

Transfer Liquor License

Alcoholic Beverage Control Board
5848 E Tudor Rd
Anchorage, AK 99507

(907) 269-0350
Fax: (907) 272-9412
www.dps.state.ak.us/abc

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 for all types of applications.			FEES
License Year: _____	License Type: _____	Statute Reference Sec. 04.11. _____	License Fee: \$ _____
License #: _____			Filing Fee: \$100.00
Local Governing Body: (City, Borough or Unorganized)	Community Council Name(s) & Mailing Address:		Fingerprint: (\$59 per person)
Federal EIN or SSN: _____			Total Submitted: \$ _____
Name of Applicant (Corp/LLC/LP/LLP/Individual/Partnership):	Doing Business As (Business Name):	Business Telephone Number: _____	
		Fax Number: _____	
Mailing Address:	Street Address or Location of Premise:	Email Address: _____	
City, State, Zip: _____			

SECTION B - TRANSFER INFORMATION.

<input type="checkbox"/> Regular Transfer <input type="checkbox"/> Transfer with security interest: Any instrument executed under AS 04.11.670 for purposes of applying AS 04.11.360(4)(b) in a later involuntary transfer, must be filed with this Application (15 AAC 104.107). Real or personal property conveyed with this transfer must be described. Provide security interest documents. <input type="checkbox"/> Involuntary Transfer. Attach documents which evidence default under AS 04.11.670.	Name and Mailing Address of Current Licensee: _____ Business Name (dba) BEFORE transfer: _____ Street Address or Location BEFORE transfer: _____
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SECTION C - PREMISES TO BE LICENSED. Must be completed for **RELOCATION** applications.

Closest school grounds:	Distance measured under: <input type="checkbox"/> AS 04.11.410 OR <input type="checkbox"/> Local ordinance No. _____	<input type="checkbox"/> Premises is GREATER than 50 miles from the boundaries of an incorporated city, borough, or unified municipality. <input type="checkbox"/> Premises is LESS than 50 miles from the boundaries of an incorporated city, borough, or unified municipality. <input type="checkbox"/> Not applicable
Closest church:	Distance measured under: <input type="checkbox"/> AS 04.11.410 OR <input type="checkbox"/> Local ordinance No. _____	<input type="checkbox"/> Plans submitted to Fire Marshall (required for new & proposed buildings) <input type="checkbox"/> Diagram of premises attached

Premises to be licensed is:
 Proposed building
 Existing facility
 New building

Does any individual, corporate officer, director, 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, 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?

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

Office use only

Date Approved	Director's Signature
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Liquor License

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 <i>must</i> 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 or significant other 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:	Date of Birth:	Home Phone: Work Phone:	Date of Birth:
Name: Address:	Applicant <input type="checkbox"/> Affiliate <input type="checkbox"/>	Name: Address:	Applicant <input type="checkbox"/> Affiliate <input type="checkbox"/>
Home Phone: Work Phone:	Date of Birth:	Home Phone: Work Phone:	Date of Birth:

Declaration
<ul style="list-style-type: none"> 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 organized entity, 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 of Transferee(s)
Signature	Signature
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: