



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

Alaska Alcoholic Beverage Control Board

Form AB-00: New License Application

What is this form?

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 main 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:	Strawberry Point Natural Foods LLC			
License Type:	Restaurant/Eating Place - Public		Statutory Reference: AS 04.11.400(g)	
Doing Business As:	Sunnyside Market			
Premises Address:	25 Dock Road			
City:	Gustavus	State:	AK	ZIP: 99826
Local Governing Body:	Gustavus City Council			
Community Council:	None			

Mailing Address:	PO Box 125			
City:	Gustavus	State:	AK	ZIP: 99826

Designated Licensee:	Bonny Danielsen			
Contact Phone:	(707) 479-7109	Business Phone:	(907) 697-3060	
Contact Email:	strawberrypointnaturalfoods@gmail.com			

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

OFFICE USE ONLY				
Complete Date:	10/25/21	License Years:		License #: 5968
Board Meeting Date:	1/18/2022	Transaction #:	100059233	
Issue Date:		BRE:	KRS	



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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.

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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.

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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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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:	Bonny Danielsen				
Title(s):	Member	Phone:	707-479-7109	% Owned:	50
Address:	PO Box 991				
City:	occidental	State:	CA	ZIP:	95465

Entity Official:	Lance Danielsen				
Title(s):	member	Phone:	707-318-4185	% Owned:	50
Address:	PO Box 991				
City:	occidental	State:	CA	ZIP:	95465

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 #:	10118936	AK Formed Date:	12/5/2019	Home State:	AK
Registered Agent:	Noel Farevaag	Agent's Phone:	907-209-4343		
Agent's Mailing Address:	PO Box 134				
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:

Noel Farevaag, Bookkeeper



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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.

LD

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

LD

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.

LD

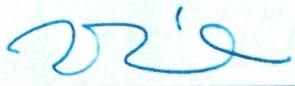
I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check the identification of a patron will complete an approved alcohol server education course, if required by AS 04.21.025, and, while selling or serving alcoholic beverages, will carry or have available to 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.

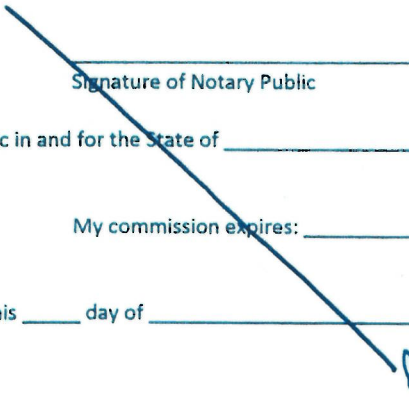
LD

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

LD

As an applicant for a liquor license, I declare under penalty of perjury that I have read and am familiar with AS 04 and 3 AAC 304, and that this application, including all accompanying schedules and statements, is true, correct, and complete.


Signature of licensee
Lance Danielson
Printed name of licensee


Signature of Notary Public
Notary Public in and for the State of _____
My commission expires: _____

Subscribed and sworn to before me this _____ day of _____, 20____.

SEE ATTACHED
For Notary



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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.

BD

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

BD

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.

BD


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.

BD

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

BD

As an applicant for a liquor license, I declare under penalty of perjury that I have read and am familiar with AS 04 and 3 AAC 304, and that this application, including all accompanying schedules and statements, is true, correct, and complete.


Signature of licensee

Bonny Danielson
Printed name of licensee

Signature of Notary Public

Notary Public in and for the State of _____

My commission expires: _____

Subscribed and sworn to before me this _____ day of _____, 20____.

SEE ATTACHED
For Notary

CALIFORNIA JURAT WITH AFFIANT STATEMENT

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Sonoma

- ☒ See Attached Document (Notary to cross out lines 1-5 below)
☐ See Statement Below (Lines 1-5 to be completed only by document signer(s), not Notary)

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
Signature of Document Signer 1 Signer of Document Signer 2 (if any)

Subscribed and sworn to (or affirmed) before me on this 8th day
February, 2021, by

(1) Lance Eric Danielson
Name of Signer

Proved to me on the basis of satisfactory evidence to be the person who
appeared before me and

(2) Bonny Rose Danielson
Name of Signer

SEAL



Proved to me on the basis of satisfactory evidence to be the person who
appeared before me.

Kiyara Wilson-Bruton
Notary Public, Sonoma County
Commission #2331401
Expires: August 11, 2024

- ☐ If marked, then attached pages will bear embossment of above notary.

Optional: Not required by law, however, may prove valuable to persons relying on the document and could prevent fraudulent reattachment of this form.

Description of Attached Documents:

Title or type of Document: Alcohol License Form AB-00

Number of Pages: 5

Date of Document: 02/08/2021

Signer(s) other than Named Above: _____

AMCO Received 3/9/21