

How to apply for a Restaurant Endorsement.

Please know this is a work in progress, but AMCO wanted to get it to our licensees to meet our January 1, 2024 deadline.

Welcome Local

0

Items Awaiting Your Action

→

1

Unsubmitted Applications


→

2

Applications In Review


→

Available Actions




Apply for a new license, endorsement, permit

→




Manage an existing license, endorsement, permit

→




View my master information

→



View my license, endorsement, permit

→



View my history

→

License, endorsement, permit or other Selection

\* Required field

Are you the licensee or authorized user? \*

--Select--

BACK

NEXT

License, endorsement, permit or other Selection

\* Required field

Are you the licensee or authorized user? \*

Yes

Please select the license, endorsement or permit type from this list \*

--Select--

Large Resort Endorsement (LRE)

Limited Wholesale Brewed Beverage and Wine License (LWBL)

Manufacturer Direct Shipment License (MDSL)

Manufacturing Sampling Endorsement (MSE)

Multiple Fixed Counter Endorsement (MFCE)

Onsite Consumption Endorsement (MOCE)

Outdoor Recreation Lodge License (ORL)

Package Store Delivery Endorsement (PSDE)

Package Store License(PSL)

Package Store Repackaging Endorsement (PSRE)

Package Store Sampling Endorsement (PSE)

Package Store Shipping Endorsement (PSSE)

Pub License (PL)

Restaurant Eating Place License (REPL)

**Restaurant Endorsement (RE)**

Seasonal REPL Tourism License (SRTL)

Sporting Activity or Event License (SESL)

Theater License (TL)

Winery Manufacturer License (WML)

Winery Retail License (WRL)

## Master Entity Confirmation

\* Required field

Do you have any undeclared changes associated to your organization such as: entity/owner name, type, address, ownership structure, officers etc? \*

Yes

Please submit a separate self-service transaction for the required changes. Once done, you can submit this application.

☐ Please confirm if you do not have any change in Master Entity

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This is an example if  
your answer is "Yes".

## Master Entity Confirmation

\* Required field

Do you have any undeclared changes associated to your organization such as: entity/owner name, type, address, ownership structure, officers etc? \*

No

☒ Please confirm if you do not have any change in Master Entity

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Please go through the 2 tiles below, informs you if you should need to have any documents, etc. to complete this application

## Restaurant Endorsement (RE)

AS 04.09.450

Each tile displayed on this screen represents the application sections you are required to complete. To start, select the **Before You Begin** tile and review the provided information designed to assist you with this overall process. Next, you must select the **Initial Application Information** tile and complete the required information within this section. After the status of this section is set to complete, the remaining tiles will be made available to you and may be answered in any order, and in one or more settings. Tiles will appear with a check mark when complete.



Before You  
Begin



Authorized User  
Information

## Applicant Disclaimer

If you are a licensee or a representative of a licensee with approved access, select **Next** to begin the process.

If you are a representative of a licensee and you do not yet have the licensee's approval, please request the licensee to provide you that authority.

Check with AMCO if you have questions.

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## Documentation and Information

You may need the following documents and information during the application process.

The application in process will require you to access documents and information pertinent to your license, endorsement, permit. These might include proof of ownership, residency, (TTB) federal authority, fingerprint card and CBPL info about your business license entity. We recommend you have this info before beginning the application process.

If applicable, documentation you should be prepared to provide includes:

- ADEC Permit
- Food Service Permit
- TTB (manufacturers and wholesalers)
- Supplier Certificate (wholesalers)
- Premises diagram if applicable
- Petition form if no local Government in an unorganized borough
- Business entity documents as applicable:
  - If the applicant is a partnership or joint venture, a copy of its partnership or joint venture agreement
  - If the applicant is a corporation, a copy of its certificate of incorporation.
  - If the applicant is a limited liability company, a copy of its articles of organization, certificate of organization, and operating agreement and a statement of the applicant that the limited liability organization is in good standing; or
  - If the applicant is a limited liability partnership, a copy of its statement of qualification.

Additional Information:

- Menu

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## Things you should know

The following information will assist you as you go through the online application process.

Required are marked with an asterisk and must be completed before the system will allow you to move on to the next group of questions.

The system will automatically save your entries each time you have **completed** a group of questions and select **Next** at the bottom of each screen. If you do not complete a group of questions, your work will not be saved.

To leave your application without completing it and return to your dashboard, click on **AK - ACCIS** in the top left corner.

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## Legal Information

### Notice to Applicants:

License, endorsement and permit holders are responsible for ensuring compliance with the statutory provisions. In considering an original or renewal application, the Board may make any investigation, inspection or request any additional information necessary to enforce the Statute and/or regulation and to provide strict adherence to a general policy of prohibiting the tied house and related practices.

All applicants for alcoholic beverage licenses, endorsements, or permits should familiarize themselves with the statutory requirements of AS 04 and the regulatory requirements of 3AAC 305. Particular to a Restaurant Endorsement (RE), please review:

AS 04.09.450 and its implementing regulations

All statutes and regulations applicable to all license types

All statute and regulations particular to legal obligations of licensees, endorsement holders, or permittee

You may access the statutes and regulations on AMCO's website. Any, statements made or affirmed in an application may become the basis of further examination or investigation.

Statutory reference for Restaurant Endorsement (RE): AS 04.09.450

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# Restaurant Endorsement (RE)

AS 04.09.450

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Application ID: 456

Before You Begin

Authorized User Information

## Tell Us About You

\* Required field

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/endorsement/permit. It is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

Who are you? \*

--Select--

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## Tell Us About You

\* Required field

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/endorsement/permit. It is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

Who are you? \*

I am an authorized user by the designated licensee with binding authority

Examples of Principal = Sole Proprietor, Director, Officer, Manager, as applicable to the person/entity applying for a license, permit, or other privilege from AMCO.

Prefix

--Select--

Legal First Name \*

Legal Last Name \*

Email Address \*

Phone Number \*

Does any person other than a licensee named in this application have authority to discuss this license with AMCO staff? \*

--Select--

--Select--

Yes

No

Please go through the tiles one-by-one.

AK - ACCIS

AMCOIanyce@Alpine Inn, LLC

Restaurant Endorsement (RE)

AS 04.09.450

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Application ID: 456

✓

Before You Begin

✓

Authorized User Information

Applicant Information

Premises Diagram

Restaurant

Primary License Number

AK - ACCIS

AMCOIanyce@Alpine Inn, LLC

Registered Agent Information

\* Required field

Agent's First Name \*

75 Characters Maximum

Agent's Last Name \*

75 Characters Maximum

Agent's Phone Number \*

Agent's Phone Number

Agent's Email \*

Agent's Email

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? \*

--Select--

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This may be going away in our next software update.

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AMCOIanyce@Alpine Inn, LLC

Agent Mailing Information

Address Line 1 \*

550 w 7th ave, suite 1600

Note: Abbreviation in addresses will be auto converted to Postal Service Standards.

Address Line 2

Address Line 2

City \*

Anchorage

State \*

AK

Zip Code \*

99501

Country \*

United States

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This may be going away in our next software update.

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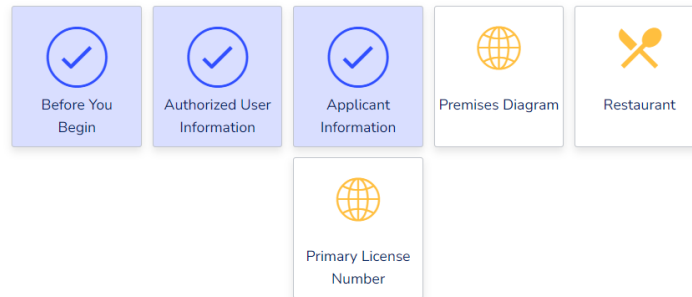
AMCOIanyce@Alpine Inn, LLC

## Restaurant Endorsement (RE)

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Application ID: 456



## Premises Diagram

\* Required field

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. 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.

- ① Blueprints, CAD drawings, or other clearly drawn and marked diagrams may be submitted in lieu of the second page of this form. The first page must still be completed, attached to, and submitted with any supplemental diagrams. An AMCO employee may require you to complete the second page of this form if additional documentation for your premises diagram is needed.

