

# New 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	License Fee: \$
<i>{Office Use Only}</i> License #:		Sec. 04.11. _____	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. PREMISES TO BE LICENSED. Must be completed.**

Closest school grounds	<i>Distance measured under:</i> <input type="checkbox"/> AS 04.11.410 <b>OR</b> <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:	<i>Distance measured under:</i> <input type="checkbox"/> AS 04.11.410 <b>OR</b> <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:		
<input type="checkbox"/> Proposed building <input type="checkbox"/> Existing facility <input type="checkbox"/> New building		

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

Does any individual, corporate officer, director, imited 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

<b><i>Corporations, LLCs, LLPs and LPs must be registered with the Dept. of Community and Economic Development.</i></b>			
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 <b>must</b> be in compliance with Title 10 of the Alaska Statutes to be a valid liquor licensee.			

<b>Entity Members</b> (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.**

<b>Individual Licensees/Affiliates</b> (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:	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**

- 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.

<b>Signature of Licensee(s)</b>	
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: