



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:             | Valdez Liquor LLC      | License #:           | 5612        |      |       |
| License Type:         | Package Store          | Statutory Reference: | AS04.11.150 |      |       |
| Doing Business As:    | Valdez Liquor          |                      |             |      |       |
| Premises Address:     | 218 South Meals Avenue |                      |             |      |       |
| City:                 | Valdez                 | State:               | Alaska      | ZIP: | 99686 |
| Local Governing Body: | City of Valdez         |                      |             |      |       |

### Transfer Type:

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

| OFFICE USE ONLY     |  |                |  |
|---------------------|--|----------------|--|
| Complete Date:      |  | Transaction #: |  |
| Board Meeting Date: |  | License Years: |  |
| Issue Date:         |  | BRE:           |  |





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### Section 2 – Transferee Information

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

|                    |                        |        |    |      |       |
|--------------------|------------------------|--------|----|------|-------|
| Licensee:          | Valdez Food Cache, LLC |        |    |      |       |
| Doing Business As: | Valdez Food Cache      |        |    |      |       |
| Premises Address:  | 301 Egan Drive         |        |    |      |       |
| City:              | Valdez                 | State: | AK | ZIP: | 99686 |
| Community Council: |                        |        |    |      |       |

|                  |              |        |    |      |       |
|------------------|--------------|--------|----|------|-------|
| Mailing Address: | P.O. BOX 336 |        |    |      |       |
| City:            | Valdez       | State: | AK | ZIP: | 99686 |

|                      |                     |                 |              |  |
|----------------------|---------------------|-----------------|--------------|--|
| Designated Licensee: | Raymond Stock IV    |                 |              |  |
| Contact Phone:       | 907-242-1428        | Business Phone: | 907-835-0613 |  |
| Contact Email:       | vfcache@outlook.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

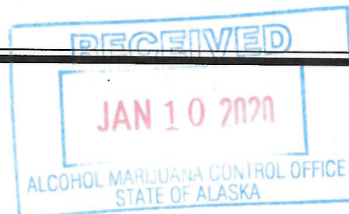
The next two questions must be completed by beverage dispensary (including tourism) and package store applicants only:

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.

0.7 Miles

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.

248 Feet





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### 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: | Raymond Stock IV |        |              |          |       |
| Title(s):        | Member           | Phone: | 907-242-1428 | % Owned: | 50    |
| Address:         | P.O. BOX 2723    |        |              |          |       |
| City:            | Valdez           | State: | AK           | ZIP:     | 99686 |





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

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|                  |               |        |              |          |       |
|------------------|---------------|--------|--------------|----------|-------|
| Entity Official: | Ricky Simpson |        |              |          |       |
| Title(s):        | Member        | Phone: | 907-831-1431 | % Owned: | 50    |
| Address:         | P.O. BOX 585  |        |              |          |       |
| City:            | Valdez        | State: | AK           | ZIP:     | 99686 |

|                  |  |        |  |          |  |
|------------------|--|--------|--|----------|--|
| 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 #:            | 10036878      | AK Formed Date: | 03/17/2016   | Home State: | AK    |
| Registered Agent:        | Ricky Simpson | Agent's Phone:  | 907-831-1431 |             |       |
| Agent's Mailing Address: | P.O. BOX 585  |                 |              |             |       |
| 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?





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

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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):

Ricky Simpson, 722110 - Full-Service Restaurant, Licensed in Valdez, AK, License number 4532, Restaurant/Eating Place

### 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:

Estefania Stock. Estefania Stock is the book keeper for the Valdez Food Cache, LLC.



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

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**Form AB-01: Transfer License Application**

**Section 8 – Transferor Certifications**

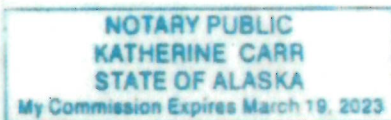
Additional copies of this page may be attached, as needed, for the controlling interest of the current licensee to be represented.

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.

[Signature]  
Signature of transferor

Ryan H. Soutas  
Printed name of transferor

Subscribed and sworn to before me this 9<sup>th</sup> day of January, 2020.



[Signature]  
Signature of Notary Public

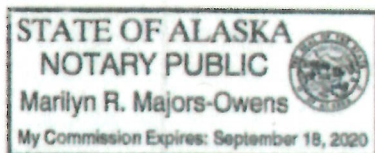
Notary Public in and for the State of Alaska

My commission expires: March 19, 2023

[Signature]  
Signature of transferor

Jeff Bentz  
Printed name of transferor

Subscribed and sworn to before me this 9 day of JANUARY, 2020



[Signature]  
Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: Sep 18, 2020







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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.

PS

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

PS

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.

PS

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.

PS

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

PS

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.

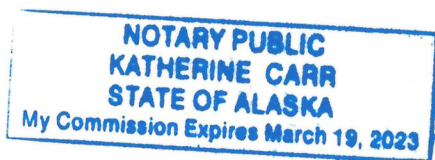
Signature of transferee

RAYMOND STOCK II

Printed name

Subscribed and sworn to before me this 22<sup>ND</sup> day of NOVEMBER, 20 19.

Signature of Notary Public



Notary Public in and for the State of Alaska

My commission expires: March 19, 2023