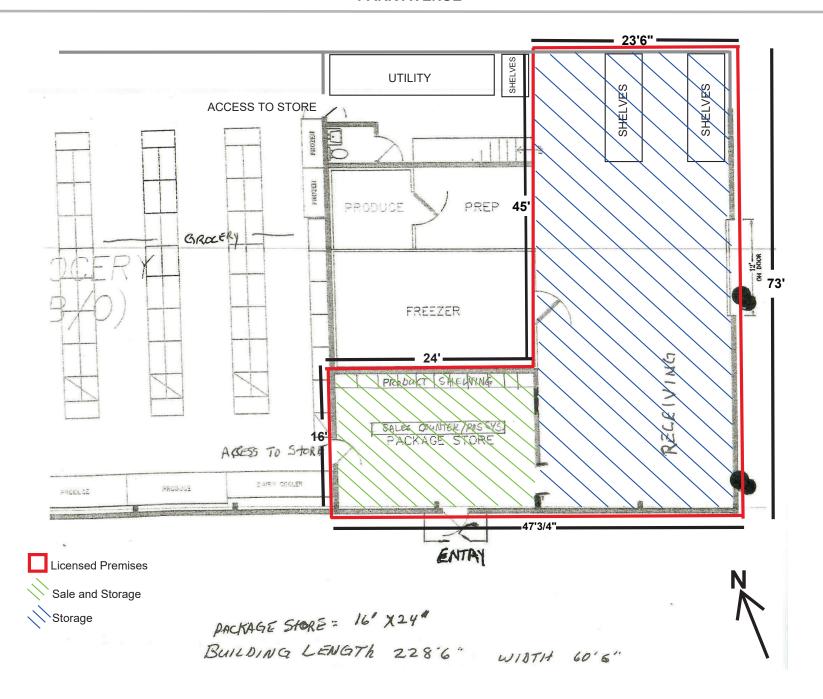
Form AB-02: Premises Diagram

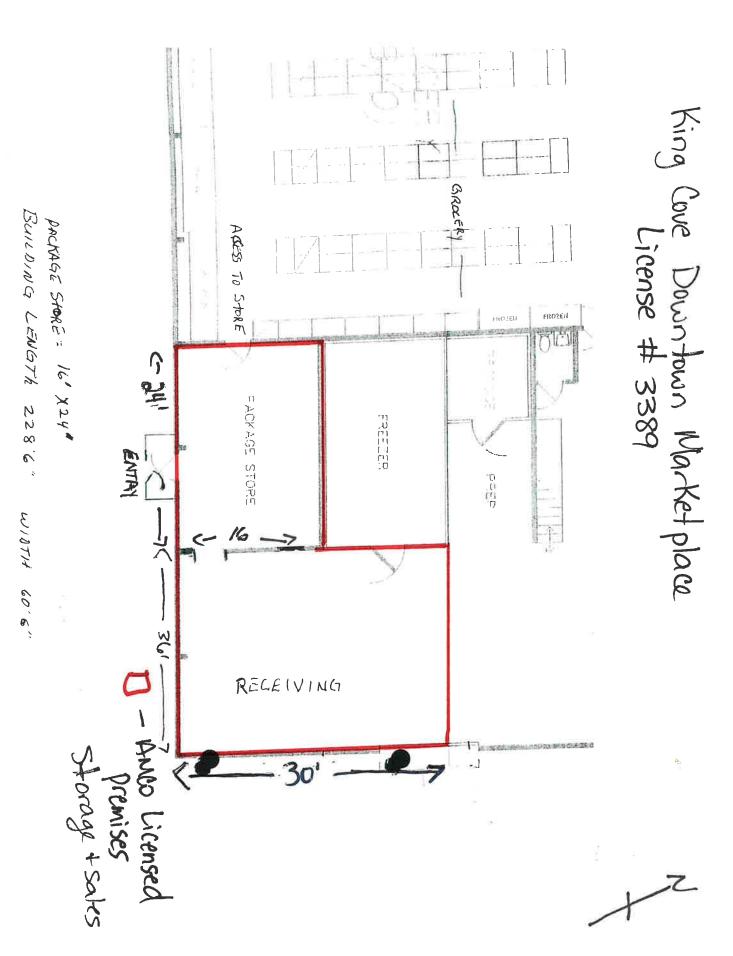
Section 2 - Detailed Premises Diagram

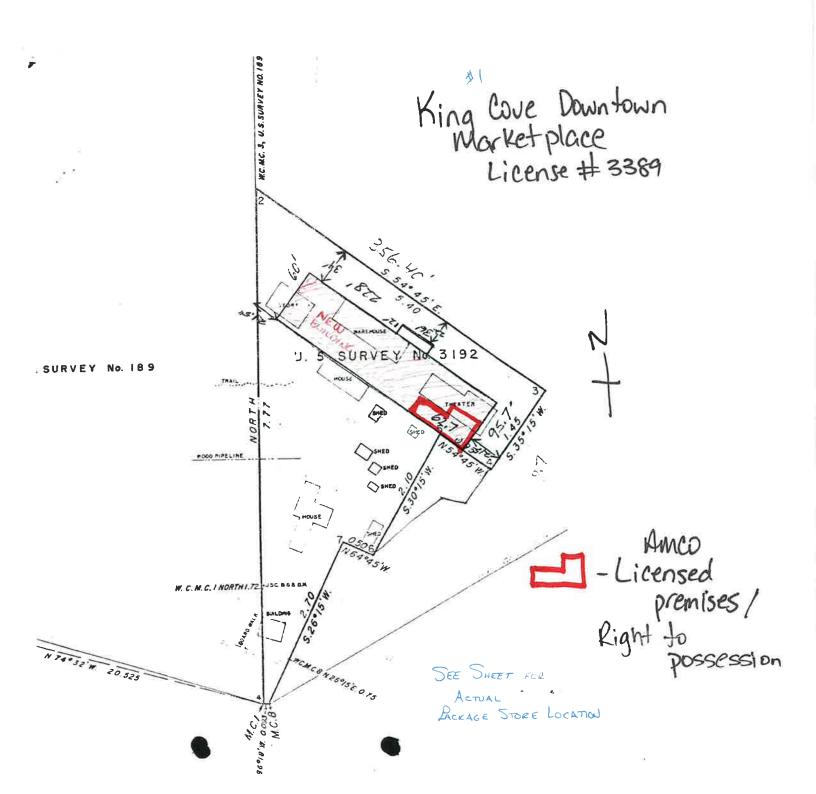
ocction 2 - octanica i remises biagram
Clearly indicate the boundaries of the premises and the proposed licensed area within that property. See above for detailed instructions.

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PARK AVENUE







King Cove Downtown Marketplace License # 3389



☐ - AMOO Licensed premises