Clearly indicate the boundaries of the premises and the proposed licensed area within that property. Clearly indicate the interior layout of any enclosed areas on the proposed premises. Clearly identify all entrances and exits, walls, bars, and fixtures, and outline in red the perimeter of the areas designated for alcohol storage, service, consumption, and manufacturing. Include dimensions, cross- streets, and points of reference in your drawing. You may attach blueprints or other detailed drawings that meet the requirements of this form.

Will the license, endorsement or permit embrace the entire premises address? \*

Yes

Upload a diagram of your premises as required by AS 04.11.260 and 3 AAC 305.630. This premises will be inspected prior to approval of your application. \*

SELECT FILES...

If a portion of the licensed premises includes an outdoor service area, you are required to submit a written Security Plan that addresses personnel and practices that will be used to prevent the transfer of alcohol across the premises boundary and especially the access of alcohol by a minor, describe barriers, including the height and how this area will be managed.

SELECT FILES...

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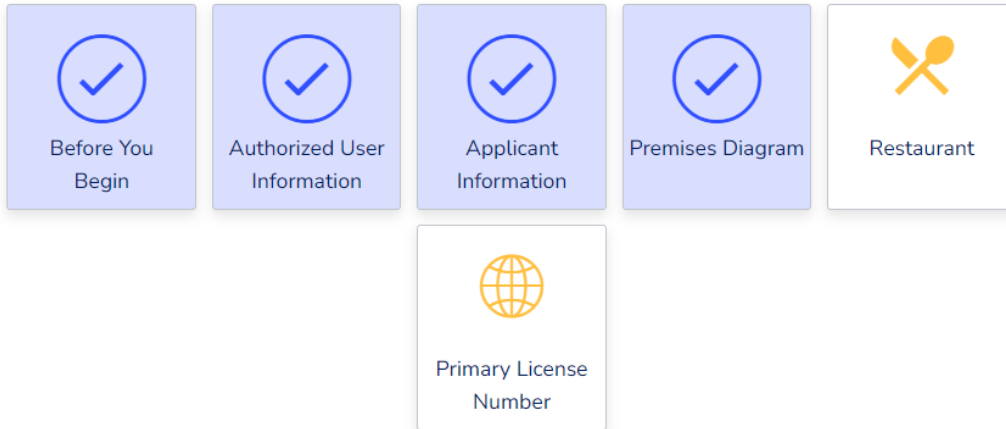
NEXT

# Restaurant Endorsement (RE)

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Application ID: 456



## Restaurant Detail

\* Required field

Please complete this form if you are a bona fide restaurant, hotel, or eating place for purposes of AS 04.09.450 \*

Please select following designation(s) (check all that apply) \*:

- ☐ Dining after standard closing hours: AS 04.16.010(c)
- ☐ Dining by persons 16 – 20 years of age: AS 04.16.049(a)(2)
- ☐ Dining by persons under the age of 16 years, accompanied by a person over the age of 21: AS 04.16.049(a)(3)
- ☐ Employment for any persons under 21 years of age: AS 04.16.049(c)

① NOTE: Under AS 04.16.049(d), a Department of Labor and Workforce Development work permit is not required to employ a person 18 - 20 years of age.

List where within the premises minors are anticipated to have access in the course of either dining or employment. (Example: Minors will only be allowed in the dining area. OR Minors will only be employed and present in the Kitchen.) \*

List where within the premises minors are anticipated to have access in the course of either dining or employment. (Example: Minors will only be allowed in the dining area. OR Minors will only be employed and present in the Kitchen.)

Describe the policies, practices and procedures that will be in place to ensure that minors do not gain access to alcohol while dining or employed at your premises. \*

Describe the policies, practices and procedures that will be in place to ensure that minors do not gain access to alcohol while dining or employed at your premises.

Is an owner, manager, or assistant manager who is 21 years of age or older always present on the premises during business hours? \*

--Select--



## Food Service Permit

Instructions : Per 3 AAC 304.910 for an establishment to qualify as a Bona Fide Restaurant, a Food Service Permit or (for licenses within the Municipality of Anchorage) corresponding Department of Health and Human Services documentation is required.

