

# RENEWAL Liquor License Application

**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:	Liquor License Type:	License Fee:	\$
	Local Governing Body: (City, Borough or Unorganized)	Filing Fee:	\$ 200.00
License Year:	<b>Has the license been exercised or active at least 30 eight-hour days during each of the two preceding calendar years? [AS 04.11.330(3)]</b>	Penalty Fee: (If applicable)	\$ 500.00
Statute Reference	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, your application will be denied unless a <i>Waiver of Operation</i> (form available) is approved by the Alcoholic Beverage Control Board.	Total Submitted:	\$
Sec. 04.11. _____			

Name of Licensee:	Street Address or Location of Business:	Community Council Name(s) & Mailing Address:
Doing Business As (Business Name):	City:	
Mailing Address:	Business Telephone Number:	
City, State, Zip:	Fax Number:	
<input type="checkbox"/> Check if this is a NEW mailing address	Email Address:	

SECTION B. RENEWAL INFORMATION		
Has the licensed premises been changed from the last diagram submitted?  <input type="checkbox"/> Yes If yes, submit a new diagram <input type="checkbox"/> No	Has there been any change in ownership interest since the last application submitted?  <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>PACKAGE STORE:</b> Does this renewal include renewal of the notice required under AS04.11.150(a) to sell alcoholic beverages in response to written orders? <input type="checkbox"/> Yes <input type="checkbox"/> No

**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 If yes, attach written explanation.  No

**ENTITY OWNERSHIP (Corporation/LLC/LP)**

**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:		
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.		

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

Name	Title	%	Home Address & Telephone #	Work Phone #	Date of Birth

**NOTE: On a separate sheet provide additional ownership/shareholder/member/director/officer information.**

**INDIVIDUAL OWNERSHIP (Individual or Partnership)**

**Individual Licensees/Affiliates** (The ABC Board defines "Affiliate" as the spouse or significant other of a licensee. List each Affiliate.)

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:

**Restaurant/Eating Place Statement** YES  NO  Gross receipts from the sale of food at the licensed premises constituted at least 50 percent of the gross receipts of the business during the **20** / **20** calendar license years as required under AS 04.11.100(e).

**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.

**Signature of Licensee(s)**

\_\_\_\_\_  
Signature Name & Title (Please Print)

\_\_\_\_\_  
Notary Signature Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

*Notary Public in and for the State of Alaska* My commission expires: \_\_\_\_\_

ENTITY INFORMATION

OR

INDIVIDUAL INFORMATION