

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.

Se	ection 1 – Esta	ablishment	and Co	ontact In	formatio	n	
Enter information for the bu	siness seeking to be li	censed.					
Licensee:	Valdez Liquor L	LC					
License Type:	Package Store			Statutor	Statutory Reference:		
Doing Business As:	Valdez Liquor						
Premises Address:	118 South Meal	s Ave.					
City:	Valdez		State:	AK	AK ZII		99686
Local Governing Body:	City of Valdez			<u> </u>			<u> </u>
Community Council:	Valdez City Cou	ıncil					
Mailing Address:	P.O. Box 2057						
City:	Valdez		State:	AK ZIP:		ZIP:	99686
Designated Licensee:	Ryan H. Sontag]					
Contact Phone:	907-831-1033		Business	907-83	907-831-1033		
Contact Email:	ryansontag@ho	tmail.com				36 10	
Yes Seasonal License?	No If "Yes	s", write your si	x-month o	pperating pe	riod:		
		OFFICE U	SE ONLY	7.000			J
Complete Date:		License Years:			License	: #:	5612
Board Meeting Date:			Tran	saction #:			*****
Issue Date:			BRE:			<u> </u>	



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	84	ection 2 – Pre	micae Infe	rmation	OC	T 1 9 2017		
	36	Cuon 2 - Fiel	illises illi	mation		ITJUANA CONTROL ITE OF ALASKA	OFFICE.	
Premises to be licensed is:	C .							
an existing facility	ar	new building	a propose	d building				
The next two questions m	ust be completed	by <u>beverage dispens</u>	sary (including	tourism) and <u>pa</u>	ackage stor	e applicants o	only:	
What is the distance of							emises to	
0.5 Miles	r the nearest sch	ooi grounds? include	the unit of me	asurement in y	our answer	•		
O.O IVIIICS			× 11					
What is the distance of the public entrance of						proposed pre	emises to	
0.3 Miles	Annual Control of the				***************************************			
	Section 3	Sala Prancia	tor Owns	robin Info	rmodio.			
	section 3 -	Sole Proprie	tor Owner	rsnip into	rmation			
This section must be comp If more space is needed, p The following information	lease attach a se	parate sheet with the	required infor	mation.	hould skip t	o Section 4.		
	1		na cach anniate	: (spouse).				
This individual is an:	applicant	affiliate						
Name:							3 70	
Address:								
City:			State:			ZIP:		
This individual is an:	applicant	affiliate						
]							
Name:								
Address:					ON COMPANY OF THE PROPERTY OF			
City:			State:			ZIP:		



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ALCOHOL MARIJUANA CONTROL OFFICE STATE OF ALASKA

Alaska Alcoholic Beverage Control Board

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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	•				- 45X	
Entity Official:	Ryan H. Sontag						
Title(s):	Owner	Phone:	Phone: 907-831-1033		% Owned:		
Address:	330 Lowe St.						
City:	Valdez	State: AK ZIP:		996	86		
Entity Official:	Jeff A. Bentz						
Title(s):	Owner	Phone:	907-229-1082	% Owned:		50	
Address:	1591 Bertha Ln.						
City:	Wasilla	State:	AK		ZIP: 996		
Entity Official:							
Title(s):		Phone:		% Ow	ned:		
Address:							
City:		State:		ZIP:			
Entity Official:							
Title(s):		Phone:		% Ow	ned:		
Address:							
City:		State:		ZIP:			



Alaska Alcoholic Beverage Control Board

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Alcohol and Marijuana Control Office 550 W 7th Avenue, Suite 1600 Anchorage, AK 99501

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Form AB-00: New License Application



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 #:	10062892	AK Formed Date:	7/4/2017	Home State: Alaska			
Registered Agent:	Ryan H. Sontag Agent's Phone: 907			907-831-1033	907-831-1033		
Agent's Mailing Address:	P.O. Box 2057			1			
City:	Valdez	State:	AK	ZIP:	99686		
Residency of Agent:					Yes	No	
ls your corporation or LL	C's registered agent a	ın individual resident of	the state of Alaska?		V		
	Sect	tion 5 – Other I	icenses				
Ownership and financial interest in other alcoholic beverage businesses:						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?						V	
If "Yes", disclose which indi license number(s) and licen		ncial interest, what the	e type of business is,	and if licensed in A	laska, whi	ch	
	Sec	tion 6 – Autho	rization				
Communication with AMCO st	aff:				Yes	No	
Does any person other to AMCO staff?	han a licensee named	in this application have	e authority to discuss	this license with		V	
If "Yes", disclose the name	of the individual and	the reason for this aut	horization:				
				and an arrangement			



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ALCOHOL MARIJUANA CONTROL OFFICE

Alaska Alcoholic Beverage Control Board

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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.



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



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.



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.



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



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.

Notary Public in and for the State of

My commission expires:

Subscribed and sworn to before me this

1 day of OCTOBER