Please follow this link to the DEC Food Safety Website: Request Rejected  
Please follow this link to the Municipality Food Safety Website: Municipality of Anchorage

Is your license located in Municipality of Anchorage? \*

--Select--

Do you have Approved food service permit for this premises? \*

--Select--

Please note, if a plan review approval is submitted, a final permit will be required before finalization of any permit or license application.

Copy of the current food service permit for this premises OR the plan review approval. \*

SELECT FILES...

## Entertainment & Service

Review AS 04.11.100(g)(2)

Are any forms of entertainment offered or available within the licensed business or within the proposed licensed premises? \*

--Select--

Food and beverage service offered or anticipated is: \*

--Select--

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# Hours Of Operation

\* Required field

## Hours of Operation

Review AS 04.16.010(c).

Enter all hours that your establishment intends to be open. Include variances in weekend/weekday hours: \*

Sunday	<input type="checkbox"/>		
Monday	<input checked="" type="checkbox"/>	9 <input type="text"/>	11 <input type="text"/>
Tuesday	<input checked="" type="checkbox"/>	9 <input type="text"/>	11 <input type="text"/>
Wednesday	<input checked="" type="checkbox"/>	9 <input type="text"/>	11 <input type="text"/>
Thursday	<input checked="" type="checkbox"/>	9 <input type="text"/>	11 <input type="text"/>
Friday	<input checked="" type="checkbox"/>	9 <input type="text"/>	11 <input type="text"/>
Saturday	<input type="checkbox"/>		

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# Restaurant Declaration

\* Required field

Please upload the copy of Food and Alcohol Menu (Finalized/Expected) \*

SELECT FILES...

- ☐ There are tables or counters at my establishment for consuming food in a dining area on the premises. I have included with this form a menu, or an expected menu, listing the meals to be offered to patrons. \*
- ☐ This menu includes entrées that are regularly sold and prepared by the licensee at the licensed premises. \*
- ☐ I certify that the license for which I am requesting designation is either a beverage dispensary, club, recreational site, golf course, or restaurant or eating place license. \*

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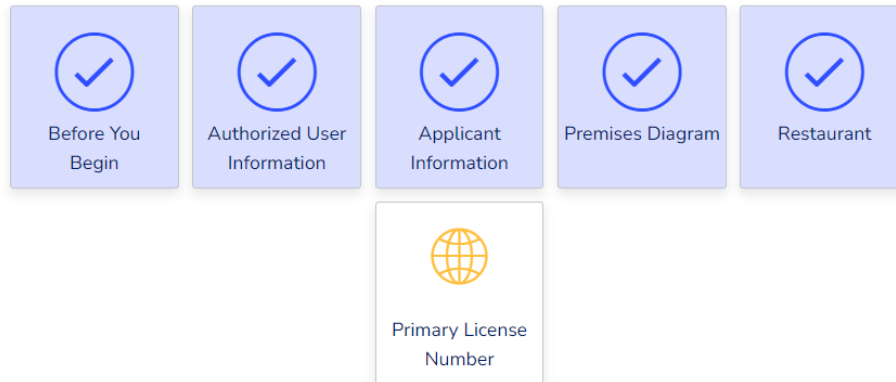
The 3<sup>rd</sup> Certification will be updated. Please go ahead and check the box.

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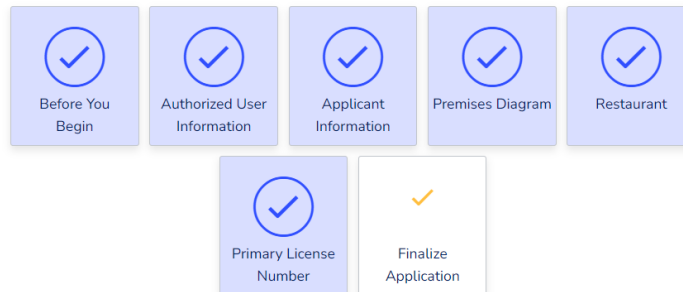
AMCOIanyce@Alpine Inn, LLC ?

## Restaurant Endorsement (RE)

AS 04.09.450

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Application ID: 456



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AMCOIanyce@Alpine Inn, LLC ?

### Primary license number

\* Required field

Please select a license number \*

License Number - 48 - Beverage Dispensary License(BDL) - Outside City Limits

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AMCOIanyce@Alpine Inn, LLC ?

### Final Session Acknowledgment

**PLEASE NOTE:** This final section of your application must be completed in its entirety during one session. Exiting out of this section without completing it, will require you to restart this section the next time you return to this application process.

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## 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.


I AGREE

## Final Checks


Based on the completion of your answers in this application, AMCO may reach out to you for additional information.



Double-checking all of your data entries



Checking for files and attachments






Running some final checks

All checks complete. Select Next to continue.

NEXT

Type in your name on the line and hit “Enter”.

 AK - ACCIS

AMCOJanyce@Alpine Inn, LLC

## Signature

**Notice:** Pursuant to AS 11.56.210 and AS 09.80.040, any electronic information, record, or other document, including an application, submitted to the Alcoholic Beverage Control Board that has an electronic signature with the required specific identifiers of the signatory has the same force and effect as a manual signature before a notary public and is considered a sworn statement for purposes Alaska law.

By typing your first and last name in the field below, you are electronically signing this application and expressing your intention that the typed name serve as your electronic signature under AS 09.08.040.

**Note:** Signing person must be at least 21 years of age.

On **11/15/2023**, I \_\_\_\_\_, am either a Principal (individual/sole proprietor, general partner, officer, director, or manager of the applicant) or a representative of the applicant and am legally authorized to make the foregoing attestations and to submit this application on behalf of the individual/entity applying for a license, permit, or other privilege from AMCO. I declare under penalty of perjury that the foregoing attestations and all information provided in this application are true and correct to the best of my knowledge.

NEXT

The next screen will discuss your **public notice posting** this is not required for an Endorsement application. Press “Next”.

This what your License summary will look like.

Please know this also will change and be shorter with the upcoming improvements.

AK - ACCIS

AMCOJanyce@Alpine Inn, Llc

AMCO

ALASKA

STATE OF ALASKA

Document reference ID : 456

Licensing Application Summary

You must review your application and confirm that the information displayed here is correct. Select **Review and Confirm** to continue and make the payment. If the information is not correct, select **Next** to return to the application, edit the data as needed and finalize the submission.

Application ID:

456

Applicant Name:

Alpine Inn, Llc

License Type applied for:

Restaurant Endorsement (RE) (AS 04.09.450)

Application Status:

Initiated

Entity Information

Business Structure:

Limited liability company

Country of Origin:

Alaska Entity Number (CBPL):

10027284

Entity Contact Information

Entity Address:

PO Box 121, Cantwell, AK, USA

Initial Application Information

Authority Type:

I am an authorized user by the designated licensee with binding authority

Legal First Name:

Janyce

Legal Last Name:

Ibele

Email Address:

janyce.ibele@alaska.gov

Phone Number:

907-317-3550

Registered Agent Information

Name

Janyce Ibele

Agent's Phone Number

907-317-3550

Agent's Email

janyce.ibele@alaska.gov

Address

550 w 7th ave, suite 1600, Anchorage, AK, United States, 99501

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
Alpine Inn, Llc	James Psenak	Member	0

Primary license number

Primary License Information

License Number - 48 - Beverage Dispensary License(BDL) - Outside City Limits

## Premises Diagram

Will the license, endorsement or permit embrace the entire premises address?	Yes
Premises Diagram	<a href="#">AK-ACCIS Claim Your Business.v9.pdf</a>
Premises Diagram	<a href="#">AK-ACCIS Claim Your Business.v9.pdf</a>
Security Plan	<a href="#">AK-ACCIS Claim Your Business.v9.pdf</a>
Security Plan	<a href="#">AK-ACCIS Claim Your Business.v9.pdf</a>

## Restaurant Detail

Dining after standard closing hours: AS 04.16.010(c)	Yes
Dining by persons 16 – 20 years of age: AS 04.16.049(a)(2)	Yes
Dining by persons 16 – 20 years of age: AS 04.16.049(a)(2)	Yes
Dining by persons 16 – 20 years of age: AS 04.16.049(a)(2)	No
Employment for any persons under 21 years of age: AS 04.16.049(c)	No
List where within the premises minors are anticipated to have access in the course of either dining or employment. (Example: Minors will only be allowed in the dining area. OR Minors will only be employed and present in the Kitchen.)	
only at the front desk	
Describe the policies, practices and procedures that will be in place to ensure that minors do not gain access to alcohol while dining or employed at your premises.	
Tam cards, training	
Is an owner, manager, or assistant manager who is 21 years of age or older always present on the premises during business hours?	Yes
Employment for any persons under 21 years of age: AS 04.16.049(c)	No

