



Alcohol and Marijuana Control Office  
550 W 7<sup>th</sup> Avenue, Suite 1600  
Anchorage, AK 99501  
[alcohol.licensing@alaska.gov](mailto:alcohol.licensing@alaska.gov)  
<https://www.commerce.alaska.gov/web/amco>  
Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

## Form AB-01: Transfer License Application

### 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.

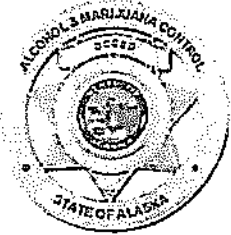
Licensee:	LJ Holdings, LLC	License #:	3917		
License Type:	Package Store Liquor Lic	Statutory Reference:	04.11.150		
Doing Business As:	TWIN RIVERS STORE				
Premises Address:	66475 Oilwell Rd.				
City:	Ninilchik	State:	AK	ZIP:	99639
Local Governing Body:	Kenai Peninsula Borough				

### Transfer Type:

- Regular transfer  
 Transfer with security interest  
 Involuntary retransfer



OFFICE USE ONLY			
Complete Date:		Transaction #:	15469
Board Meeting Date:		License Years:	
Issue Date:		BRE:	



Alaska Alcoholic Beverage Control Board

**Form AB-01: Transfer License Application**

**Section 2 – Transferee Information**

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

Licensee:	<i>LJ Holdings, LLC</i>			
Doing Business As:	<i>Twin Rivers Store</i>			
Premises Address:	<i>16035 Sterling Highway</i>			
City:	<i>Ninilchik</i>	State:	<i>AK</i>	ZIP: <i>99639</i>
Community Council:	<i>Kenai Peninsula Borough</i>			

Mailing Address:	<i>PO Box 39456</i>			
City:	<i>Ninilchik</i>	State:	<i>AK</i>	ZIP: <i>99639</i>

Designated Licensee:			
Contact Phone:	<i>928-716-3696</i>	Business Phone:	<i>907-567-3412</i>
Contact Email:	<i>LAMONT_WOLSEY@HOTMAIL.COM</i>		

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.

*800+ ft pedestrian route (door to door)*

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.

*550+ ft pedestrian route (door to door)*





Alaska Alcoholic Beverage Control Board

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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:	A LAMONT WOLSEY				
Title(s):	MEMBER	Phone:	928-716-3696	% Owned:	50
Address:	2525 N ALPHA ST				
City:	KINGMAN	State:	AZ	ZIP:	86401







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**Form AB-01: Transfer License Application**

Entity Official:	JACKIE D WOLSEY				
Title(s):	MEMBER	Phone:	928-715-8084	% Owned:	50
Address:	2525 N ALPHA ST				
City:	KINGMAN	State:	AZ	ZIP:	86401

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 #:	127809	AK Formed Date:	3/31/2010	Home State:	ALASKA
Registered Agent:	William D. Artus	Agent's Phone:	907-277-9918		
Agent's Mailing Address:	629 L Street Suite 104				
City:	ANCHORAGE	State:	AK	ZIP:	99501

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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## Form AB-01: Transfer License Application

### 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:

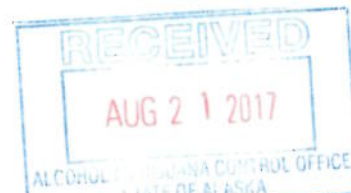
Yes No

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:

William D. Artus  
629 L Street Suite 104  
ANCHORAGE, AK 99501  
Ph: 907-277-9918

Legal Counsel





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 550 W 7<sup>th</sup> Avenue, Suite 1600  
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**Form AB-01: Transfer License Application**

**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.

[Signature]  
 Signature of transferor

A. LaMont Wolsey  
 Printed name of transferor

Subscribed and sworn to before me this 10 day of July, 2017.

**ROBERT CROSBY**  
 Notary Public, State of Alaska  
 Commission # 13082019  
 My Commission Expires  
 September 10, 2017

[Signature]  
 Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: Sept 10, 2017

[Signature]  
 Signature of transferor

Jackie D. Wolsey  
 Printed name of transferor

Subscribed and sworn to before me this 10 day of July, 2017.

**ROBERT CROSBY**  
 Notary Public, State of Alaska  
 Commission # 13082019  
 My Commission Expires  
 September 10, 2017

[Signature]  
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**Form AB-01: Transfer License Application**

**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.

*JW*

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

*JW*

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.

*JW*

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.

*JW*

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

*JW*

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.

*Jackie D. Wolsey*  
 Signature of transferee

Jackie D. Wolsey  
 Printed name

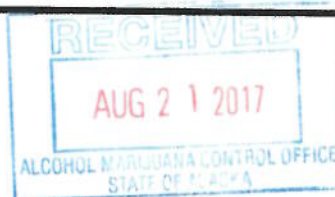
Subscribed and sworn to before me this 10 day of July, 2017.

