



Alaska Alcoholic Beverage Control Board

Form AB-00: New License Application

Why is this form needed?

This new license application form is required for all individuals or entities seeking to apply for a new 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 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 – Establishment and Contact Information

Enter information for the business seeking to be licensed.

Licensee:	Slack Tide, LLC				
License Type:	Restaurant/Eating Place - Public Convenience	Statutory Reference:	AS 04.11.400(g) ¹⁰⁰		
Doing Business As:	Sunnyside Eatery				
Premises Address:	25 State Dock Road				
City:	Gustavus	State:	AK	ZIP:	99826
Local Governing Body:	Gustavus City Council				
Community Council:	None				

Mailing Address:	P.O. Box 317				
City:	Gustavus	State:	AK	ZIP:	99826

Designated Licensee:	Camille Bacon-Schulte				
Contact Phone:	907-419-5408	Business Phone:	907-419-5408		
Contact Email:	TheSunnysideEatery@gmail.com				

Seasonal License? ☐ Yes ☒ No ☐ If "Yes", write your six-month operating period: _____

OFFICE USE ONLY					
Complete Date:	8/23/22	License Years:		License #:	6092
Board Meeting Date:	9/20/22	Transaction #:	100393397		
Issue Date:		Examiner:	KRS		

* Per Title IV rewrite & Board direction at 6-28-22 mtg.
converted Public Convenience license to
REPL under AS. 04.11.100
AMCO Received 8/19/22



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Section 2 – 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.

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.

Section 3 – Sole Proprietor Ownership Information

This section must be completed by any sole proprietor who is applying for a license. Entities should skip to Section 4.

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:	



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Form AB-00: New License Application**Section 4 – 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 5.

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:	Camille Bacon-Schulte				
Title(s):	Sole and Managing Member	Phone:	907-419-5408	% Owned:	100
Address:	P.O. Box 317				
City:	Gustavus	State:	AK	ZIP:	99826

Entity Official:					
Title(s):		Phone:		% Owned:	
Address:					
City:		State:		ZIP:	

Entity Official:					
Title(s):		Phone:		% Owned:	
Address:					
City:		State:		ZIP:	

Entity Official:					
Title(s):		Phone:		% Owned:	
Address:					
City:		State:		ZIP:	



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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 #:	10202038	AK Formed Date:	7/22/2022	Home State:	AK
Registered Agent:	Camille Bacon-Schulte	Agent's Phone:	907-419-5408		
Agent's Mailing Address:	P.O. Box 317				
City:	Gustavus	State:	AK	ZIP:	99826

Residency of Agent: Yes No

Is your corporation or LLC's registered agent an individual resident of the state of Alaska?

☒ ☐

Section 5 – Other Licenses

Ownership and financial interest in other alcoholic beverage businesses: Yes No

Does any representative or owner named 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 6 – 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:



Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
Anchorage, AK 99501
alcohol.licensing@alaska.gov
<https://www.commerce.alaska.gov/web/amco>
Phone: 907 269 0350

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Section 7 – 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.

CBS

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

CBS

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.

CBS

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.

CBS

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

CBS

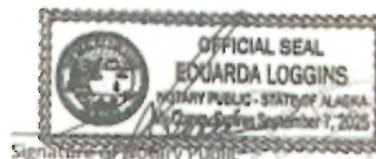
I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted are true and correct. I understand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

CBS

Signature of licensee

Camille Bacon-Schulte

Printed name of licensee



Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: September 7, 2025

Subscribed and sworn to before me this 23 day of July, 2022