



THE STATE
of **ALASKA**
GOVERNOR MIKE DUNLEAVY

Department of Commerce, Community,
and Economic Development

ALCOHOL & MARIJUANA CONTROL OFFICE
550 West 7th Avenue, Suite 1600
Anchorage, AK 99501
Main: 907.269.0350

September 2, 2025

To: Chair and Members of the Board

From: Kristina Serezhenkov, Local Government Specialist

Re: Transfer of controlling interest application for beverage dispensary license #3195 dba The Blue Loon at a premises currently under construction

The licensed premises location burned in a fire in the spring of 2019 and is under construction. The licensee has had other significant challenges including non-operations and the death of a majority shareholder in the license. The license will not be operated at the proposed premises until construction is completed and all necessary approvals gained.

The requirements for an operating premises will likely not be met for some time.

As this license is not currently being operated and will not be operated right away, the license status is an active status but marked as 'temporarily surrendered'.

Our office will require the licensee to submit an AB-14 Change of Premises Application once construction is complete and the licensee is ready to operate the licensee. We will require the licensee to update our office on the status of construction and, if necessary, timely file any Waiver of Operations Application, that might be needed going forward.

The license would not be printed and given to the licensee, nor the status of the license changed to 'active', (removing the temporarily surrendered designation) until the Change of Premises Application is deemed complete and all necessary approvals are gained, including any enforcement inspection and local government approval.

Attachments:

Transfer License Application



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: | Hand Made LLC | License #: | 3195 | |
| License Type: | Beverage Dispensary License | Statutory Reference: | 04.09.200 | |
| Doing Business As: | The Blue Loon | | | |
| Premises Address: | 2999 Parks Hwy. | | | |
| City: | Fairbanks | State: | AK | ZIP: 99709 |
| Local Governing Body/Bodies: | Fairbanks North Star Borough | | | |

Transfer Type:

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

OFFICE USE ONLY

| | | | |
|---------------------|--|----------------|--|
| Complete Date: | | Transaction #: | |
| Board Meeting Date: | | License Years: | |
| Issue Date: | | Examiner: | |



Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 2 – Transferee Information

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

| | | | | | |
|--|----------------------------------|--------|----|------|-------------|
| Licensee: | Hand Made LLC | | | | |
| Doing Business As: | The Blue Loon | | | | |
| Premises Address: | 122- N Turner St. 2999 Parks Hwy | | | | |
| City: | Fairbanks | State: | AK | ZIP: | 99701 99709 |
| Community Council, (If applicable): | | | | | |

| | | | | | |
|------------------|---------------|--------|--|------|--|
| Mailing Address: | Same as above | | | | |
| City: | | State: | | ZIP: | |
| Email: | | Phone: | | | |

| | | | |
|----------------------|--------------------------|-----------------|--|
| Designated Licensee: | Dayton MacCallum | | |
| Contact Phone: | (907) 888- 5880 | Business Phone: | |
| Contact Email: | irishpubalaska@gmail.com | | |

Seasonal License? ☐ Yes ☒ No ☐ xxx 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).

1056 ft

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.)

528 ft



Alaska Alcoholic Beverage Control Board

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).

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: | Dayton MacCallum | | | | |
| Title(s): | Member /Manager | Phone: | (907) 888-5880 | % Owned: | 10 |
| Address: | 810 College Rd | | | | |
| City: | Fairbanks | State: | AK | ZIP: | 99701 |
| Email: | ccc@ak.net | Phone: | (907) 888-5880 | | |



Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

| | | | | | |
|------------------|------------------------|--------|----------------|----------|-------|
| Entity Official: | Donovin Davis | | | | |
| Title(s): | member | Phone: | | % Owned: | 25 |
| Address: | 2124 Ayrshire Dr. | | | | |
| City: | Fort Collins | State: | CO | ZIP: | 80526 |
| Email: | donovindavis@gmail.com | Phone: | (970) 776-6784 | | |

| | | | | | |
|------------------|--|--------|--|----------|--|
| 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 #: | | AK Formed Date: | | Home State: | |
| Registered Agent: | | | Agent's Phone: | | |
| Agent's Mailing Address: | | | | | |
| City: | | State: | | ZIP: | |
| Email: | | | Phone: | | |

Residency of Agent:

Yes

No

Does your registered agent satisfy the requirement of AS 04.11.430?