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 Notary Public, State of Alaska  
 Commission # 13082019  
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*[Signature]*  
 Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: Sept 10, 2017





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



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 304.465.



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



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.

*[Signature]*  
 Signature of transferee

A CAMONT WOLSEY  
 Printed name

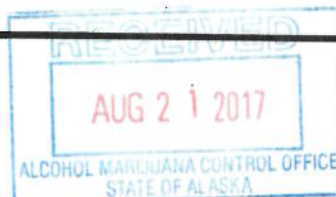
Subscribed and sworn to before me this 10 day of July, 2017.

**ROBERT CROSBY**  
 Notary Public, State of Alaska  
 Commission # 13082019  
 My Commission Expires  
 September 10, 2017

*[Signature]*  
 Signature of Notary Public

Notary Public in and for the State of Alaska.

My commission expires: Sept 10, 2017







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**Alaska Alcoholic Beverage Control Board**  
**Form AB-02: Premises Diagram**

**What is this form?**

A detailed diagram of the proposed licensed premises is required for all liquor license applications, per AS 04.11.260 and 3 AAC 304.185. 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.

The second page of this form is not required. 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.

This form must be completed and submitted to AMCO's main office before any license application will be considered complete.

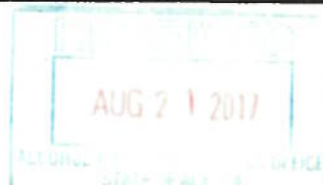
Yes No

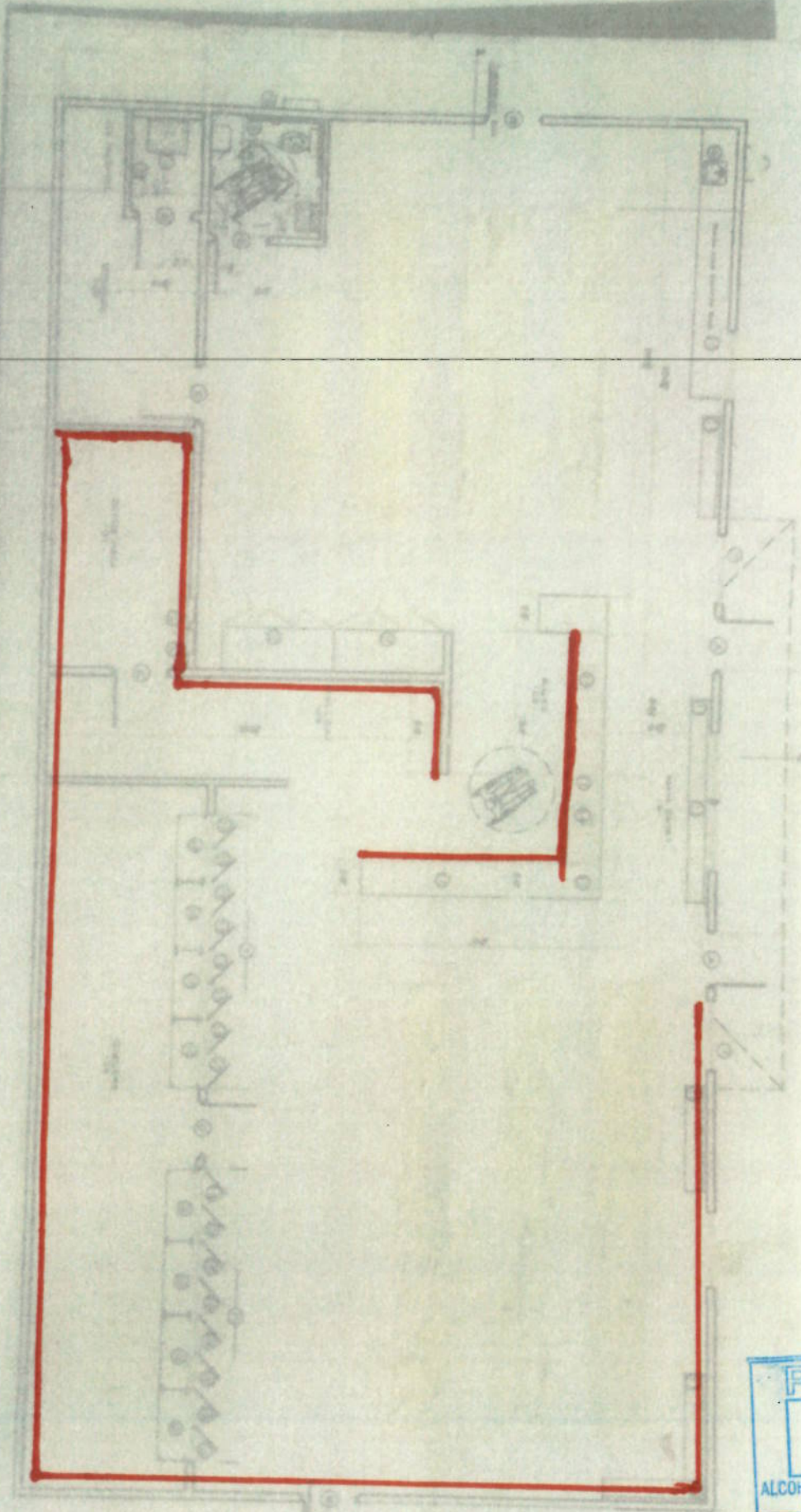
I have attached blueprints, CAD drawings, or other supporting documents in addition to, or in lieu of, the second page of this form.

**Section 1 – Establishment Information**

Enter information for the business seeking to be licensed, as identified on the license application.

Licensee:	LJ Holdings, LLC	License Number:	3917
License Type:	Package Store Liquor Lic		
Doing Business As:	Twin Rivers Store		
Premises Address:	16035 STERLING HWY		
City:	Ninilchik	State:	AK
		ZIP:	99639





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ALCOHOL MARIJUANA CONTROL OFFICE  
STATE OF ALASKA



**INTERIOR ELEVATION NOTES**

1. ALL INTERIOR SURFACES SHALL BE FINISHED AS SHOWN ON THE INTERIOR ELEVATION DRAWINGS.

2. ALL INTERIOR WALLS SHALL BE FINISHED WITH 1/2" GYPSUM BOARD OVER STUDS AND JOISTS.

3. ALL INTERIOR CEILING SHALL BE FINISHED WITH 5/8" GYPSUM BOARD OVER JOISTS.

4. ALL INTERIOR FLOORS SHALL BE FINISHED WITH 1/2" GYPSUM BOARD OVER SUBFLOOR.

5. ALL INTERIOR DOORS SHALL BE FINISHED WITH 1 3/4" SOLID CORE DOOR WITH 1 3/4" SOLID CORE FRAME.

6. ALL INTERIOR WINDOWS SHALL BE FINISHED WITH 1/2" GYPSUM BOARD OVER SUBFLOOR.

**ROOM FINISH SCHEDULE**

ROOM	FINISH	DESCRIPTION	QUANTITY	UNIT	MARKET VALUE
TOILET 108	WALL	1/2" GYPSUM BOARD	100	SQ. FT.	1.50
TOILET 108	CEILING	5/8" GYPSUM BOARD	100	SQ. FT.	1.50
TOILET 108	FLOOR	1/2" GYPSUM BOARD	100	SQ. FT.	1.50
TOILET 109	WALL	1/2" GYPSUM BOARD	100	SQ. FT.	1.50
TOILET 109	CEILING	5/8" GYPSUM BOARD	100	SQ. FT.	1.50
TOILET 109	FLOOR	1/2" GYPSUM BOARD	100	SQ. FT.	1.50

**DOOR SCHEDULE**

NO.	DESCRIPTION	MARKET VALUE
1	1 3/4" SOLID CORE DOOR WITH 1 3/4" SOLID CORE FRAME	150.00
2	1 3/4" SOLID CORE DOOR WITH 1 3/4" SOLID CORE FRAME	150.00
3	1 3/4" SOLID CORE DOOR WITH 1 3/4" SOLID CORE FRAME	150.00
4	1 3/4" SOLID CORE DOOR WITH 1 3/4" SOLID CORE FRAME	150.00
5	1 3/4" SOLID CORE DOOR WITH 1 3/4" SOLID CORE FRAME	150.00
6	1 3/4" SOLID CORE DOOR WITH 1 3/4" SOLID CORE FRAME	150.00
7	1 3/4" SOLID CORE DOOR WITH 1 3/4" SOLID CORE FRAME	150.00
8	1 3/4" SOLID CORE DOOR WITH 1 3/4" SOLID CORE FRAME	150.00
9	1 3/4" SOLID CORE DOOR WITH 1 3/4" SOLID CORE FRAME	150.00
10	1 3/4" SOLID CORE DOOR WITH 1 3/4" SOLID CORE FRAME	150.00

**FLOOR PLAN NOTES**

1. ALL DIMENSIONS ARE IN FEET AND INCHES.

2. ALL WALLS SHALL BE FINISHED WITH 1/2" GYPSUM BOARD OVER STUDS AND JOISTS.

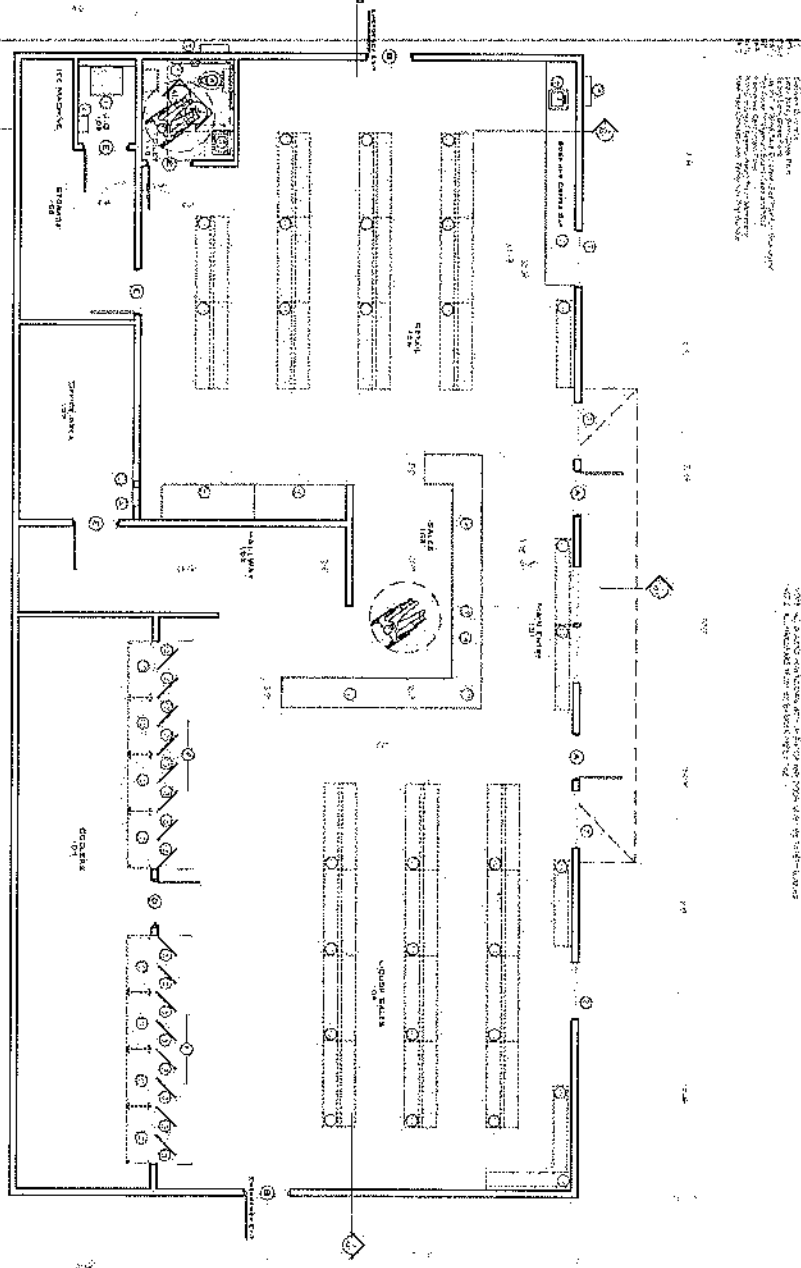
3. ALL CEILING SHALL BE FINISHED WITH 5/8" GYPSUM BOARD OVER JOISTS.

4. ALL FLOORS SHALL BE FINISHED WITH 1/2" GYPSUM BOARD OVER SUBFLOOR.

5. ALL DOORS SHALL BE FINISHED WITH 1 3/4" SOLID CORE DOOR WITH 1 3/4" SOLID CORE FRAME.

6. ALL WINDOWS SHALL BE FINISHED WITH 1/2" GYPSUM BOARD OVER SUBFLOOR.

7. ALL FIXTURES SHALL BE FINISHED AS SHOWN ON THE FLOOR PLAN.



<p align="center"><b>PROPOSED NEW "C" STORE AND LIQUOR STORE</b></p> <p align="center"><b>LAMONT WOLSEY</b></p> <p align="center">NOME/CHIK ALASKA</p>	<p align="center"><b>PROJECT TITLE</b></p> <p align="center">NOME/CHIK ALASKA</p> <p align="center">11-2022 2021 PLS</p>	<p align="center"><b>DRAWING TITLE</b></p> <p align="center">FLOOR PLAN AND NOTES</p>	<p align="center"><b>DATE</b></p> <p align="center">5/23/2017</p>
		<p align="center"><b>DESIGNED BY</b></p> <p align="center">LW</p>	<p align="center"><b>SCALE</b></p> <p align="center">AS SHOWN</p>
<p align="center"><b>SHEET NUMBER</b></p> <p align="center">A1.1</p>	<p align="center"><b>PROJECT NUMBER</b></p> <p align="center">11-2022 2021 PLS</p>	<p align="center"><b>DATE</b></p> <p align="center">5/23/2017</p>	<p align="center"><b>SCALE</b></p> <p align="center">AS SHOWN</p>