



Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application**What is this form?**

This transfer license application form is required for all individuals or entities seeking to apply for the transfer of ownership and/or location of an existing 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, AS 04.11.280, AS 04.11.290, 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 – Transferor Information

Enter information for the *current* licensee and licensed establishment.

Licensee:	Snug Harbor LLC		License #:	4549	
License Type:	Package Store		Statutory Reference:	04.11.150	
Doing Business As:	Snug Harbor Liquor				
Premises Address:	1/8 mi Wilson Rd				
City:	Gustavus	State:	AK	ZIP:	99826
Local Governing Body:	City of Gustavus				

Transfer Type:

Regular transfer



Transfer with security interest



Involuntary retransfer

OFFICE USE ONLY			
Complete Date:	10/5/20	Transaction #:	13376278
Board Meeting Date:	10/21/20	License Years:	1337637 19/20
Issue Date:		BRE:	CDC



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Form AB-01: Transfer License Application**Section 2 – Transferee Information**Enter information for the **new** applicant and/or location seeking to be licensed.

Licensee:	Smug Harbor LLC				
Doing Business As:	Smug Harbor Liquor				
Premises Address:	1/8 mi Wilson Rd				
City:	Gustavus	State:	AK	ZIP:	99824
Community Council:	City of Gustavus				

Mailing Address:	P.O. Box 273				
City:	Gustavus	State:	AK	ZIP:	99824

Designated Licensee:	Bruce A. Smith		
Contact Phone:	907-723-8874	Business Phone:	
Contact Email:	codlips@gmail.com		

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

Section 3 – 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.

0.1 mile

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.

0.3 mile

AMCO



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Section 4 – Sole Proprietor Ownership Information

This section must be completed by any sole proprietor who is applying for a license. Entities should skip to Section 5.

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:	

Section 5 – 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 6.

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:	Colleen I. Stansbury				
Title(s):	Member	Phone:	907-723-8888	% Owned:	50%
Address:	P.O. Box 145				
City:	Gustavus	State:	Alaska	ZIP:	99826



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Entity Official:	Bruce A. Smith				
Title(s):	Member	Phone:	907-123-8874	% Owned:	50
Address:	PO Box 273				
City:	Gustavus	State:	Alaska	ZIP:	99826

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

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

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 #:	96294	AK Formed Date:	09/24/2005	Home State:	Alaska
Registered Agent:	Colleen I Stambury	Agent's Phone:	907-723-8875		
Agent's Mailing Address:	PO Box 145				
City:	Gustavus	State:	AK	ZIP	99826

Residency of Agent: Alaska - #1 Wilson Rd, Gustavus, AK ☒ Yes ☐ No

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

☒ ☐



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Section 6 – Other Licenses

Ownership and financial interest in other alcoholic beverage businesses:

Yes ☐ No ☒

Does any representative or owner named as a transferee 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 7 – 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:



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Section 8 – Transferor Certifications

Additional copies of this page may be attached, as needed, for the controlling interest of the current licensee to be represented.

I declare under penalty of perjury that the undersigned represents a controlling interest of the current licensee. I additionally certify that I, as the current licensee (either the sole proprietor or the controlling interest of the currently licensed entity) have examined this application, approve of the transfer of this license, and find the information on this application to be true, correct, and complete.

Signature of transferor

Stacy Gene Proctor for Eugene C. Farley

Printed name of transferor

Subscribed and sworn to before me this 21st day of May, 2020.

Signature of Notary Public

PHOEBE VANSELOW
Notary Public, State of Alaska
Commission # 170912006
My Commission Expires
September 12, 2021

Notary Public in and for the State of Alaska.

My commission expires: 9/12/2021

Signature of transferor

Printed name of transferor

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

Signature of Notary Public

Notary Public in and for the State of _____.

My commission expires: _____



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Section 8 – Transferor Certifications

Additional copies of this page may be attached, as needed, for the controlling interest of the current licensee to be represented.

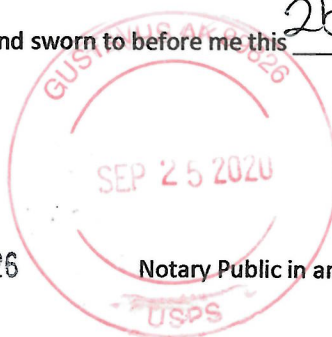
I declare under penalty of perjury that the undersigned represents a controlling interest of the current licensee. I additionally certify that I, as the current licensee (either the sole proprietor or the controlling interest of the currently licensed entity) have examined this application, approve of the transfer of this license, and find the information on this application to be true, correct, and complete.

Bruce A. Smith
Signature of transferor

35 Bruce A. Smith
Printed name of transferor

Subscribed and sworn to before me this 25th day of September, 2020.

POSTMASTER
PO BOX 9998
GUSTAVUS AK 99826



[Signature]
Signature of Notary Public

Notary Public in and for the State of Alaska.

My commission expires: 07/08/2023

Signature of transferor

Printed name of transferor

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

Signature of Notary Public

Notary Public in and for the State of _____.

My commission expires: _____



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Section 9 – Transferee 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.

CS

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

CS

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.

CS

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.

CS

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

CS

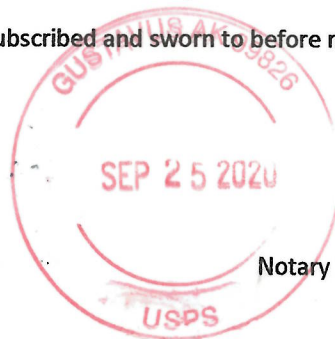
As an applicant for a liquor license, I declare under penalty of perjury that I have read and am familiar with AS 04 and 3 AAC 304, and that this application, including all accompanying schedules and statements, is true, correct, and complete.

Colleen Irene Stausbury
Signature of transferee

Colleen Irene Stausbury
Printed name

Subscribed and sworn to before me this 25th day of September, 2020.

POSTMASTER
PO BOX 999E
GUSTAVUS AK 99826



[Signature]
Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: 07/08/2023



Alaska Alcoholic Beverage Control Board

Form AB-02: Premises Diagram

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

What is this form?

A detailed diagram of the proposed licensed premises is required for all liquor license applications, per AS 04.11.260 and 3 AAC 304.185. Your diagram must include dimensions and must show all entrances and boundaries of the premises, walls, bars, fixtures, and areas of storage, service, consumption, and manufacturing. If your proposed premises is located within a building or building complex that contains multiple businesses and/or tenants, please provide an additional page that clearly shows the location of your proposed premises within the building or building complex, along with the addresses and/or suite numbers of the other businesses and/or tenants within the building or building complex.

The second page of this form is not required. Blueprints, CAD drawings, or other clearly drawn and marked diagrams may be submitted in lieu of the second page of this form. The first page must still be completed, attached to, and submitted with any supplemental diagrams. An AMCO employee may require you to complete the second page of this form if additional documentation for your premises diagram is needed.

This form must be completed and submitted to AMCO's main office before any license application will be considered complete.

Yes No

I have attached blueprints, CAD drawings, or other supporting documents in addition to, or in lieu of, the second page of this form.

☒ ☐

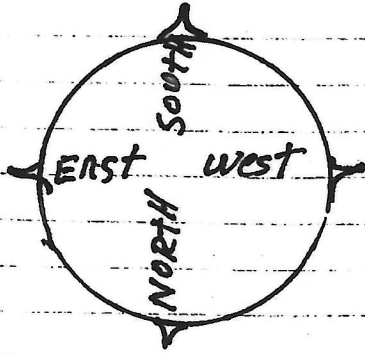
Section 1 – Establishment Information

Enter information for the business seeking to be licensed, as identified on the license application.

Licensee:	Snow Harbor LLC	License Number:	4549
License Type:	Package Store		
Doing Business As:	Snow Harbor Liquor		
Premises Address:	1/8 mi. Wilson Rd		
City:	Gustavus	State:	AK
		ZIP:	99826

32'

32'



Store Room

12'

5' DOOR

8' Sliding Door

Floor Storage

16'

OFFICE

STORE ROOM

Storage closet

Office

10'

Shelves

20'

Shelves

Retail Space
COUNTER

Freight Door

8' Sliding Door

Patron Entrance

4' window

Porch

SNUG HARBOR
LIQUOR

1/8 Mi. Wilson Road
GUSTAVUS, AK

Top View

AMCO

OCT - 1 2020