

Alcohol and Marijuana Control Office 550 W 7<sup>th</sup> 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-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.

#### Section 1 - Establishment and Contact Information Enter information for the business seeking to be licensed. Licensee: Valdez Brewing LLC License Type: **Statutory Reference:** Brewery AS 04.11.130 **Doing Business As:** Valdez Brewing LLC Premises Address: 141 Galena Dr. Valdez City: Valdez State: AK ZIP: 99686 **Local Governing Body:** City of Valdez Community Council: Valdez City Council Mailing Address: Po Box 967 City: Valdez State: AK ZIP: 99686 **Designated Licensee: Timothy Bouchard** Contact Phone: (907) 322-3825 **Business Phone:** (907) 322-3825 **Contact Email:** info@valdezbrewing.com Yes Seasonal License? If "Yes", write your six-month operating period: **OFFICE USE ONLY** Complete Date: License Years: License #: 5799 **Board Meeting Date:** Transaction #: Issue Date: BRE:



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	Section 2 – Pren	nises Inf	ormation	
Premises to be licensed is:				
✓ an existing facility	a new building	a propose	ed building	
The next two questions mus	st be completed by <u>beverage dispensa</u>	<u>ıry</u> (including	tourism) and package sto	re applicants only:
What is the distance of t the outer boundaries of	he shortest pedestrian route from the the nearest school grounds? Include t	public entra he unit of me	nce of the building of your	r proposed premises to r.
Valdez Element	tary School - 4,280 feet			
	he shortest pedestrian route from the e nearest church building? Include the			proposed premises to
Safe Harbor Ch	urch - 740 feet			
If more space is needed, ple The following information m	eted by any <u>sole proprietor</u> who is app ase attach a separate sheet with the r ust be completed for each licensee and applicant affiliate	equired infor	mation.	to Section 4.
Address:				
City:		State:		ZIP:
This individual is an:	applicant affiliate			
Name:				
Address:				
City:		State:		ZIP:
			AN	1CO



[Form AB-00] (rev 10/10/2016)

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### **Section 4 - Entity Ownership Information**

This section must be completed by any <u>entity</u>, 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 <u>corporation</u>, the following information must be completed for each <u>stockholder who owns 10% or more</u> of the stock in the corporation, and for each <u>president</u>, <u>vice-president</u>, <u>secretary</u>, and <u>managing officer</u>.
- If the applicant is a <u>limited liability organization</u>, 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 <u>partnership</u>, including a <u>limited partnership</u>, the following information must be completed for each <u>partner</u> with an interest of 10% or more, and for each <u>general partner</u>.

	or more, and for each general partner.					
Entity Official:	Timothy Bouchard					
Title(s):	Manager & Member	Phone:	(907) 322-3825	% Owned:		65
Address:	PO Box 967					
City:	Valdez	State:	AK	ZIP: 99686		886
Entity Official:	William LaFayette					
Title(s):	Member	Phone:	(510) 390-3233	% Owned: 35		35
Address:	1720 Orchard Lane					
City:	Walnut Creek	State:	CA	ZIP: 94595		595
Entity Official:						
Title(s):		Phone:		% Owned:		
Address:						
City:		State:		ZIP:		
Entity Official:						
Title(s):		Phone:		% Owr	ned:	
Address:						

VICE



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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 #:	10100574	AK Formed Date:	2/21/2019	Home State:	AK	
Registered Agent:	Timothy Bouc	hard	Agent's Phone:	(907) 322-3825		
Agent's Mailing Address:	PO Box 1298					
City:	Valdez	State:	AK	ZIP:	99686	3
Residency of Agent:					Yes	No
ls your corporation or LL	C's registered agent a	n individual resident of	the state of Alaska?		<b>✓</b>	
	Sect	ion 5 – Other L	icenses			
Ownership and financial intere	st in other alcoholic b	oeverage businesses:			Yes	No
Does any representative any other alcoholic beve				ncial interest in		<b>V</b>
If "Yes", disclose which indi		ncial interest, what the	type of business is, a	and if licensed in Al	aska, whi	ch
	Sec	tion 6 – Author	ization			
Communication with AMCO sta	off:				Yes	No
Does any person other the AMCO staff?	an a licensee named	in this application have	authority to discuss t	his license with		1
If "Yes", disclose the name of	of the individual and	the reason for this auth	orization:			
				STATE		



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#### Section 7 - Certifications

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	Section 7 - Certifications	
Read each line below, and then sign your i	nitials in the box to the right of each statement:	Initials
I certify that all proposed licensees (as defi	ned in AS 04.11.260) and affiliates have been listed on this application.	TB
I certify that all proposed licensees have be	een listed with the Division of Corporations.	18
I certify that I understand that providing a for rejection or denial of this application or	alse statement on this form or any other form provided by AMCO is grounds revocation of any license issued.	1B
patron will complete an approved alcohol s serving alcoholic beverages, will carry or ha	oyees who sell or serve alcoholic beverages or check the identification of a server education course, if required by AS 04.21.025, and, while selling or we available to show a current course card or a photocopy of the card server education course, if required by 3 AAC 304.465.	TD
l agree to provide all information required	by the Alcoholic Beverage Control Board in support of this application.	1B
	e under penalty of perjury that I have read and am familiar with AS 04 and 3 AAC nying schedules and statements, is true, correct, and complete.	304, and
Signature of licensee	Signature of Notary Public	el
Timothy Bouchard Printed name of licensee	Notary Public in and for the State of	·
NOTARY Sub	My commission expires: $\frac{3}{3}$ scribed and sworn to before me this $\frac{18}{3}$ day of $\frac{1}{3}$	, 20 <u>19</u> .