



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-14: Licensed Premises Diagram Change

What is this form?

This licensed premises diagram change form is required for all liquor licensees seeking to alter the functional floor plan or reduce or expand the area of the establishment's existing licensed premises, under 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, and consumption. 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, as long as it meets the requirements listed on this form. The first and third pages 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 prior to altering the existing floor plan. The licensed premises may not be altered unless and until the AMCO Director has given written approval on this form. Please note that licensees seeking to change licensed premises diagrams for multiple licenses must submit a separate completed copy of this form for each license.

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.

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Section 1 - Establishment Information

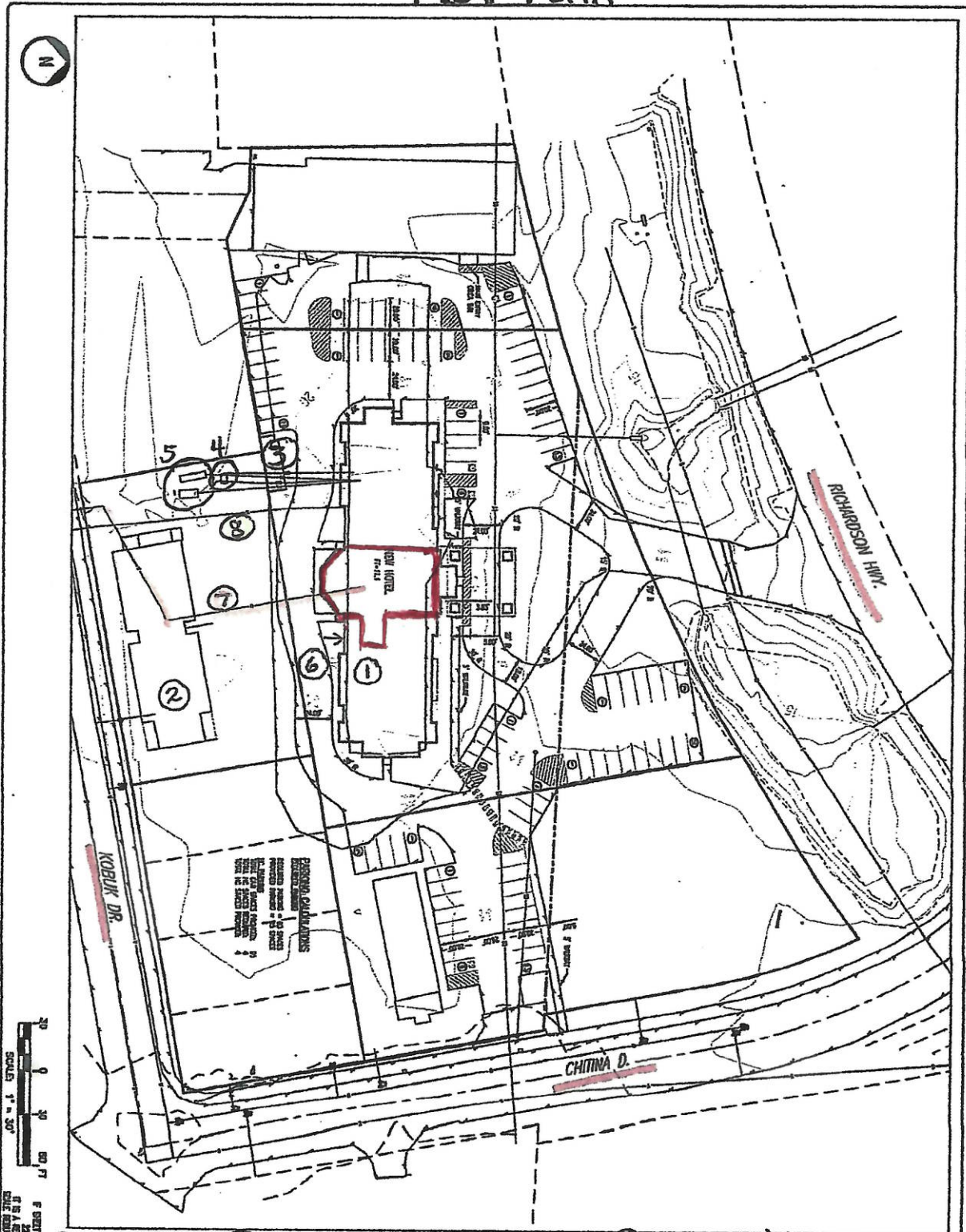
Enter information for the licensed establishment.

