



Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

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

What is this form?

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 304 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, and 3 AAC 304.105.

This form must be completed and submitted to AMCO's main 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:	Anchor River Inn, Inc.	License #:	1309
License Type:	Beverage Dispensary- Tourism	Statutory Reference:	AS 04.11.400 (d)
Doing Business As:	Anchor River Inn		
Premises Address:	34358 Old Sterling Hwy		
City:	Anchor Point	State:	Alaska
		ZIP:	99556
Local Governing Body:	Kenai Peninsula Borough		

Transfer Type:

- Regular transfer
 Transfer with security interest
 Involuntary retransfer

OFFICE USE ONLY			
Complete Date:	2/12/2019	Transaction #:	1012134
Board Meeting Date:	4/29/2019	License Years:	
Issue Date:		BRE:	TJ2



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Section 2 – Transferee Information

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

Licensee:	Anchor River Lodge, LLC				
Doing Business As:	Anchor River Inn				
Premises Address:	34358 Old Sterling Hwy				
City:	Anchor Point	State:	Alaska	ZIP:	99556
Community Council:	None				

Mailing Address:	PO Box 154				
City:	Anchor Point	State:	Alaska	ZIP:	99556

Designated Licensee:	Brittnay Dale Moanaliha Akee				
Contact Phone:	970-497-6912	Business Phone:	907-235-8531		
Contact Email:	brittnayshouse@yahoo.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

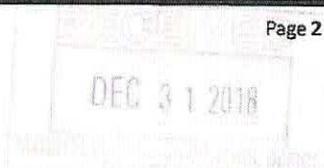
The next two questions must be completed by beverage dispensary (including tourism) and package store applicants only:

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.

422 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.

1,000 feet





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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:	

This individual is an: applicant affiliate

Name:					
Address:					
City:		State:		ZIP:	

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 following information must be completed 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, the following information must be completed for each *member with an ownership interest of 10% or more*, and for each *manager*.
- 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*.

Entity Official:	Brittnay and Kyle Akee, TBE				
Title(s):	Member	Phone:	970-497-6912	% Owned:	60
Address:	PO Box 154				
City:	Anchor Point	State:	AK	ZIP:	99556



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Entity Official:	Mamie and William Walker, TBE				
Title(s):	Member	Phone:	907-299-5611	% Owned:	40
Address:	PO Box 154				
City:	Anchor Point	State:	AK	ZIP:	99556

Entity Official:					
Title(s):		Phone:		% Owned:	
Address:					
City:		State:		ZIP:	

Entity Official:					
Title(s):		Phone:		% Owned:	
Address:					
City:		State:		ZIP:	

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) and have a registered agent who is an individual resident of the state of Alaska.

DOC Entity #:	10093482	AK Formed Date:	10/23/2018	Home State:	Alaska
Registered Agent:	Brittnay Akee		Agent's Phone:	970-497-6912	
Agent's Mailing Address:	PO Box 154				
City:	Anchor Point	State:	AK	ZIP:	99556

Residency of Agent: Yes No

Is your corporation or LLC's registered agent an individual resident of the state of Alaska?



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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):

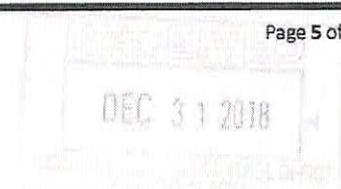
Section 7 – Authorization

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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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.

Robert E. Clutts

Signature of transferor

Robert Clutts

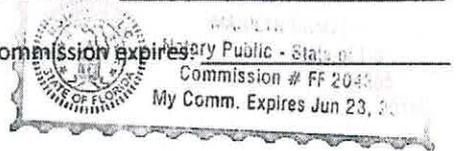
Printed name of transferor

Subscribed and sworn to before me this 5th day of November, 2018.

Marilyn Domales
Signature of Notary Public

Notary Public in and for the State of _____

My commission expires _____



Signature of transferor

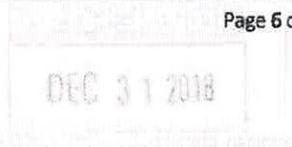
Printed name of transferor

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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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.

BA

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

BA

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.

BA

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 304.465.

BA

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

BA

As an applicant for a liquor license, I declare under penalty of perjury that I have read and am familiar with AS 04 and 3 AAC 304, and that this application, including all accompanying schedules and statements, is true, correct, and complete.

Brittney Akee
Signature of transferee

Brittney Akee
Printed name

Subscribed and sworn to before me this 6 day of November, 2018.

Linda Mishler
Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: 3/21/2020

