



Document reference ID : 5716

## Licensing Application Summary

### Transfer of Ownership

**License ID:** 2313  
**Application ID:** 5716  
**Applicant Name:** Inlet Enterprises, Llc  
**License Type applied for:** Package Store License(PSL) (AS 04.09.230)  
**Application Status:** In Review  
**Application Submitted On:** 07/29/2025 07:57 AM AKDT

## Entity Information

**Business Structure:** Limited liability company  
**FEIN/SSN Number:** [REDACTED]  
**Member Managed or Manager Managed:** Manager Managed  
**Alaska Entity Number (CBPL):** 10315862  
**Alaska Entity Formed Date:** 06/03/2025  
**Home State:** AK

## Entity Contact Information

**Mailing Address:** Po Box 3670, Homer, AK, 99603, USA

## Designated Licensee Information

**Authority Type:** I am authorized user by the designated licensee with binding authority  
**Legal First Name:** Jonathan  
**Legal Last Name:** Erickson  
**Email Address:** jerickson@homerunoil.com  
**Phone Number:** 907-299-4110

## Additional Authorized Users

Legal Name	Relation with Applicant
Melinda Erickson	Family Member

## Registered Agent Information

Name	Jonathan Erickson
Agent's Phone Number	907-299-4110
Agent's Email	jerickson@homerunoil.com
Address	Po Box 3670, Homer, AK, 99603, USA
<b>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?</b>	Yes

## Ownership / Principal Party Details

Principal Parent Entity	Principal Party	Role	%Ownership
Inlet Enterprises, Llc	The Blue Moose Trust	Member	100

## Premises Address

<b>Address:</b>	34361 Old Sterling Highway, Anchor Point, AK, 99556, USA
<b>Does the proposed site include a valid street address?</b>	Yes

## Basic Business Information

<b>Business/Trade Name:</b>	Inlet Liquor
<b>What is your primary business at this location?</b>	Grocery/Market

## Premises Contact Details

<b>Contact Person Name</b>	Jonathan Edens Erickson
<b>Business Phone Number</b>	907-299-4110
<b>Email Address</b>	jerickson@homerunoil.com

# Local Government and Community Council Details

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<b>City/Municipality</b>	No Local Government
<b>Borough</b>	Kenai Peninsula Borough

## Measurement Information

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**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)**

625

**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)**

1450

## Property Ownership

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

No

**Property Utilization Status**

An Existing Facility

**Are you operating under?**

Lease

**Add Copy of Lease\Sublease document**

[Lease - Anchor River - Jon Erickson - Fully Executed 6.16.25.pdf](#)

## Premises Diagram

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**Will the license or permit embrace the entire premises address?**

No

**Premises Diagram**

- [aerial view 2\\_0001.pdf](#)
- [store layout\\_0001.pdf](#)

## Other Licenses Involvement

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**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

# Public Notice Posting Attestation and Publishers Affidavit

<b>Have you posted your application at both required locations for ten consecutive days?</b>	Yes
<b>What was the other conspicuous location of your post? (Please Include the full address)</b>	33790 STERLING HWY, Anchor Point AK 99556
<b>What was the first day you posted your application?</b>	07/08/2025
<b>If the newspaper advertisement was published did you advertise once a week for three consecutive weeks or if by radio twice week for three successive weeks?</b>	Yes
<b>What was the final date your advertisement was published/broadcasted?</b>	07/25/2025

## Newspaper/Publishers Affidavit

[Peninsula Clarion Publishers Affidavit 2025\\_0001.pdf](#)

I attest that I have met the public posting notice requirement set forth under AS 04.11.310 by posting a copy of my application for the 10-day period at the location of the proposed licensed premises and at another conspicuous location in the area of the proposed premises as listed in this application.

I hereby attest 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.

## 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

This application was digitally signed by : Jonathan Erickson on 07/29/2025 07:57 AM AKDT

## Payment Info

Payment Type : CC

Payment Id: 316f8597-a5b2-43b1-aa4f-47aded6b0b2a

Receipt Number: 101088179

Payment Date: 07/29/2025 08:02 AM AKDT

## Documents

#	File Name	Type	Added On
1	<a href="#">Lease - Anchor River - Jon Erickson - Fully Executed 6.16.25.pdf</a>	License Lease\Sublease document	06/27/2025 01:18 PM AKDT
2	<a href="#">aerial view 2_0001.pdf</a>	License Location Diagram Document	06/27/2025 02:05 PM AKDT
3	<a href="#">store layout_0001.pdf</a>	License Location Diagram Document	06/27/2025 02:05 PM AKDT
4	<a href="#">Creditor Affidavit_0001.pdf</a>	Signed Creditors Affidavit	06/27/2025 02:23 PM AKDT
5	<a href="#">Peninsula Clarion Publishers Affidavit 2025_0001.pdf</a>	Publishers Affidavit	07/29/2025 08:01 AM AKDT
6	<a href="#">Peninsula Clarion Publishers Affidavit 2025_0001.pdf</a>	Transferee and Transferor Certifications Form	07/29/2025 08:01 AM AKDT



# Alcoholic Beverage Control Office

## Transferee and Transferor Certifications Form

### Application for Transfer of Ownership

**Application ID:** 5716  
**License Type:** Package Store License(PSL) AS 04.09.230  
**License Number:** 2313

#### From Transferor:

**Doing Business As:** Anchor River Inn  
**Premises Address:** 34361 Old Sterling Highway, Anchor Point, AK, 99556, USA

#### Licensee

**Licensee Name:** Anchor River Lodge, Llc  
**Type:** Limited liability company  
**Licensee Mailing Address:** PO Box 514, Anchor Point, AK, USA

#### Entity Officer, Stockholder/Shareholder

**Entity Member #1**  
**Type:** Person  
**Name:** Brittnay And Kyle Akee, Tbe  
**Title:** Member  
**Percentage of Ownership:** 60%

**Entity Member #2**  
**Type:** Person  
**Name:** Mamie And William Walker, Tbe  
**Title:** Member  
**Percentage of Ownership:** 40%

#### To Transferee:

**Doing Business As:** Inlet Liquor

AMCO Received 1/21/2026

Premises Address:

34361 Old Sterling Highway, Anchor Point, AK,  
99556, USA

## Licensee

Licensee Name:

Inlet Enterprises, LLC

Type:

Limited liability company

Licensee Mailing Address:

Po Box 3670, Homer, AK, 99603, USA

## Entity Officer, Stockholder/Shareholder

### Entity Member #1

Type:

Organization

Name:

Inlet Enterprises, LLC

Title:

Member

Percentage of Ownership:

100%

Mailing Address:

60998 East End Road, Homer, AK, 99603, USA

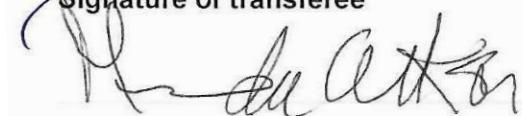
Additional copies of this page may be attached, as needed, for the controlling interest of the current licensee to be represented.



Signature of transferee

Jonathan Erickson

1-20-26



Signature of transferee

Melinda Erickson

Date

1/20/26

Date

Signature of transferee

Printed name of transferee

Date

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.

AMCO Received 1/21/2026



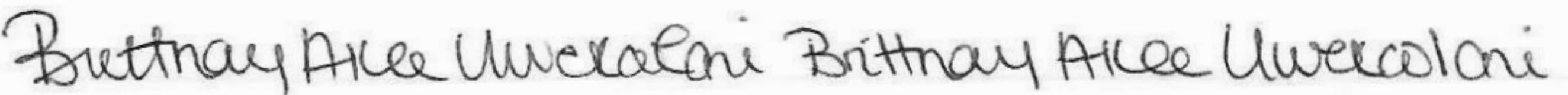
Signature of transferor

William Walker

Printed name of transferor

1/20/26

Date



Signature of transferor

Printed name of transferor

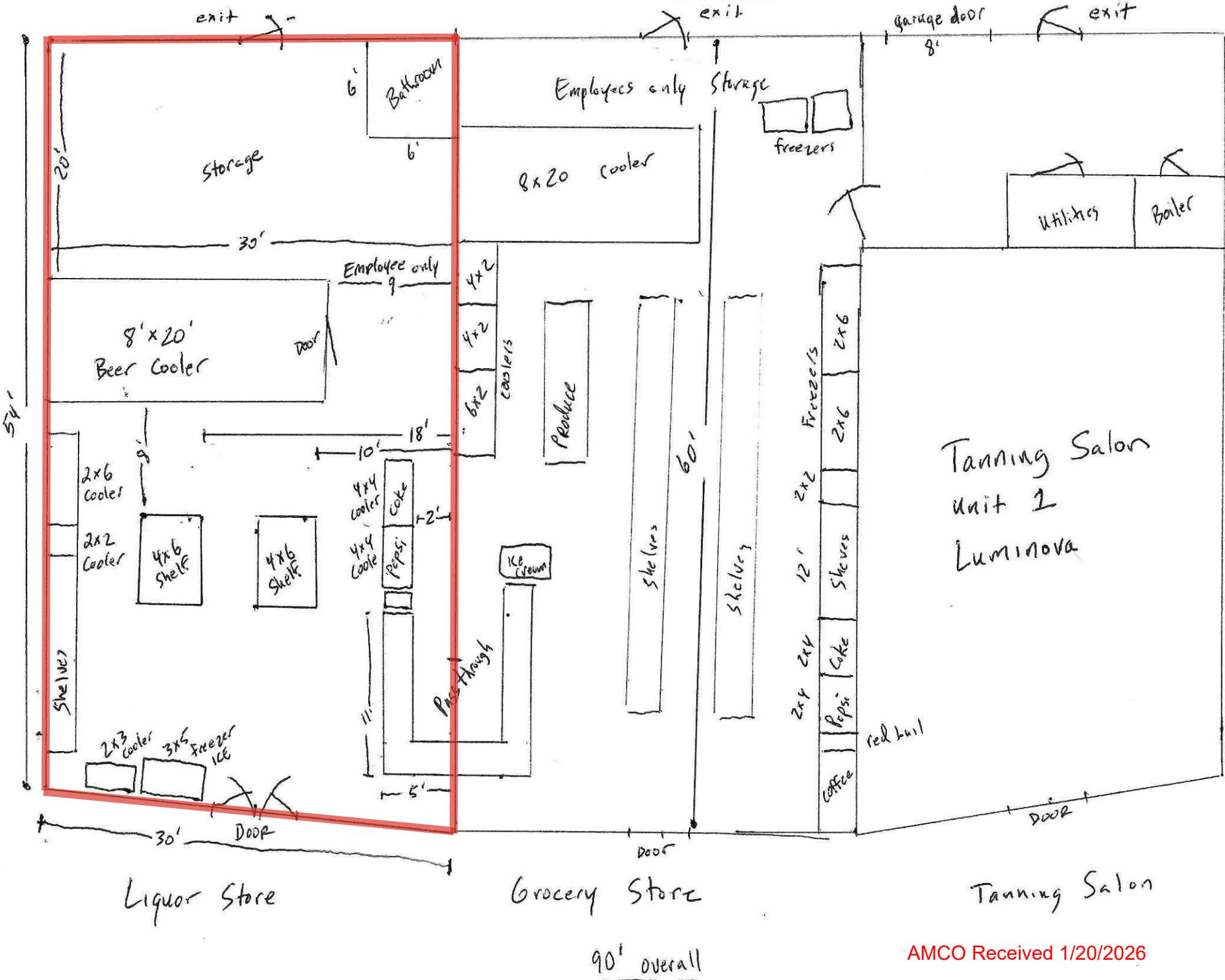
1/20/26

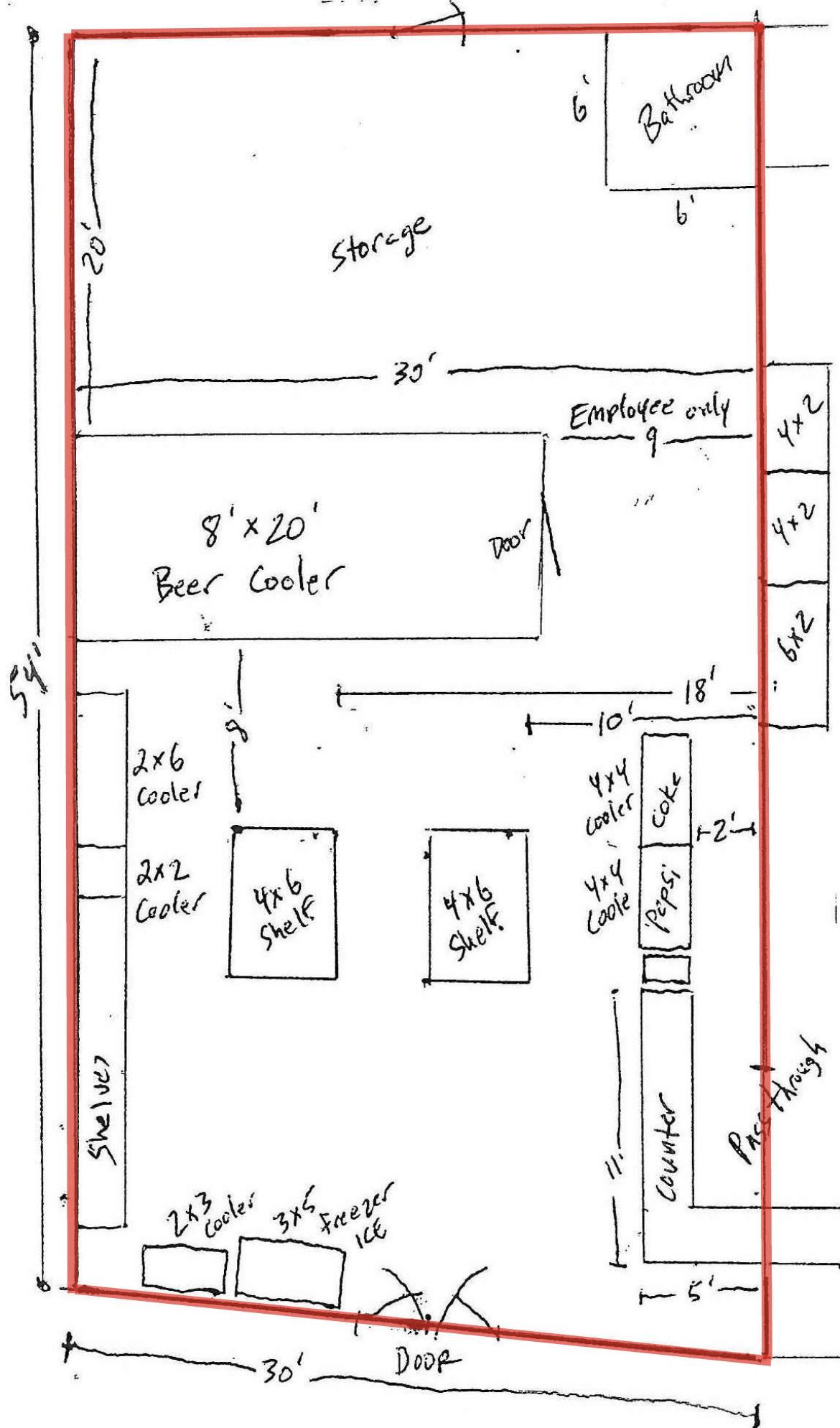
Date

Signature of transferor

Printed name of transferor

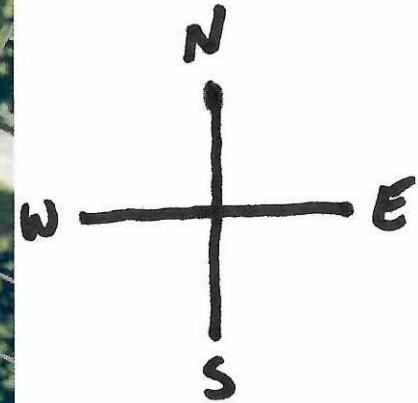
AMCO Received 1/21/2026  
Date





Liquor Store

AMCO Received 1/20/2026





Document reference ID : 7337

## Licensing Application Summary

<b>Application ID:</b>	7337
<b>Applicant Name:</b>	Inlet Enterprises, Llc
<b>License Type applied for:</b>	Package Store Shipping Endorsement (PSSE) (AS 04.09.460)
<b>Application Status:</b>	In Review
<b>Application Submitted On:</b>	01/20/2026 10:08 AM AKST

## Entity Information

<b>Business Structure:</b>	Limited liability company
<b>FEIN/SSN Number:</b>	[REDACTED]
<b>Member Managed or Manager Managed:</b>	Manager Managed
<b>Alaska Entity Number (CBPL):</b>	10315862
<b>Alaska Entity Formed Date:</b>	06/03/2025
<b>Home State:</b>	AK

## Entity Contact Information

Name	Phone	Email	Relation
Jonathan Erickson	907-299-4110	jerickson@homerunoil.com	Designated Licensee
<b>Mailing Address:</b>	Po Box 3670, Homer, AK, 99603, USA		

## Designated Licensee Information

<b>Authority Type:</b>	I am authorized user by the designated licensee with binding authority
<b>Legal First Name:</b>	Jonathan
<b>Legal Last Name:</b>	Erickson
<b>Email Address:</b>	jerickson@homerunoil.com
<b>Phone Number:</b>	907-299-4110

## Registered Agent Information

Name	Jonathan Erickson
Agent's Phone Number	907-299-4110
Agent's Email	jerickson@homerunoil.com
Address	Po Box 3670, Homer, AK, 99603, USA
<b>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?</b>	Yes

## Ownership / Principal Party Details

Principal Parent Entity	Principal Party	Role	%Ownership
Inlet Enterprises, Llc	The Blue Moose Trust	Member	100

## Premises Address

Address:	34361 Old Sterling Highway, Anchor Point, AK, 99556, USA
Does the proposed site include a valid street address?	Yes

## Primary license number

Primary License Information	Application ID - 5716 - License Transfer Application - In Review
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## Basic Business information

Business/Trade Name:	Inlet Liquor
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## Local Government and Community Council Details

City/Municipality	No Local Government
Borough	Kenai Peninsula Borough

## 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

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This application was digitally signed by : Jonathan Erickson on 01/20/2026 10:07 AM AKST

## Payment Info

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Payment Type : CC

Payment Id: 9bf76a30-253a-465e-b21b-e3d36b22b33f

Receipt Number: 101266262

Payment Date: 01/20/2026 10:23 AM AKST



Document reference ID : 7338

## Licensing Application Summary

<b>Application ID:</b>	7338
<b>Applicant Name:</b>	Inlet Enterprises, Llc
<b>License Type applied for:</b>	Package Store Repackaging Endorsement (PSRE) (AS 04.09.480)
<b>Application Status:</b>	In Review
<b>Application Submitted On:</b>	01/20/2026 10:16 AM AKST

## Entity Information

<b>Business Structure:</b>	Limited liability company
<b>FEIN/SSN Number:</b>	[REDACTED]
<b>Member Managed or Manager Managed:</b>	Manager Managed
<b>Alaska Entity Number (CBPL):</b>	10315862
<b>Alaska Entity Formed Date:</b>	06/03/2025
<b>Home State:</b>	AK

## Entity Contact Information

Name	Phone	Email	Relation
Jonathan Erickson	907-299-4110	jerickson@homerunoil.com	Designated Licensee
<b>Mailing Address:</b>	Po Box 3670, Homer, AK, 99603, USA		

## Designated Licensee Information

<b>Authority Type:</b>	I am authorized user by the designated licensee with binding authority
<b>Legal First Name:</b>	Jonathan
<b>Legal Last Name:</b>	Erickson
<b>Email Address:</b>	jerickson@homerunoil.com
<b>Phone Number:</b>	907-299-4110

## Registered Agent Information

Name	Jonathan Erickson
Agent's Phone Number	907-299-4110
Agent's Email	jerickson@homerunoil.com
Address	Po Box 3670, Homer, AK, 99603, USA
<b>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?</b>	Yes

## Ownership / Principal Party Details

Principal Parent Entity	Principal Party	Role	%Ownership
Inlet Enterprises, Llc	The Blue Moon Trust	Member	100

## Premises Address

Address:	34361 Old Sterling Highway, Anchor Point, AK, 99556, USA
Does the proposed site include a valid street address?	Yes

## Primary license number

Primary License Information	Application ID - 5716 - License Transfer Application - In Review
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## Basic Business information

Business/Trade Name:	Inlet Liquor
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## Local Government and Community Council Details

City/Municipality	No Local Government
Borough	Kenai Peninsula Borough

## 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

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This application was digitally signed by : Jonathan Erickson on 01/20/2026 10:12 AM AKST

## Payment Info

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Payment Type : CC

Payment Id: 9bf76a30-253a-465e-b21b-e3d36b22b33f

Receipt Number: 101266262

Payment Date: 01/20/2026 10:23 AM AKST



Document reference ID : 7339

## Licensing Application Summary

<b>Application ID:</b>	7339
<b>Applicant Name:</b>	Inlet Enterprises, Llc
<b>License Type applied for:</b>	Package Store Delivery Endorsement (PSDE) (AS 04.09.470)
<b>Application Status:</b>	In Review
<b>Application Submitted On:</b>	01/20/2026 10:19 AM AKST

## Entity Information

<b>Business Structure:</b>	Limited liability company
<b>FEIN/SSN Number:</b>	[REDACTED]
<b>Member Managed or Manager Managed:</b>	Manager Managed
<b>Alaska Entity Number (CBPL):</b>	10315862
<b>Alaska Entity Formed Date:</b>	06/03/2025
<b>Home State:</b>	AK

## Entity Contact Information

Name	Phone	Email	Relation
Jonathan Erickson	907-299-4110	jerickson@homerunoil.com	Designated Licensee
<b>Mailing Address:</b>	Po Box 3670, Homer, AK, 99603, USA		

## Designated Licensee Information

<b>Authority Type:</b>	I am authorized user by the designated licensee with binding authority
<b>Legal First Name:</b>	Jonathan
<b>Legal Last Name:</b>	Erickson
<b>Email Address:</b>	jerickson@homerunoil.com
<b>Phone Number:</b>	907-299-4110

## Registered Agent Information

Name	Jonathan Erickson
Agent's Phone Number	907-299-4110
Agent's Email	jerickson@homerunoil.com
Address	Po Box 3670, Homer, AK, 99603, USA
<b>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?</b>	Yes

## Ownership / Principal Party Details

Principal Parent Entity	Principal Party	Role	%Ownership
Inlet Enterprises, Llc	The Blue Moon Trust	Member	100

## Premises Address

Address:	34361 Old Sterling Highway, Anchor Point, AK, 99556, USA
Does the proposed site include a valid street address?	Yes

## Primary license number

Primary License Information	Application ID - 5716 - License Transfer Application - In Review
-----------------------------	--

## Basic Business information

Business/Trade Name:	Inlet Liquor
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## Local Government and Community Council Details

City/Municipality	No Local Government
Borough	Kenai Peninsula Borough

## 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

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This application was digitally signed by : Jonathan Erickson on 01/20/2026 10:18 AM AKST

## Payment Info

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Payment Type : CC

Payment Id: 9bf76a30-253a-465e-b21b-e3d36b22b33f

Receipt Number: 101266262

Payment Date: 01/20/2026 10:23 AM AKST



Document reference ID : 7340

## Licensing Application Summary

<b>Application ID:</b>	7340
<b>Applicant Name:</b>	Inlet Enterprises, Llc
<b>License Type applied for:</b>	Package Store Sampling Endorsement (PSE) (AS 04.09.490)
<b>Application Status:</b>	In Review
<b>Application Submitted On:</b>	01/20/2026 10:21 AM AKST

## Entity Information

<b>Business Structure:</b>	Limited liability company
<b>FEIN/SSN Number:</b>	[REDACTED]
<b>Member Managed or Manager Managed:</b>	Manager Managed
<b>Alaska Entity Number (CBPL):</b>	10315862
<b>Alaska Entity Formed Date:</b>	06/03/2025
<b>Home State:</b>	AK

## Entity Contact Information

Name	Phone	Email	Relation
Jonathan Erickson	907-299-4110	jerickson@homerunoil.com	Designated Licensee
<b>Mailing Address:</b>	Po Box 3670, Homer, AK, 99603, USA		

## Designated Licensee Information

<b>Authority Type:</b>	I am authorized user by the designated licensee with binding authority
<b>Legal First Name:</b>	Jonathan
<b>Legal Last Name:</b>	Erickson
<b>Email Address:</b>	jerickson@homerunoil.com
<b>Phone Number:</b>	907-299-4110

## Registered Agent Information

<b>Name</b>	Jonathan Erickson
<b>Agent's Phone Number</b>	907-299-4110
<b>Agent's Email</b>	jerickson@homerunoil.com
<b>Address</b>	Po Box 3670, Homer, AK, 99603, USA
<b>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?</b>	Yes

## Ownership / Principal Party Details

Principal Parent Entity	Principal Party	Role	%Ownership
Inlet Enterprises, Llc	The Blue Moon Trust	Member	100

## Premises Address

<b>Address:</b>	34361 Old Sterling Highway, Anchor Point, AK, 99556, USA
<b>Does the proposed site include a valid street address?</b>	Yes

## Primary license number

<b>Primary License Information</b>	Application ID - 5716 - License Transfer Application - In Review
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## Basic Business information

<b>Business/Trade Name:</b>	Inlet Liquor
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## Local Government and Community Council Details

<b>City/Municipality</b>	No Local Government
<b>Borough</b>	Kenai Peninsula Borough

## 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

---

This application was digitally signed by : Jonathan Erickson on 01/20/2026 10:21 AM AKST

## Payment Info

---

Payment Type : CC

Payment Id: 9bf76a30-253a-465e-b21b-e3d36b22b33f

Receipt Number: 101266262

Payment Date: 01/20/2026 10:23 AM AKST