Licensee:	Totem Inn, Inc	License Number:	1161
License Type:	Beverage Dispensary-Tourism		
Doing Business As:	Totem Inn		
Premises Address:	144 E. Egan		
City:	Valdez	State:	AK
		ZIP:	99686

APR 27 2018

ALCOHOL MARIJUANA CONTROL
STATE OF ALASKA

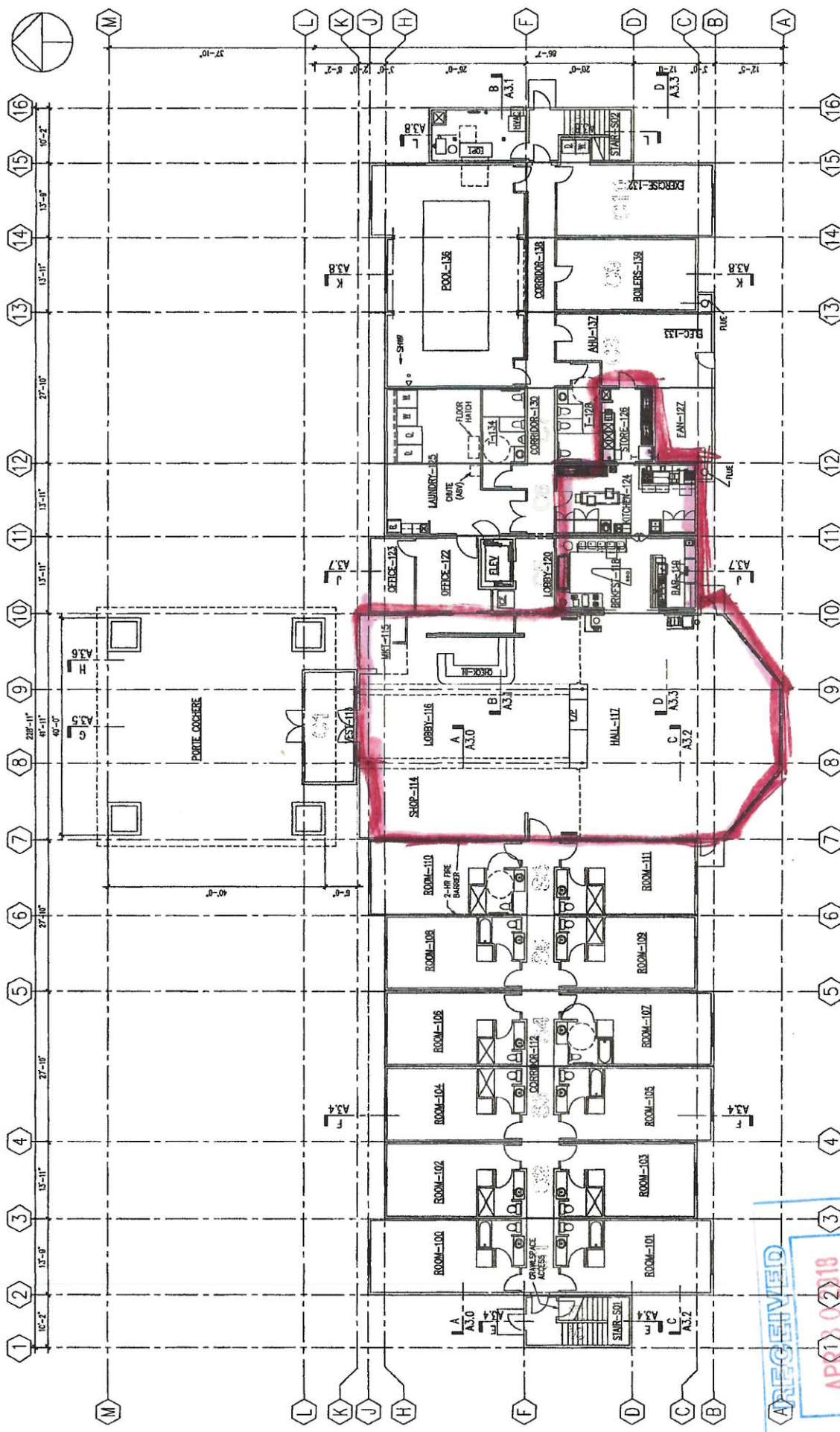
PLOT PLAN



- ① New Totem ② Chugach Building rooms only ③ Abandoned boiler room
- ④ Dumpster ⑤ Propane ⑥ Fuel Tank ⑦ access to deliveries
- ⑧ City water supply ⑨ City Sewer line ⑩ — Nearby Roads

ENTERPRISE ENGINEERING & ARCHITECTURE 1000 10th Ave Valdez, Alaska 99686 Phone: (907) 855-1234 Fax: (907) 855-1235		SITE PLANNING PLAN SHEET NO. 1 DATE: 09/28/17		TOTEM INN VALDEZ, ALASKA TRACT 14, HARBOR SUBDIVISION	
DESIGN: [] DRAWN: [] CHECKED: [] APPROVED: [] SCALE: []		REVISIONS: [] DESCRIPTION: []		RECEIVED APR 30 2018 ALCOHOL & DRUGS CONTROL OFFICE STATE OF ALASKA	

8/10/20/2000



TOTEM INN VALDEZ, ALASKA		71770
FIRST FLOOR PLAN		A1.3

FIRST FLOOR PLAN
1/8" = 1'-0"

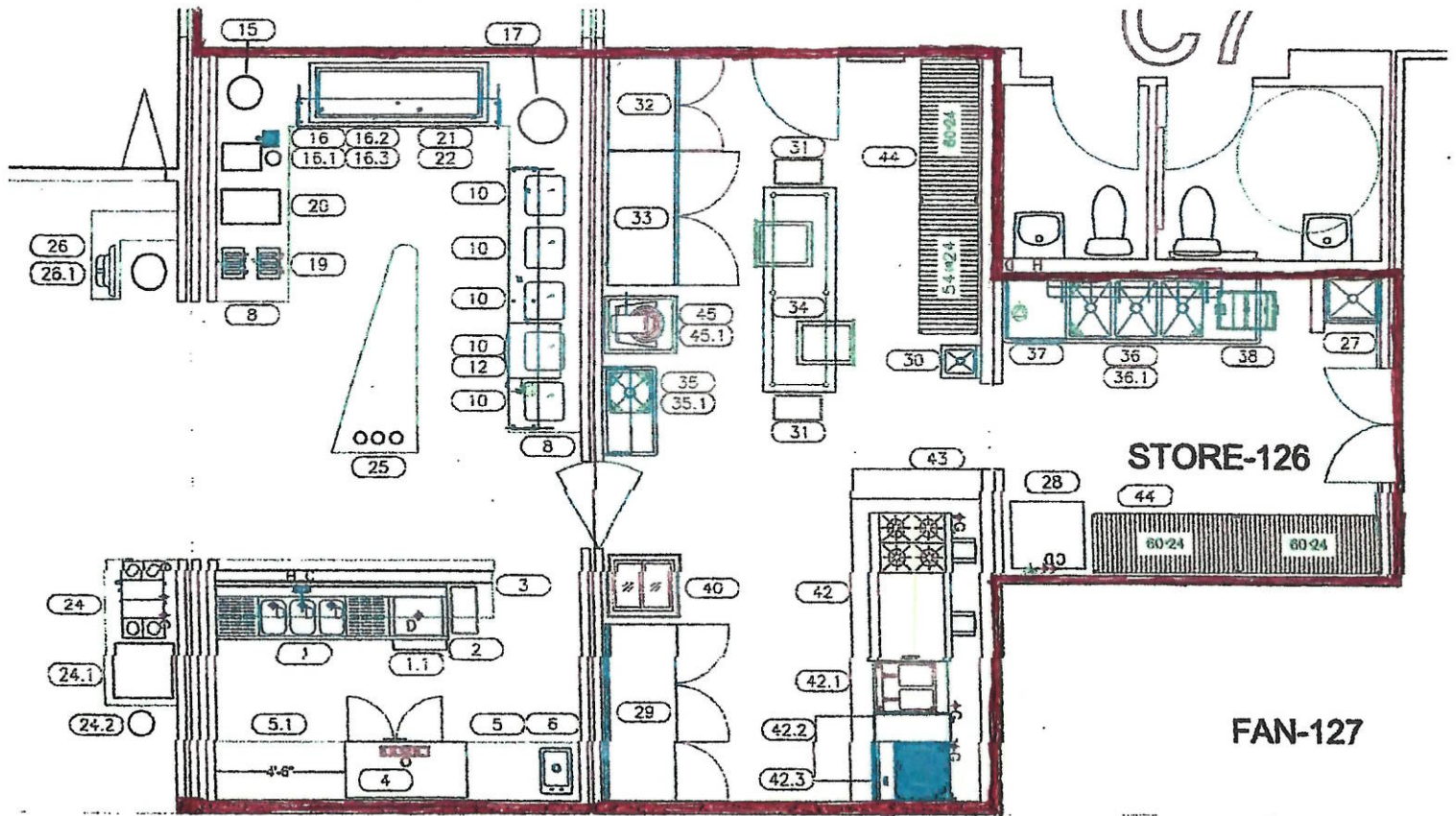
RECEIVED
APR 13 02 18
ALCOHOL BEVERAGE CONTROL DIVISION
STATE OF ALASKA

Updated license premise for Totem Inn Inc.
1-27-2014 *[Signature]*

license also in

FLOOR PLAN

pg 1 of 4





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Section 3 – Declarations and Approvals

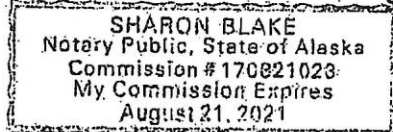
As a liquor licensee, I declare under penalty of unsworn falsification that I have examined this form, including all attachments, and to the best of my knowledge and belief find the provided information to be true, correct, and complete.

Signature of licensee

Notary Public in and for the State of Alaska.

Printed name of licensee

Subscribed and sworn to before me this 27 day of April, 2018.



Local Government Review (to be completed by an appropriate local government official):

Yes No

The proposed changes shown on this form conform to all local restrictions and laws.

☐ ☐

Signature of local government official

Date

Printed name of local government official

Title

AMCO Review:

Approved Disapproved

☐ ☐

Signature of AMCO Enforcement Supervisor

Signature of Director

Printed name of AMCO Enforcement Supervisor

Printed name of Director

Date

AMCO Comments:



APR 27 2018

