



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-00: New License Application

What is this form?

This new license application form is required for all individuals or entities seeking to apply for a new 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 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 - Establishment and Contact Information

Enter information for the business seeking to be licensed.

Licensee:	GLEN THOMAS		
License Type:	RESTAURANT/EATING PLACE	Statutory Reference:	04.11.100
Doing Business As:	NINILCHIK 132-G CABINS AND R.V. PARK		
Premises Address:	13364 STERLING HIGHWAY		
City:	NINILCHIK	State:	ALASKA
		ZIP:	99639
Local Governing Body:	KENAI PENINSULA BROUGH		
Community Council:	N/A		

Mailing Address:	P.O. Box 39695		
City:	NINILCHIK	State:	ALASKA
		ZIP:	99639

Designated Licensee:	GLEN THOMAS		
Contact Phone:	(907) 252-6326	Business Phone:	SAME
Contact Email:	GLEN@THOMASGRINDING.COM		

Seasonal License? Yes No If "Yes", write your six-month operating period: APRIL 15 - OCT. 15

OFFICE USE ONLY

Complete Date:	License Years:	License #:	55208
Board Meeting Date:	Transaction #:	15309	
Issue Date:	BRE:		





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Section 2 - 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.

[Empty text box for school distance]

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.

[Empty text box for church distance]

Section 3 - Sole Proprietor Ownership Information

This section must be completed by any sole proprietor who is applying for a license. Entities should skip to Section 4. 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:	GLEN THOMAS				
Address:	13364 STERLING HWY.				
City:	NINILCHIK	State:	ALASKA	ZIP:	99639

This individual is an: applicant affiliate

Name:	AMONA DIANNE THOMAS				
Address:	13364 STERLING HWY				
City:	NINILCHIK	State:	ALASKA	ZIP:	99639

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 STATE OF ALASKA



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Section 4 – 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 5.

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

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

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

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





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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 #:		AK Formed Date:		Home State:	
Registered Agent:			Agent's Phone:		
Agent's Mailing Address:					
City:		State:		ZIP:	

Residency of Agent: Yes No

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

Section 5 - Other Licenses

Ownership and financial interest in other alcoholic beverage businesses: Yes No

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?

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 6 - 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 7 - 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.

[Handwritten initials in box]

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

[Handwritten initials in box]

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.

[Handwritten initials in box]

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.

[Handwritten initials in box]

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

[Handwritten initials in box]

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.

[Handwritten signature of licensee]

Signature of licensee

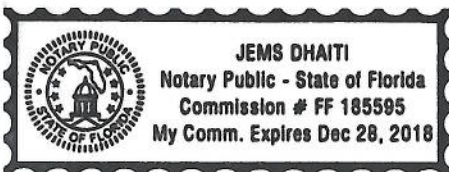
GLEN THOMAS
Printed name of licensee

[Handwritten signature of Notary Public]

Signature of Notary Public

Notary Public in and for the State of Florida

My commission expires: Dec 28-2018



Subscribed and sworn to before me this 28 day of February, 2017.