☐☐



Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

| | | | | | |
|------------------|-------------------------|--------|--------------|----------|-------|
| Entity Official: | Michael Kralman | | | | |
| Title(s): | Member | Phone: | 907-378-8677 | % Owned: | 10 |
| Address: | 3795 Swenson | | | | |
| City: | Fairbanks | State: | AK | ZIP: | 99709 |
| Email: | Allsteel.info@gmail.com | Phone: | 907-378-8677 | | |

| | | | | | |
|------------------|-----------------------|--------|----------------|----------|-------|
| Entity Official: | Doug Prevost | | | | |
| Title(s): | Member | Phone: | | % Owned: | 30 |
| Address: | 4200 N. Engstrom rd | | | | |
| City: | Wasilla | State: | AK | ZIP: | 99564 |
| Email: | dougprevost@yahoo.com | Phone: | (907) 602-7519 | | |

| | | | | | |
|------------------|---------------------------|--------|----------------|----------|-------|
| Entity Official: | Joe Knabe | | | | |
| Title(s): | Member | Phone: | | % Owned: | 10 |
| Address: | 226 Slater dr | | | | |
| City: | Fairbanks | State: | AK | ZIP: | 99701 |
| Email: | holmtownnursery@gmail.com | Phone: | (907) 978-1821 | | |

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 #: | 10095442 | AK Formed Date: | 11/30/18 | Home State: | AK |
| Registered Agent: | Dayton MacCallum | | Agent's Phone: | (907) 888-5880 | |
| Agent's Mailing Address: | 810 College Rd. | | | | |
| City: | Fairbanks | State: | AK | ZIP: | 99701 |
| Email: ccc@ak.net | | | Phone: | | |

Residency of Agent:

Yes No

Does your registered agent satisfy the requirement of AS 04.11.430?

☒☐



Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

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 Alaska, which license number(s) and license type(s):

Michael Kralman, Dayton MacCallum. Beverage Dispensary License #556

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:



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

Dayton Mac Culhan

Printed name of transferor

Subscribed and sworn to before me this 14 day of March, 2025.

Signature of Notary Public

STATE OF ALASKA
NOTARY PUBLIC

Betsy Campbell
My Commission Ends June 17, 2027



Notary Public in and for the State of Alaska.

My commission expires: 6-17-27

Signature of transferor

Printed name of transferor

Subscribed and sworn to before me this _____ day of _____, 20____.

Signature of Notary Public

Notary Public in and for the State of _____.

My commission expires: _____



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

Section 8 – Transferor Certifications

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Signature of transferor

Dayton MacCallum

Printed name of transferor

Subscribed and sworn to before me this 14 day of March, 2025.

Signature of Notary Public

STATE OF ALASKA
NOTARY PUBLIC

Betsy Campbell

My Commission Ends June 17, 2027



Notary Public in and for the State of Alaska

My commission expires: 6-17-27

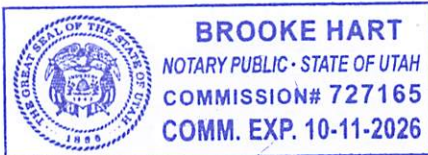
Signature of transferor

Samantha Davis

Printed name of transferor

Subscribed and sworn to before me this 21 day of August, 2025.

Signature of Notary Public



Notary Public in and for the State of Utah

My commission expires: 10-11-2026



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

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]
Signature of transferor

Joe Knabe - Joe Knabe
Printed name of transferor

Subscribed and sworn to before me this 14 day of March, 2025.

STATE OF ALASKA
NOTARY PUBLIC



Rena Cantil
My Commission Ends February 28, 2028

Rena Cantil
Signature of Notary Public

Notary Public in and for the State of Alaska.

My commission expires: 02/28/2028

Signature of transferor

Printed name of transferor

Subscribed and sworn to before me this _____ day of _____, 20____.

Signature of Notary Public

Notary Public in and for the State of _____.

My commission expires: _____



Alaska Alcoholic Beverage Control Board

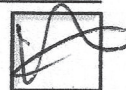
Form AB-01: Transfer License Application

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.



