



Alaska Alcoholic Beverage Control Board  
Renewal License Application  
Form AB-17b: Package Store

Alcohol and Marijuana Control Office  
550 W 7<sup>th</sup> Avenue, Suite 1600  
Anchorage, AK 99501  
[alcohol.licensing@alaska.gov](mailto:alcohol.licensing@alaska.gov)  
<https://www.commerce.alaska.gov/web/amco>  
Phone: 907.269.0350

What is this form?

This renewal license application form is required for all individuals or entities seeking to apply for renewal of an existing package store license that will expire on December 31, 2016. All fields of this form must be complete and correct, or the application will be returned to you in the manner in which it was received, per AS 04.11.270 and 3 AAC 304.105. The Community Council field only needs to be verified/completed by licensees whose establishments are located within the Municipality of Anchorage or outside of city limits within the Matanuska-Susitna Borough.

This form must be completed correctly and submitted to the Alcohol & Marijuana Control Office (AMCO)'s main office, along with all other required documents and fees, before any renewal license application will be considered complete.

Section 1 – Establishment and Contact Information

Enter information for the business seeking to have its license renewed.

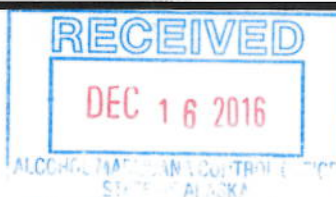
Licensee:	Three Bears Alaska, Inc.	License #:	4165
License Type:	Package Store	Statute:	AS 04.11.150
Doing Business As:	Three Bears		
Premises Address:	1900 Airport Way		
Local Governing Body:	City of Valdez		
Community Council:	None		

Mailing Address:	445 N. Pittman Rd., Ste. B		
City:	Wasilla	State:	AK
		ZIP:	99623

Enter information for the licensee who will be designated as the primary point of contact regarding this application and the license.

Designated Licensee:	Steve Mierap		
Contact Phone:	907.980.0721	Business Phone:	907.357.4311
Contact Email:	steve@threebearsalaska.com		

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





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**Section 2 – Sole Proprietor Ownership Information**

This section must be completed by any sole proprietor who is applying for a license. Entities should skip to Section 3.  
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:	
Email:					
Contact Phone:					

This individual is an: ☐ applicant ☐ affiliate

Name:					
Address:					
City:		State:		ZIP:	
Email:					
Contact Phone:					

**Section 3 – Entity Ownership Information**

This subsection must be completed by any licensee that is a corporation or LLC. Corporations and LLCs are required to be in good standing with the Alaska Division of Corporations (DOC). Partnerships may skip to Page 3. Sole proprietors should skip to Section 4.

Alaska DOC Entity #:	241365
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Alaska Division of Corporations:

Yes No

Is your entity in good standing with the Alaska Division of Corporations?

☒ ☐







## Alaska Alcoholic Beverage Control Board Renewal License Application Form AB-17b: Package Store

This subsection must be completed by any entity, including a corporation, limited liability company (LLC), partnership, or limited partnership, that is applying for renewal. If more space is needed, please attach additional completed copies of this page.

- 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:	Larry A. Weisz Sr.				
Title(s):	Director	Phone:	907-357-4311	% Owned:	NA
Address:	445 N. Pittman Rd., Ste. B				
City:	Wasilla	State:	AK	ZIP:	99623

Entity Official:	David A. Weisz Sr.				
Title(s):	President; Director	Phone:	907-357-4311	% Owned:	9.68
Address:	445 N. Pittman Rd., Ste. B				
City:	Wasilla	State:	AK	ZIP:	99623

Entity Official:	Janeen M. Weisz				
Title(s):	Director	Phone:	907-357-4311	% Owned:	NA
Address:	445 N. Pittman Rd., Ste. B				
City:	Wasilla	State:	AK	ZIP:	99623

Entity Official:	Rachel A. Sanford				
Title(s):	Vice President; Treasurer; Asst. Secretary; Director	Phone:	907-883-4324	% Owned:	NA
Address:	P.O. Box 189				
City:	Tok	State:	AK	ZIP:	99623

Entity Official:	Paul D. Sonnenberg				
Title(s):	Vice President	Phone:	907-357-4311	% Owned:	NA
Address:	445 N. Pittman Rd., Ste. B				
City:	Wasilla	State:	AK	ZIP:	99623





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- 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:	Stephen D. Microp				
Title(s):	Vice President; Secretary	Phone:	907-357-4311	% Owned:	NA
Address:	445 N. Pittman Rd., Ste. B				
City:	Wagila	State:	AK	ZIP:	99623

Entity Official:	Three Bears Investment Group, LLC				
Title(s):	Shareholder	Phone:	907-357-4311	% Owned:	71.96
Address:	445 N. Pittman Rd., Ste B.				
City:	Wagila	State:	AK	ZIP:	99623

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

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

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### Section 4 – 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:

### Section 5 – License Operation

Written Orders:

Yes No

Did you sell alcoholic beverages in response to a written order in calendar years 2015 or 2016?

☐ ☒

Check the box that best describes your liquor license operations in calendar years 2015 and 2016:

The license was regularly operated continuously throughout each year, for 8 or more hours each day.

☐

The license was regularly operated during a specific season each year, for 8 or more hours each day.

☐

The license was only operated to meet the minimum requirement of 30 days each year, 8 hours each day.  
If this box is checked, an AMCO employee will contact you after reviewing your application.

☒

The license was not operated at all or was not operated for at least the minimum requirement of 30 days each year, 8 hours each day, during one or both of the calendar years.

☐

If this box is checked, an AMCO employee will contact you after reviewing your application.

### Section 6 – Convictions

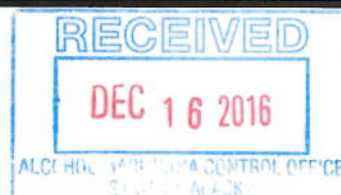
Applicant convictions in calendar years 2015 and 2016:

Yes No

Has any person named in this application been convicted of a violation of Title 04, of 3 AAC 304, or a local ordinance adopted under AS 04.21.010 in the calendar years 2015 or 2016?

☐ ☒

If "Yes", list all convictions:





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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 current licensees (as defined in AS 04.11.260) and affiliates have been listed on this application, and if the licensee is an organized entity, that all current entity officials and stakeholders are listed with the Alaska Division of Corporations.

*SL*

I certify on behalf of myself or of the organized entity 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.

*SL*

I certify that in accordance with AS 04.11.450, no one other than the licensee(s) has a direct or indirect financial interest in the licensed business.

*SL*

I certify that I have not altered the functional floor plan or reduced or expanded the area of the licensed premises, and I have not changed the business name or the ownership (including officers or stakeholders) from what is currently on file with the Alcoholic Beverage Control Board.

*SL*

I certify that I have not violated any restrictions pertaining to this particular license type, and that this license has not been operated in violation of a condition or restriction imposed by the Alcoholic Beverage Control Board.

*SL*

As an applicant for a liquor license renewal, 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. I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application and understand that failure to do so by any deadline given to me by AMCO staff will result in this application being returned to me as incomplete.

*Three Bears Alaska, Inc.*

By: *Stephen S. Mierop*  
Signature of licensee

*Teresa L. Linkhart*  
Signature of Notary Public

*Stephen S. Mierop, Vice President*  
Printed name of licensee

Notary Public in and for the State of *Alaska*



My commission expires: *09-15-2019*

Subscribed and sworn to before me this *15* day of *December*, 20*16*.

License Fee:	\$ 1500.00	Filing Fee:	\$ 200.00	TOTAL:	\$ 1700.00
Late Fee of <b>\$500.00</b> – if received or postmarked after 01/03/2017:					<i>_____</i>
Miscellaneous Fees:					<i>_____</i>
GRAND TOTAL (if different than TOTAL):					<i>\$1,700.00</i>

