Document reference ID : 8185

Licensing Application Summary

Transfer of Ownership

License ID:	1085
Application ID:	8185
Applicant Name:	The Clubhouse, Llc
License Type applied for:	Beverage Dispensary License(BDL) (AS 04.09.200)
Application Status:	Initiated

Entity Information

Business Structure:	Limited liability company
FEIN/SSN Number:	[redacted]
Member Managed or Manager Managed:	Member Managed
Alaska Entity Number (CBPL):	10359211
Alaska Entity Formed Date:	04/08/2026
Home State:	AK

Entity Contact Information

Mailing Address:	P.O Box 3129, Homer, AK, 99603, USA

Tell Us About You

Authority Type:	I am authorized user by the designated licensee with binding authority
Legal First Name:	Mikes
Legal Last Name:	Bairamis
Email Address:	bairamis79@aol.com
Phone Number:	907-349-5466

Additional Authorized Users

Legal Name	Relation with Applicant
Bill Hand	Designated Licensee

Registered Agent Information

Name	Bill Hand
Agent's Phone Number	907-299-1853
Agent's Email	billghand@hotmail.com
Address	PO Box 3129, Homer, AK, 99603, 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

Ownership / Principal Party Details

Principal Parent Entity	Principal Party	Role	%Ownership
The Clubhouse, Llc	Bill Hand	Member	50
The Clubhouse, Llc	Mikes Bairamis	Member	50

Premises Address

Address:	3851 Shelford St, Homer, AK, 99603, USA
Does the proposed site include a valid street address?	Yes

Basic Business information

Business/Trade Name:	Kharacters
What is your primary business at this location?	Bar

Premises Contact Details

Contact Person Name	Mikes Bairamis
Business Phone Number	907-339-5466
Email Address	bairamis79@aol.com

Local Government and Community Council Details

City/Municipality	Homer
Borough	Kenai Peninsula Borough

Measurement Information

What is the approximate 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? (in feet)

2928

What is the approximate 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? (in feet)

960

Property Ownership

Do you, the applicant, own the land, building, and/or warehouse at this proposed licensed location?

Yes

Property Utilization Status

An Existing Facility

Property Ownership Deed

Deed of Trust - 2026-002254-0.pdf

Premises Diagram

Will the license or permit embrace the entire premises address?

Yes

Premises Diagram

- AB-02.pdf

Security Plan

- AB-02.pdf

Other Licenses Involvement

Does any representative or owner named 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?

No

Individual Certification and Financial Interest

I hereby certify that no person other than a proposed licensee listed on the liquor license application has a direct or indirect financial interest, as defined in AS 04.11.450(f) in the business for which a liquor license is being applied for.

I hereby certify that any ownership change shall be reported to the board as required under AS 04.11.040, AS 04.11.045, AS 04.11.050, and AS 04.11.055.

Attestations

I certify that all proposed licensees (as defined in AS 04.11.260) and affiliates have been listed on this application.

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 of 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 all proposed licensees have been listed with Division of Corporation, Business, and Professional Licensing.

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

Electronic Signature not collected; application submitted based on paper form.

Documents

#	File Name	Type	Added On

1	Deed of Trust - 2026-002254-0.pdf	License property ownership document	10/30/2026 12:57 PM AKDT
2	AB-02.pdf	License Location Diagram Document	10/30/2026 01:02 PM AKDT
3	AB-02.pdf	License Location Diagram Security Plan Document	10/30/2026 01:02 PM AKDT
4	AB-11.pdf	Signed Creditors Affidavit	10/30/2026 01:07 PM AKDT
5	AB-01.pdf	Misc. documents to support the transfer application	10/30/2026 01:07 PM AKDT
6	AB-01 OCT 20 2026.pdf	Misc. documents to support the transfer application	10/30/2026 01:07 PM AKDT
7	AB-09.pdf	Misc. documents to support the transfer application	10/30/2026 01:07 PM AKDT
8	Draft UCC Financing Statement.pdf	Misc. documents to support the transfer application	10/30/2026 01:07 PM AKDT
9	Entity Documents.pdf	Misc. documents to support the transfer application	10/30/2026 01:07 PM AKDT

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 application will be considered complete.

Section 1 – Transferor Information

Enter information for the ***current*** licensee and licensed establishment.

Licensee:	Wonderful LLC			**License #:**	1085
License Type:	Beverage Dispensary			**Statutory Reference:**	AS 04.09.200
Doing Business As:	Kharacters				
Premises Address:	3851 Shelford St.				
City:	Homer	**State:**	AK	**ZIP:**	99603
Local Governing Body/Bodies:	City of Homer Kenai Peninsula Borough				

Transfer Type:

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

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OFFICE USE ONLY			
Complete Date:		***Transaction #:***	101318179
Board Meeting Date:		***License Years:***	
Issue Date:		***Examiner:***	

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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:	The Clubhouse LLC				
Doing Business As:	Kharacters				
Premises Address:	3851 Shelford St.				
City:	Homer	**State:**	AK	**ZIP:**	99603
Community Council, (If applicable):					

Mailing Address:	Po Box 3129				
City:	Homer	**State:**	AK	**ZIP:**	99603
Email:	bairamis79@aol.com	**Phone:**	907-399-5466		

Designated Licensee:	Mikes Bairamis		
Contact Phone:	907-399-5466	**Business Phone:**	907-399-5466
Contact Email:	bairamis79@aol.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).

2,928 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.)

960 feet

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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:	Bill Hand				
Title(s):	Owner	**Phone:**	907-299-1853	**% Owned:**	50%
Address:	Po Box 3129				
City:	Homer	**State:**	AK	**ZIP:**	99603
Email:	billghand@hotmail.com	**Phone:**	907-299-1853		

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Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Entity Official:	Mikes Bairamis				
Title(s):	Owner	**Phone:**	907-399-5466	**% Owned:**	50%
Address:	41091 McKay Rd				
City:	Homer	**State:**	AK	**ZIP:**	99603
Email:	bairamis79@aol.com	**Phone:**	907-399-5466		

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 #:	10359211	**AK Formed Date:**	4/8/2026	**Home State:**	Alaska
Registered Agent:	Bill Hand		**Agent's Phone:**	907-299-1853	
Agent's Mailing Address:	Po Box 3129				
City:	Homer	**State:**	AK	**ZIP:**	99603
Email:	billghand@hotmail.com		**Phone:**	907-299-1853	

Residency of Agent: Alaska

	Yes	No
Does your registered agent satisfy the requirement of AS 04.11.430?	☒	☐

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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):

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:

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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

Randy Bass II
Printed name of transferor

Subscribed and sworn to before me this 12TH day of MAY, 2026.

SCOTT STEAD
My Commission Expires
NOTARY PUBLIC
Mar 10, 2030
STATE OF ALASKA

Signature of Notary Public

Notary Public in and for the State of ALASKA.

My commission expires: 10 MAR 2030

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: _____

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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.	BH
I certify that all proposed licensees have been listed with the Division of Corporations.	BH
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.	BH
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.	BH
I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application.	BH
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.	BH
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.	BH

Bill Hand
Signature of transferee

Bill Hand
Printed name

ZETTA M. WULF
My Commission Expires
NOTARY PUBLIC
Mar 11, 2029
STATE OF ALASKA

Zetta M. Wulf
Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: March 11, 2029

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Subscribed and sworn to before me this 8th day of May, 2026.

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OCT 15 2026
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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. MB

I certify that all proposed licensees have been listed with the Division of Corporations. MB

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. MB

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. MB

I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application. MB

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. MB

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. MB

JAKE JOSEPH DRAGSETH
My Commission Expires
NOTARY PUBLIC
STATE OF ALASKA

Signature of transferee

Mikes Bairamis
Printed name

Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: 8/23/2030

Subscribed and sworn to before me this 13th day of October, 2026.

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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-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:

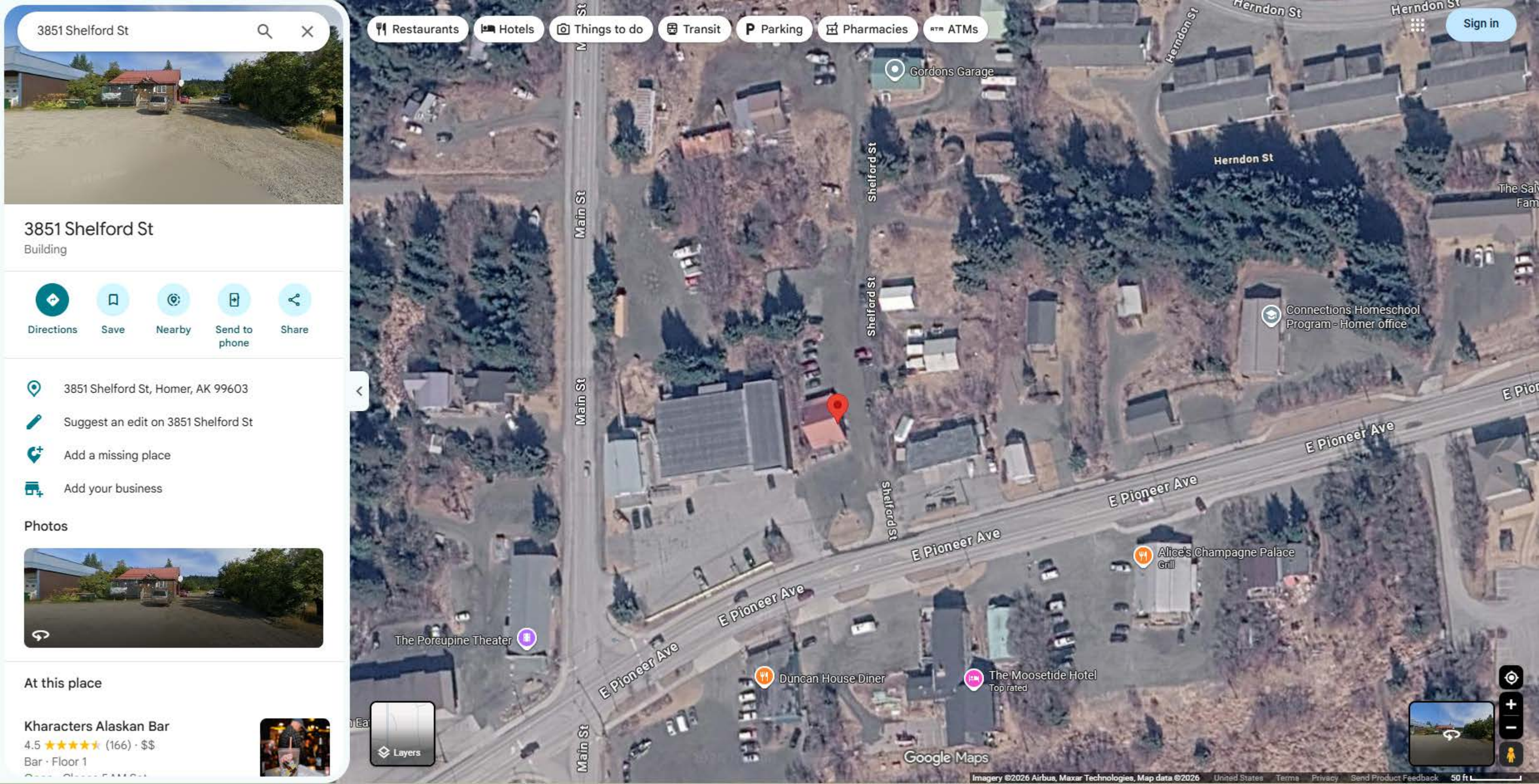
- You must use a solid, contiguous red line to outline the outer perimeter of your premises with no breaks or separations.
  - The red outline is required to follow a physical barrier (wall, fence and even across doorways).
  - There should be no red lines within the perimeter
- Each area should be clearly 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:	The Clubhouse LLC	**License Number:**	1085		
License Type:	Beverage Dispensary				
Doing Business As:	Kharacters				
Premises Address:	3851 Shelford St.				
City:	Homer	**State:**	AK	**ZIP:**	99603

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3851 Shelford St

Building

Directions | Save | Nearby | Send to phone | Share

3851 Shelford St, Homer, AK 99603

Suggest an edit on 3851 Shelford St

Add a missing place

Add your business

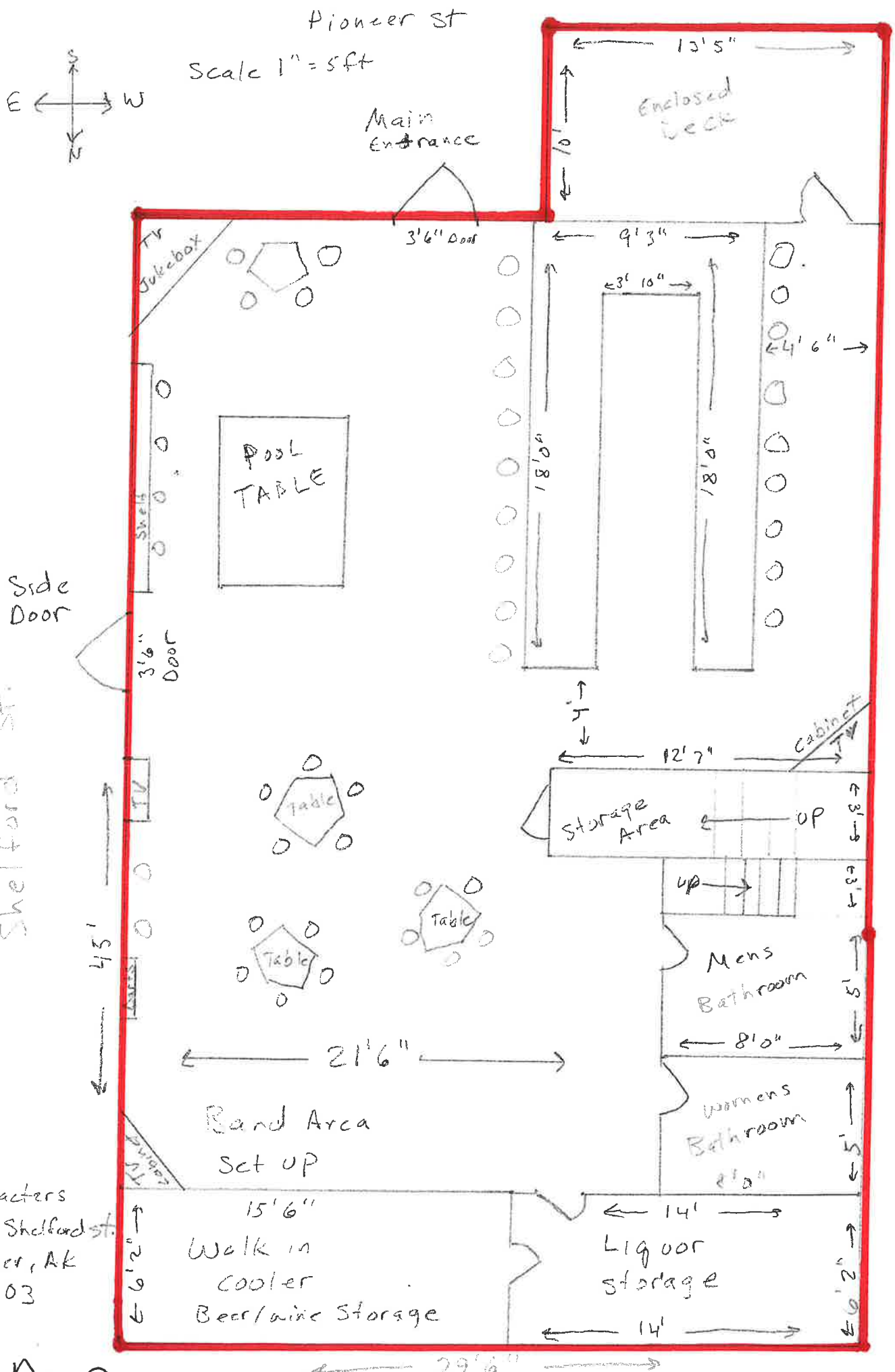
Photos

At this place

Kharacters Alaskan Bar

4.5 ★★★★½ (166) · $$

Bar · Floor 1



Kharacters
3851 Shelford St.
Homer, AK
99603

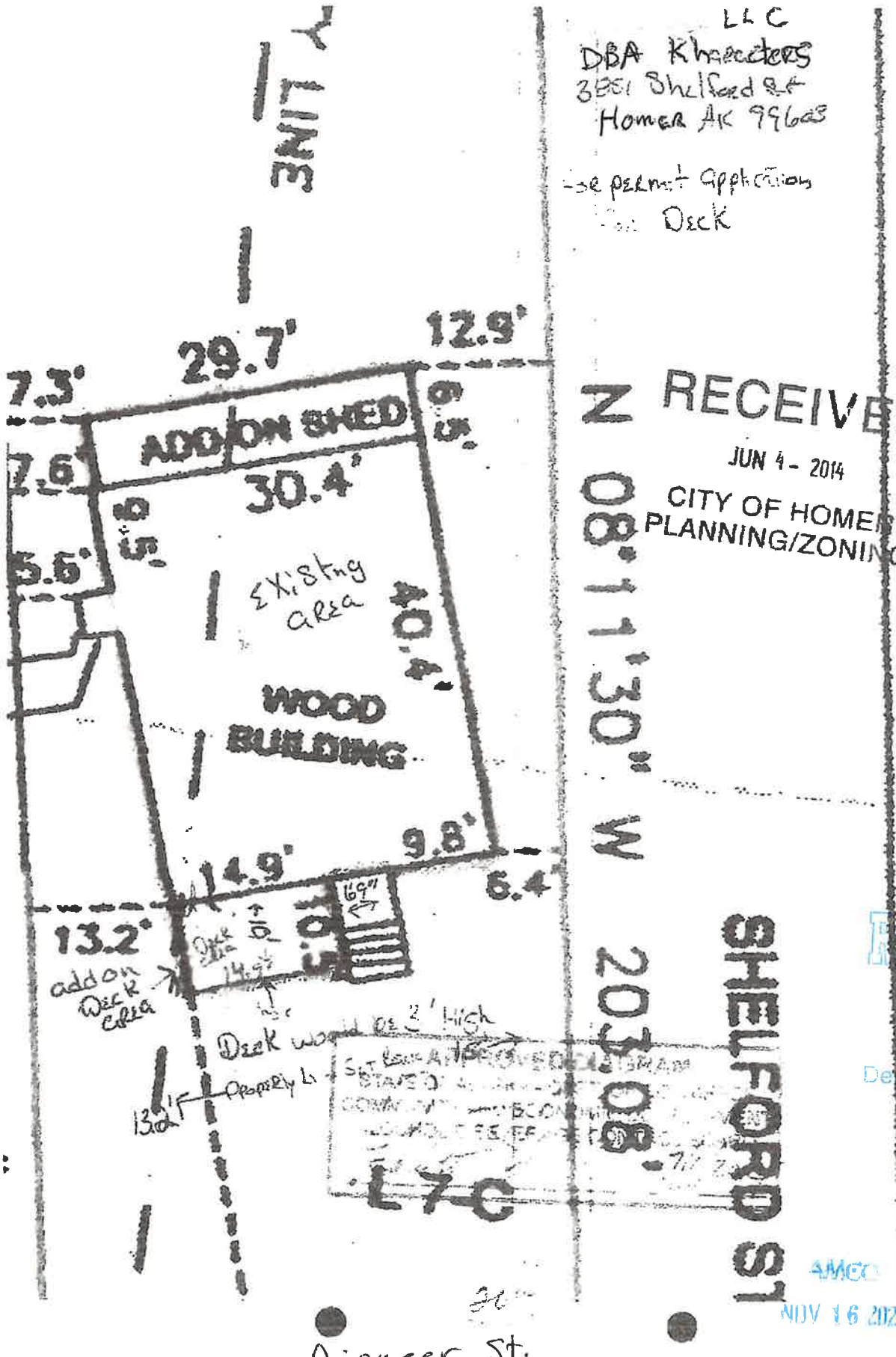
Pg 2

Pg 3

License #
1085

LLC
DBA Khracters
3851 Shelford St
Homer AK 99603

Use permit Application
for Deck



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PLANNING/ZONING

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NOV 16 2022

Pioneer St.

The Clubhouse LLC

Outdoor/Indoor Serving Security Plan

1.) All minors must be accompanied by a parent or legal guardian (age 21 or over) while in restricted area when any alcohol is being served/sold/consumed.

2.) All patrons are carded upon ordering alcohol

3.) All staff is trained in the identification of fake ID's and have their TAPS card on file.

4.) The railing surrounding the outdoor serving area is wood and glass 6.5ft high (see photo). It is covered with a roof and there is no outdoor entrance to that 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 (Kharacters) and at the entrance of the outdoor seating area.

8.) All entrances and exits will provide clear notice that NO ALCOHOL IS ALLOWED BEYOND THE OUTDOOR SEATING AREA. Or the premises.

9.) Keeping outdoor/indoor seating area viable without any increased risk to minors exposed to alcohol will continue to be a part of our training to our staff.

10.) All safety operations for our current liquor service will additionally be enforced in the outdoor service area.

11.) Proper signage at points of entry indicating no minors without parent or legal guardian will be posted.

12.) All servers will closely monitor that only guests that have been carded will have alcoholic beverages.

13.) Our top priority is providing safety for all of our guests regarding the service of alcoholic beverages.

14.) Servers will make their presence known in the outdoor area and monitor consumption of alcoholic beverages.

Pg 4

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