



THE STATE
of **ALASKA**
GOVERNOR MICHAEL J. DUNLEAVY

Department of Commerce, Community,
and Economic Development

ALCOHOL & MARIJUANA CONTROL OFFICE
550 West 7th Avenue, Suite 1600
Anchorage, AK 99501
Main: 907.269.0350

December 07, 2023

City of Seward, Kenai Peninsula Borough
Attn: Multiple

| | | | |
|---------------------------|--|----------------------|--|
| License Type: | Package Store | License #2683 | |
| Licensee: | Harbor Gateway Inc | | |
| Doing Business As: | Gateway Liquor & Food Mart | | |
| | Transfer from James Pruitt (deceased to Tracie Williams (heir) | | |

☐ New Application

☐ Transfer of Ownership Application
with Security Interest

☐ Transfer

☒ Transfer of Controlling Interest Application

We have received a completed application for the above listed license (see attached application documents) within your jurisdiction. This is the notice required under AS 04.11.480.

A local governing body may protest the approval of an application(s) pursuant to AS 04.11.480 by furnishing the director **and** the applicant with a clear and concise written statement of reasons for the protest within 60 days of receipt of this notice, and by allowing the applicant a reasonable opportunity to defend the application before a meeting of the local governing body, as required by 3 AAC 304.145(d). If a protest is filed, the board will deny the application unless the board finds that the protest is arbitrary, capricious, and unreasonable. To protest the application referenced above, please submit your protest within 60 days and show proof of service upon the applicant.

AS 04.11.491 – AS 04.11.509 provides that the board will deny a license application if the board finds that the license is prohibited as a result of an election conducted under AS 04.11.507.

AS 04.11.420 provides that the board will not issue a license when a local governing body protests an application on the grounds that the applicant's proposed licensed premises are in a place within the local government where a local zoning ordinance prohibits the alcohol establishment unless the local government has approved a variance from the local ordinance.

Sincerely,
Joan Wilson Director
amco.localgovernmentonly@alaska.gov



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Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Why is this form needed?

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 Anchorage 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: | Harbor Gateway, Inc. (Estate of James Pruitt 100%) | License #: | 2683 6283 | | |
| License Type: | Package Store | Statutory Reference: | AS 04.11.150 | | |
| Doing Business As: | Gateway Liquor & Food Mart | | | | |
| Premises Address: | 308 N Harbor | | | | |
| City: | Seward | State: | AK | ZIP: | 99664 |
| Local Governing Body: | N/A | | | | |

Transfer Type:

- ☒ Regular transfer
☐ Transfer with security interest
☐ Involuntary retransfer

| OFFICE USE ONLY | | | |
|---------------------|--|----------------|--|
| Complete Date: | | Transaction #: | |
| Board Meeting Date: | | License Years: | |
| Issue Date: | | Examiner: | |



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: | Harbor Gateway, Inc. (Tracie Williams 100%) | | | | |
| Doing Business As: | Gateway Liquor & Food Mart | | | | |
| Premises Address: | 308 N Harbor | | | | |
| City: | Seward | State: | AK | ZIP: | 99664 |
| Community Council: | | | | | |

| | | | | | |
|------------------|------------|--------|----|------|-------|
| Mailing Address: | PO Box 121 | | | | |
| City: | Seward | State: | AK | ZIP: | 99664 |

| | | | | |
|----------------------|-----------------|-----------------|--|--|
| Designated Licensee: | Tracie Williams | | | |
| Contact Phone: | 907-362-2209 | Business Phone: | | |
| Contact Email: | twodogs@gci.net | | | |

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.

1.2 miles

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.

.4 miles



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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: | Tracie Williams | | | | |
| Title(s): | President, Treasurer | Phone: | 907-362-2209 | % Owned: | 50 |
| Address: | PO Box 121 | | | | |
| City: | Seward | State: | AK | ZIP: | 99664 |



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| | | | | | |
|------------------|---------------------------|--------|--------------|----------|-------|
| Entity Official: | Craig Pruitt | | | | |
| Title(s): | Vice President, Secretary | Phone: | 360-707-1555 | % Owned: | 50 |
| Address: | PO Box 944 | | | | |
| City: | Seward | State: | AK | ZIP: | 99664 |

| | | | | | |
|------------------|--|--------|--|----------|--|
| 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 #: | 40302D | AK Formed Date: | 05/26/1987 | Home State: | AK |
| Registered Agent: | Tracie Williams as Personal Representative of Estate of James Pruitt | | Agent's Phone: | 907-362-2209 | |
| Agent's Mailing Address: | PO Box 121 | | | | |
| City: | Seward | State: | AK | ZIP: | 99664 |

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:

Thompson Law Group

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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.

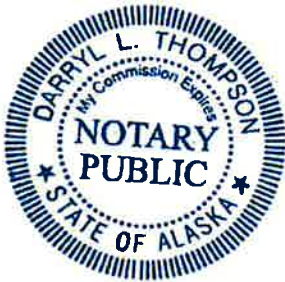
I declare under penalty of perjury that the undersigned represents a **controlling interest** of the current licensee. I additionally certify that I, as the current licensee (either the sole proprietor or the controlling interest of the currently licensed entity) have examined this application, approve of the transfer of this license, and find the information on this application to be true, correct, and complete.

Tracie A Williams
Signature of transferor

Tracie Williams Personal Representative of Estate of James Pruitt

Printed name of transferor

Subscribed and sworn to before me this 5 day of July, 2023.



[Signature]
Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: 9/22/2026

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.

TW

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

TW

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.

TW

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.

TW

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

TW

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.

TW

Signature of transferee

Tracie Williams

Printed name

Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: 9/22/26

Subscribed and sworn to before me this 5 day of July, 2023





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

Initials

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CP

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

CP

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.

CP

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.

CP

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

CP

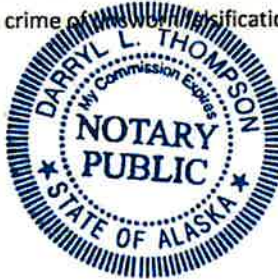
I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted are true and correct. I understand 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 falsification.

CP

Signature of transferee

Craig Pruitt

Printed name



Signature of Notary Public

Notary Public in and for the State of

Alaska

My commission expires:

9/22/26

Subscribed and sworn to before me this

5th

day of

July

2023



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Form AB-02: Premises Diagram

Why is this form needed?

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 may not be 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 Anchorage 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: | Harbor Gateway, Inc. | License Number: | 6283 | | |
| License Type: | Package Store | | | | |
| Doing Business As: | Gateway Liquor & Food Mart | | | | |
| Premises Address: | 308 N Harbor | | | | |
| City: | Seward | State: | AK | ZIP: | 99664 |

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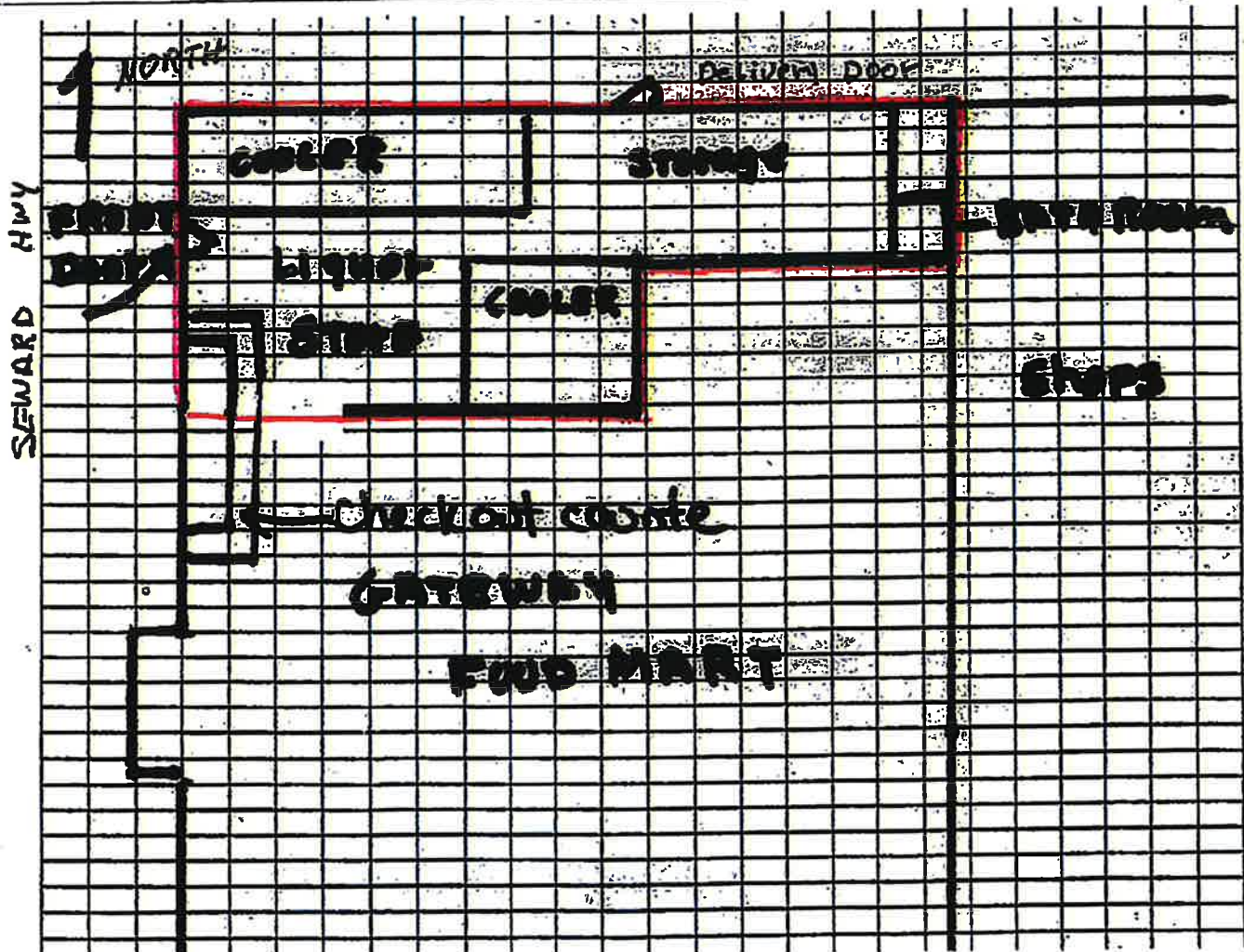


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Form AB-02: Premises Diagram

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.



AUG 08 2023



1 min



—



9 min



3 min



Y Liquor & Food Mart, 308 N Hart

Seaman's Mission, 1001 3rd Ave

Destination

Station

Options

Directions to your phone

1 Ave

9 min
0.4 mile

1 Ave

10 min
0.5 mile

Mostly flat

RECEIVED
AUG 08 2023

Things to do

Groceries

Coffee

Restaurants



More

Groceries

Coffee

Restaurants



Things to do

Groceries

Coffee

Restaurants



More

Groceries

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Restaurants



Things to do

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