



Alaska Alcoholic Beverage Control Board

Form AB-15: Licensed Premises COVID Form

What is this form?

This AB-15 licensed premises COVID form is a temporary form required for all liquor licensees seeking to alter the functional floor plan or reduce or expand the area of the establishment's existing licensed premises, during the Governor's COVID-19 Health Mandates. **The license premises must return to its original configuration when the Governor's suspension of Title 4 provisions expires on November 15, 2020. AMCO can rescind this form and the changes you have requested at any time.**

Your diagram must include dimensions and must show all entrances and boundaries of the premises, walls, bars, fixtures, and areas of storage, service, and consumption. 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.

If approved, this form will temporarily replace the existing licensed premises diagram on file. All sections of the currently licensed area that you wish to remain licensed must be included as described on Page 2 of this form. Blueprints, CAD drawings, or other clearly drawn and marked diagrams must be submitted and meet the requirements listed on this form. The form must be completed, attached to, and submitted with any supplemental diagrams.

Temporary modifications to licensed premises must be approved by all jurisdictions having authority. Even if approved by AMCO, licensees must adhere to all local laws and regulations related to land use and licensing for the retail sale alcoholic beverages. **Please check with your local jurisdiction for any additional permits or processes that may be required prior to altering the existing licensed premises.**

This form must be completed and submitted to AMCO's main office prior to altering the existing floor plan. The licensed premises may not be altered unless and until the AMCO director has given written approval on this form. Please note that licensees seeking to change licensed premises diagrams for multiple licenses must submit a separate completed copy of this form for each license.

Section 1 – Establishment Information

Enter information for the licensed establishment.

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



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Section 2 – Summary of Changes

Provide a summary of the changes for which you are requesting approval.

Section 3 – Detailed Premises Diagram

- Please attach a diagram, no larger than 11" x 17", of the layout (such as blueprints or other detailed drawings of the entire event space), showing all
 - o entrances and exits
 - o walls and fences (include fence height)
 - o bars
 - o permanent structures, such as booths or shelving, that effect the functional floor plan of the permitted area
- In **red**, outline the contiguous license premises area within the space where alcohol will be served, stored, and consumed.
- Provide dimensions.
- Label all alcohol storage, service, and consumption areas in any color other than red.
- Include cross-streets, a north arrow, and any significant geographical features (if applicable).
- **All applications 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 license premises and to prevent the access of alcohol by a minor.**



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Section 4 – Declarations

Read the statement below, and then sign your initials in the box to the right:

Initials

The proposed changes conform to all applicable public health, fire and safety laws, including local laws.

I agree to pay the \$250.00 fee per 3 AAC 304.185(d) no later than 12 months from the date of this form's submission.

As a liquor licensee, I declare under penalty of perjury that this form, including all attachments, is true, correct, and complete.

Signature of licensee

Date

Printed name of licensee

Section 5 – AMCO Review

Approved

Denied

Signature of AMCO reviewer

Date

Printed name of AMCO reviewer

Title of AMCO Reviewer

AMCO Comments:

Signature of Director

Printed Name of Director

Approved

Denied

Date