STATE OF ALASKA
NOTARY PUBLIC

Betsy Campbell
My Commission Ends June 17, 2027



Signature of transferee

Dayton MacCallum
Printed name

Signature of Notary Public

Betsy Campbell

Notary Public in and for the State of

Alaska

My commission expires:

6-17-27

Subscribed and sworn to before me this 14 day of March, 2025



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: | Handmade LLC | License Number: | 3195 |
| License Type: | Beverage Dispensary License | | |
| Doing Business As: | Blue Loon | | |
| Premises Address: | 2999 Parks Hwy. | | |
| City: | Fairbanks | State: | AK |
| | | ZIP: | 99701 |

AMCO Received 9/2/2023

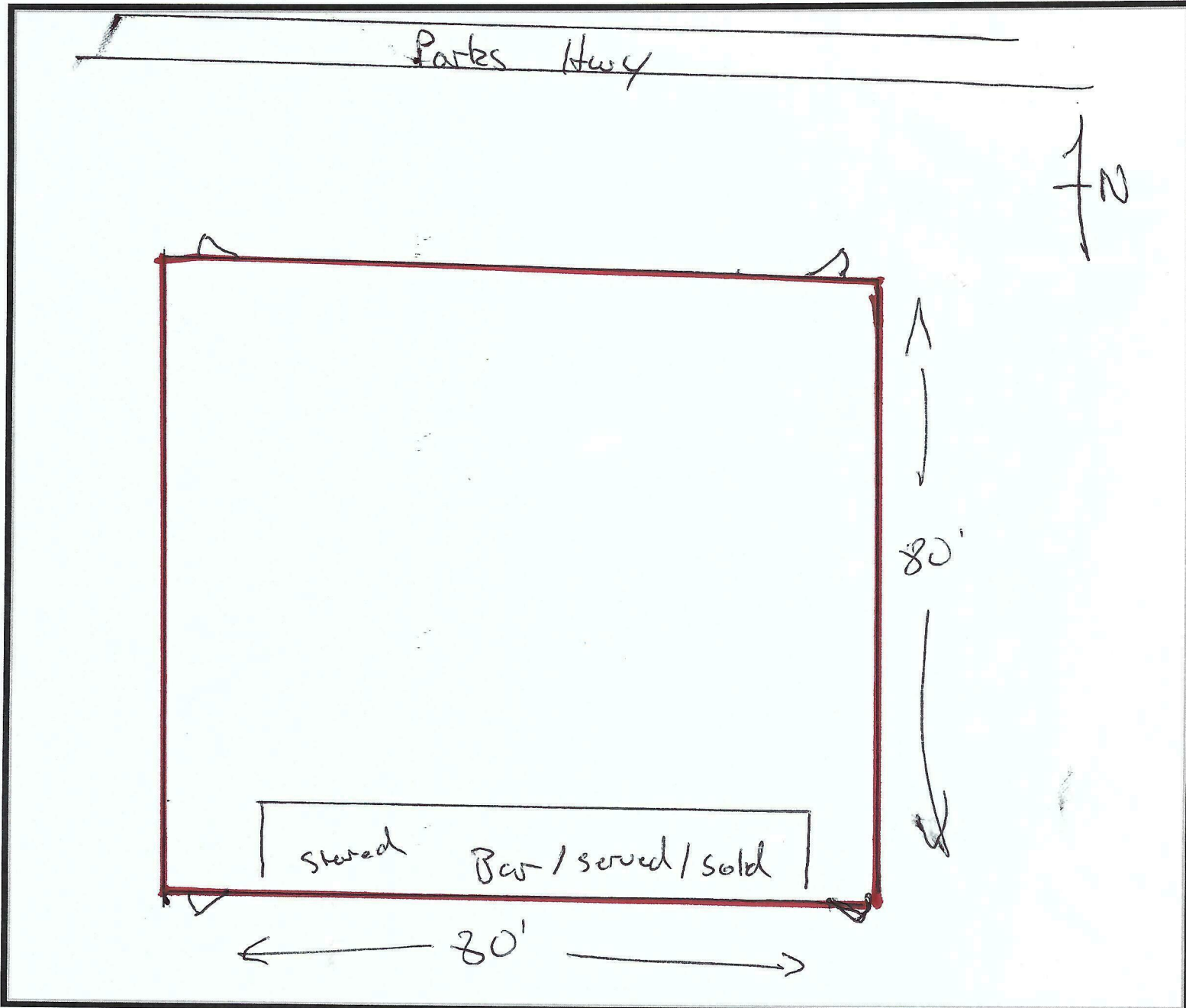


Alaska Alcoholic Beverage Control Board

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.



AMCO Received 9/2/2025

To whom it may concern,

At location 2999 Parks HWY in 2019 there was a structure fire the took the previous structure (Blue Loon) down to ashes. Rebuilding began Late in 2020 and continued through 2022 until funding ran out. 2023, Nathan Davis Passed away leading to further complications with the project. We are currently fundraising to get the capital together to continue and complete the project.

Dayton MacCallum

AMCO Received 9/2/2025

Handmade LLC