



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:	The Landing Lights, LLC	License #:	3461
License Type:	Beverage Dispensary- Tourism	Statutory Reference:	04.11.400(d)
Doing Business As:	Puddle Jumpers Saloon		
Premises Address:	Valdez Airport Terminal		
City:	Valdez	State:	AK
		ZIP:	99686
Local Governing Body:	City of Valdez		

Transfer Type:

- ☒ Regular transfer
☐ Transfer with security interest
☐ Involuntary retransfer

OFFICE USE ONLY			
Complete Date:	3-29-22	Transaction #:	100335533
Board Meeting Date:	4-12-22	License Years:	22-23
Issue Date:		BRE:	KRS



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Section 2 – Transferee Information

Enter information for the **new** applicant and/or location seeking to be licensed.

Licensee:	Stricky Unlimited, LLC				
Doing Business As:	Stricky's Bar and Grill				
Premises Address:	Valdez Airport Terminal				
City:	Valdez	State:	AK	ZIP:	99686
Community Council:	N/A				

Mailing Address:	P.O. Box 2712				
City:	Valdez	State:	AK	ZIP:	99686

Designated Licensee:	Clayton Strickland				
Contact Phone:	907-200-1045	Business Phone:	907-200-1045		
Contact Email:	stricky.cs@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.

Five (5) miles (nearest school is Valdez High School)

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.

1.9 miles (nearest church is Church of the Nazarene)



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Form AB-01: Transfer License Application**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:	Clayton Strickland				
Title(s):	Member	Phone:	907-200-1045	% Owned:	100
Address:	P.O. Box 2712				
City:	Valdez	State:	AK	ZIP:	99686



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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:	

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 #:	10164143	AK Formed Date:	05/21/2021	Home State:	AK
Registered Agent:	Clayton Strickland	Agent's Phone:			
Agent's Mailing Address:	P.O. Box 2712				
City:	Valdez	State:	AK	ZIP:	99686

Residency of Agent:

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:

Cindy Franklin, cindy@bcarlsonlaw.com; Attorney for Licensee



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 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.

DocuSigned by:

Karen Ables

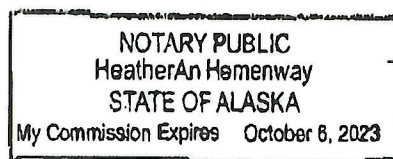
F33C3F08B09C4D6...

Signature of transferor

Karen Ables

Printed name of transferor

Subscribed and sworn to before me this 16th day of December, 2021.



Heather An Hemenway
 Signature of Notary Public

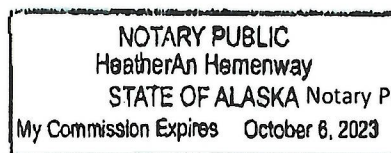
Notary Public in and for the State of Alaska.

My commission expires: October 6, 2023

Signature of transferor

Printed name of transferor

Subscribed and sworn to before me this 16th day of December, 2021.



Heather An Hemenway
 Signature of Notary Public

Notary Public in and for the State of Alaska.

My commission expires: October 6, 2023



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Form AB-01: Transfer License Application**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.

DS
CES

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

DS
CES

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.

DS
CES

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.

DS
CES

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

DS
CES

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.

DocuSigned by:

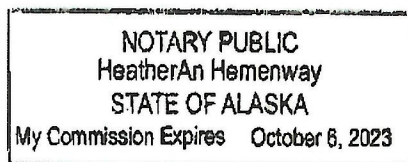
3D136406B364471...

Signature of transferee

Clayton Strickland

Printed name

Subscribed and sworn to before me this 16th day of December, 2021.

Signature of Notary Public
Notary Public in and for the State of Alaska.My commission expires: October 6, 2023