## Food Service Permit

Is your license located in Municipality of Anchorage?	Yes
Do you have Approved food service permit for this premises?	Yes
Copy of the current food service permit for this premises OR the plan review approval.	<a href="#">AK-ACCIS Claim Your Business.v9.pdf</a>

## Entertainment & Service

Are any forms of entertainment offered or available within the licensed business or within the proposed licensed premises?	No
Describe the entertainment offered or available and the hours in which the entertainment may occur:	
Describe the manner of food and beverage service offered or anticipated:	

## Restaurant Declaration

Please upload the copy of Food and Alcohol Menu (Finalized/Expected)	<a href="#">AK-ACCIS Claim Your Business.v9.pdf</a>
--	---

## Hours Of Operation

Sunday	Close
Monday	9 - 11
Tuesday	9 - 11
Wednesday	9 - 11
Thursday	9 - 11
Friday	9 - 11
Saturday	Close

## 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.

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.

## 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 : janyce ibele on 11/15/2023 2:36:59 PM

## Documents

#	File Name	Type	Added On
1	<a href="#">AK-ACCIS Claim Your Business.v9.pdf</a>	License Location Diagram Document	11/15/2023 11:27 PM
2	<a href="#">AK-ACCIS Claim Your Business.v9.pdf</a>	License Location Diagram Security Plan Document	11/15/2023 11:27 PM
3	<a href="#">AK-ACCIS Claim Your Business.v9.pdf</a>	License Location Diagram Document	11/15/2023 11:27 PM
4	<a href="#">AK-ACCIS Claim Your Business.v9.pdf</a>	License Location Diagram Security Plan Document	11/15/2023 11:27 PM
5	<a href="#">AK-ACCIS Claim Your Business.v9.pdf</a>	LicenseRestaurantDetailFoodServicePermitDocument	11/15/2023 11:33 PM
6	<a href="#">AK-ACCIS Claim Your Business.v9.pdf</a>	LicenseRestaurantDeclarationFoodAlcoMenuDocument	11/15/2023 11:34 PM

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DOWNLOAD

NEXT

### Public Notice Posting Attestation and Publishers Affidavit

No required affidavits found. Please click next to continue.

APPLICATION SUMMARY

EDIT

NEXT

Our on-line credit card payments are not enabled at this time. Please call AMCO, 907.269.0350 to pay by credit card or email us CED ABC Alcohol Licensing (CED sponsored) [alcohol.licensing@alaska.gov](mailto:alcohol.licensing@alaska.gov) and request an E-Invoice.

## Payment Details

Electronic payment is **required** before any work item submitted will be considered complete and **received by AMCO**. After completing the information below and clicking "**PAY NOW**," you'll be redirected to the third-party provider to submit payment.

\* Required field

Application ID : 456

Transaction Details		Amount	Edit	Delete						
▼	New Restaurant Endorsement	\$225.00	<div><div>ⓘ</div><div>Edit</div></div>	<div><div>🗑</div><div>Delete</div></div>						
<table><tr><th>Description</th><th>Fee</th></tr><tr><td>Endorsement Application (Excluded Multiple Fixed Counter)</td><td>\$25.00</td></tr><tr><td>Restaurant Endorsement</td><td>\$200.00</td></tr></table>					Description	Fee	Endorsement Application (Excluded Multiple Fixed Counter)	\$25.00	Restaurant Endorsement	\$200.00
Description	Fee									
Endorsement Application (Excluded Multiple Fixed Counter)	\$25.00									
Restaurant Endorsement	\$200.00									

Choose Payment Type \* Select Payment Type

Agency Fee \* \$225.00

Total Costs

\*This service is provided by , the official website of Alcohol and Cannabis Control Information System. The price of this service includes funds that support the ongoing operations and enhancements of , which is provided by a third party in partnership with the State.

☐ By selecting this checkbox, I swear that I have voluntarily executed this application.

PAY NOW