



Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

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

Why is this form needed?

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 Anchorage 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:	The Channel LLC	License #:	212
License Type:	Beverage Dispensary	Statutory Reference:	AS 04.11.090
Doing Business As:	Channel Club		
Premises Address:	2906 Halibut Point Road		
City:	Sitka	State:	AK
		ZIP:	99835
Local Governing Body:	City & Borough of Sitka		

Transfer Type:

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

OFFICE USE ONLY			
Complete Date:	11-28-2022	Transaction #:	100496103
Board Meeting Date:	12-12-22	License Years:	100489747 (11/14/22)
Issue Date:		Examiner:	KNS



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Section 2 – Transferee Information

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

Licensee:	ZenHen, LLC				
Doing Business As:	Channel Club				
Premises Address:	2906 Halibut Point Road				
City:	Sitka	State:	AK	ZIP:	99835
Community Council:					
Mailing Address:	PO Box 524				
City:	Sitka	State:	AK	ZIP:	99835
Designated Licensee:	Luis Antonio "Tony" Hernandez				
Contact Phone:	(435) 658-3877	Business Phone:			
Contact Email:	baranofjewelers@msn.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.

1.8 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.

1.5 miles



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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:	Luis Antonio "Tony" Hernandez				
Title(s):	Member	Phone:	(435) 658-3877	% Owned:	25
Address:	c/o Thompson Law Group 880 N Street, Suite 101				
City:	Anchorage	State:	AK	ZIP:	99501



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Entity Official:	Andrea Lynn Zeidner				
Title(s):	Member	Phone:	(435) 729-0423	% Owned:	75%
Address:	c/o Thompson Law Group 880 N Street, Suite 101				
City:	Anchorage	State:	AK	ZIP:	99501

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 #:	90696	AK Formed Date:	12/13/2004	Home State:	AK
Registered Agent:	Andrea Zeidner	Agent's Phone:	(435) 729-0423		
Agent's Mailing Address:	PO Box 524				
City:	Sitka	State:	AK	ZIP:	99835

Residency of Agent:

Yes No

Is your corporation or LLC's registered agent an individual resident of the state of Alaska?





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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):

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:

Darryl L. Thompson, Esq., of the Thompson Law Group



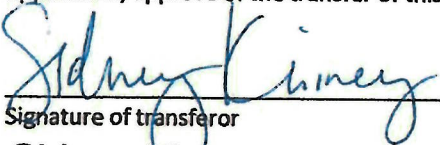
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Section 8 – Transferor Certifications

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.



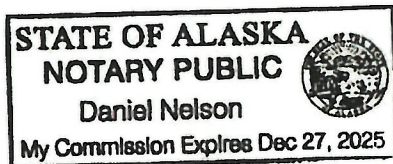
Signature of transferor

Sidney Kinney

Printed name of transferor

Subscribed and sworn to before me this 13th day of September, 2022.


Signature of Notary Public



Notary Public in and for the State of Alaska.

My commission expires: 12/27/2025



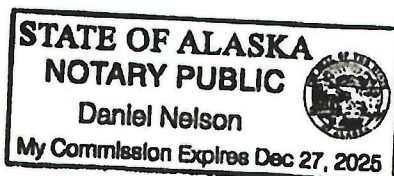
Signature of transferor

Charles R. Olson

Printed name of transferor

Subscribed and sworn to before me this 13th day of September, 2022.


Signature of Notary Public



Notary Public in and for the State of Alaska.

My commission expires: 12/27/2025



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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.

LAH

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

LAH

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.

LAH

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.

LAH

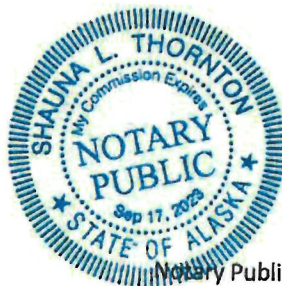
I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application.

LAH

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted are true and correct. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment, or documents to support this application, is sufficient grounds for denying or revoking a license/permit. I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

LAH

Signature of transferee
Luis Antonio Hernandez
Printed name



Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: 9-17-23

Subscribed and sworn to before me this 14 day of Sept, 2022