

LODGE Liquor License

This application is for:

- Seasonal – Two 6-month periods in each year of the biennial period beginning _____ and ending _____
 Mo/Day Mo/Day
- Full 2-year period

SECTION A. LICENSE INFORMATION. Must be completed.		FEES
License Number: <i>(Please leave License # blank)</i>	License Year: 2006/2007	License Fee: \$1250.00
Statute Reference: Sec. 04.11.225	Federal EIN or SSN:	Filing Fee: \$100.00
		Fingerprint Fee: (\$59.00 per person) _____
		Total Submitted: \$

City/Borough/Location information:

City: _____ Borough: _____

If you are outside an organized city or borough, you must provide the following:

Nearest City or Borough: _____

Distance (in miles) from nearest city or borough: _____

Latitude/Longitude (if known): _____

Please provide a detailed graphic description of your premise location:

Name of Licensee (Corp/LLC/LP/LLP/Individual):	Doing Business As (Business Name):	Business Telephone Number:
Street Address or Location of Premise:	Mailing Address:	Fax Number:
	City, State, Zip:	Email Address:

SECTION C. Individual, corporate officer, director, limited liability organization member, manager or partner background.

Does any individual, corporate officer, director, or limited liability organization member, manager or partner named in this application have any direct or indirect interest in any other alcoholic beverage business licensed in Alaska or any other state?

Yes No If **Yes**, complete the following. Attach additional sheets if necessary.

Name	Name of Business	Type of License	Business Street Address	State

Has any individual, corporate officer, director, or limited liability organization member, manager or partner named in this application been convicted of a felony, a violation of AS 04, or been convicted as a licensee or manager of licensed premises in another state of the liquor laws of that state since the last application submitted?

Yes No If **Yes**, attach written explanation.

OFFICE USE ONLY	
Date Approved	Director's Signature

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Corporations, LLCs, LLPs and LPs must be registered with the Dept. of Community and Economic Development.

Name of Entity (Corporation/LLC/LLP/LP) (or N/A if an Individual ownership)		Telephone Number	Fax Number
Corporate Mailing Address:	City	State	Zip Code
Name, Mailing Address and Telephone Number of Registered Agent		Date of Incorporation OR Certification with DCED	State of Incorporation
Is the Entity in compliance with the reporting requirements of Title 10 of the Alaska Statutes? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, attach written explanation. Your entity must be in compliance with Title 10 of the Alaska Statutes to be a valid liquor licensee.			

Entity Members (Must include President, Secretary, Treasurer, Vice-President, Manager and Shareholder/Member with at least 10%)

Name	Title	%	Home Address & Telephone Number	Work Telephone Number	Date of Birth

NOTE: On a separate sheet provide information on ownership other organized entities that are shareholders of the licensee.

Individual Licensees/Affiliates (The ABC Board defines an "Affiliate" as the spouse of a licensee. Each Affiliate must be listed.)

Name: Address:	Applicant <input type="checkbox"/> Affiliate <input type="checkbox"/>	Name: Address:	Applicant <input type="checkbox"/> Affiliate <input type="checkbox"/>
Home Phone: Work Phone:		Home Phone: Work Phone:	
Name: Address:	Applicant <input type="checkbox"/> Affiliate <input type="checkbox"/>	Name: Address:	Applicant <input type="checkbox"/> Affiliate <input type="checkbox"/>
Home Phone: Work Phone:		Home Phone: Work Phone:	

Declaration

- I declare under penalty of perjury that I have examined this application, including the accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete, and this application is not in violation of any security interest or other contracted obligations.
- I hereby certify that there have been no changes in officers or stockholders that have not been reported to the Alcoholic Beverage Control Board. The undersigned certifies on behalf of the corporation, it is understood that a misrepresentation of fact is cause for rejection of this application or revocation of any license issued.
- I further certify that I have read and am familiar with Title 4 of the Alaska statutes and its regulations, and that in accordance with AS 04.11.450, no person other than the licensee(s) has any direct or indirect financial interest in the licensed business.
- I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application.

Signature of Licensee(s)

Signature	Signature
Name & Title (Please Print)	Name & Title (Please Print)
Subscribed and sworn to before me this _____ day of _____, _____.	Subscribed and sworn to before me this _____ day of _____, _____.
Notary Public in and for the State of Alaska	Notary Public in and for the State of Alaska
My commission expires:	My commission expires: