

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-01: Transfer License Application

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

Licensee:	JL Sitka, Inc, (John Emmi 50%, and Lisa I	_audon 50%)	License #:	icense #:			
License Type:	Beverage Dispensary - To	ourism	Statutory Reference:		AS 4.11.090		
Doing Business As:	Westmark Sitka Hotel						
Premises Address:	330 Seward Street						
City:	Sitka	State:	AK	ZIP:	99835		
Local Governing Body:		-					
Transfer Type: Regular transfer Transfer with securi Involuntary retransf		SHI .	Sa.				
Complete Date:	OFFICE O.		action #:	080	C\D		
Board Meeting Date:			se Years:	स्प्रश्	48		
Issue Date:		Exam		7			

Enter information for the current licensee and licensed establishment.



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Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 2 - Transferee Information

IIPONCOO'	SCO IO LI C									
Licensee:	SCOJO, LLC									
Doing Business As:	Westmark Sitka Hotel									
Premises Address:	330 Seward Street				, .					
City:	Sitka	State:	Alaska	ZIP:	99835					
Community Council:										
Mailing Address:	PO Box 672049		_							
City: Chugiak State: AK ZIP:										
Designated Licensee: John E Emmi, Jr.										
Contact Phone:	907-229-7135	Busines	Phone:							
Contact Email:	akjohnemmi@gmail.com									
Seasonal License? If "Yes", write your six-month operating period:										
Casonal Electise:				ä						
ocusonai Euclise:	Section 3 – Prem			Ř						
				ĕ						
Premises to be licensed is: an existing facility		iises In		ä						
Premises to be licensed is: an existing facility	Section 3 – Prem	aises In	formation sed building	ä	ants only:					
Premises to be licensed is: an existing facility The next two questions mu What is the distance of	Section 3 – Prem	a proporty (including	formation sed building g tourism) and pact	kage store applica						
Premises to be licensed is: an existing facility The next two questions mu What is the distance of	Section 3 – Prem a new building at be completed by beverage dispensations are the shortest pedestrian route from the	a proporty (including	formation sed building g tourism) and pact	kage store applica						
Premises to be licensed is: an existing facility The next two questions mu What is the distance of the outer boundaries of	Section 3 – Prem a new building at be completed by beverage dispensations are the shortest pedestrian route from the	a proporty (including public entre the unit of many public entre t	formation sed building g tourism) and pack ance of the building leasurement in you	kage store applicates of your propose of answer.	ed premises to					



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Section 4 - Sole Proprietor Ownership Information

If more space is needed, pleather following information mu	ted by any <u>sole proprietor</u> who is appasse attach a separate sheet with the use the completed for each licensee and applicant affiliate	required infor	mation.	o Section	5.
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 <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 6.

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 **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 <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 *partner* with an interest of 10% or more, and for each *general partner*.

Entity Official:	John E Emmi, Jr.								
Title(s):	Member	Phone: 9072297135 %							
Address:	PO Box 672049			- 3	4				
City:	Chugiak	State:	AK	ZIP:	995	67			



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Form AB-01: Transfer License Application

Title(s):			Phone	2:			% Owr	red:	
Address:									
City:	20		State:				ZIP:		
Entity Official:									
Title(s):			Phone	e:			% Owr	ned:	
Address:									
City:			State:				ZIP:		
Entity Official:									
Title(s):			Phone	e:			% Owr	ned:	
Address:									
City:			State:				ZIP:		
is subsection must be compl anding with the Alaska Divisi aska.									
DOC Entity #:	114445	AK Formed	l Date:	02	12012000	Home	State	ΔK	te of
DOC Entity #:	114445	AK Formed	l Date:		/28/2008		State:	AK	te of
Registered Agent:	Darryl L. Thon	npson	l Date:		/28/2008 gent's Phone:		State:	_	te of
Registered Agent: Agent's Mailing Address:	Darryl L. Thon 880 N Street,	npson Suite 101	l Date:	Ag	gent's Phone:	907-2		22	
Registered Agent:	Darryl L. Thon	npson	l Date:		gent's Phone:			_	
Registered Agent: Agent's Mailing Address:	Darryl L. Thon 880 N Street,	npson Suite 101	Date:	Ag	gent's Phone:	907-2		22	



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Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 6 - Other Licenses

ership 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?	√	
"Yes", disclose which individual(s) has the financial interest, what the type of business is, and if licensed in Alcense number(s) and license type(s):	aska, whi	ch
John Emmi (Twins, Inc.) The Pool Room, License # 4419, Beverage Dispensary - Tourism; Jo (Twins, Inc.) The Grill, License # 4733, Beverage Dispensary John Emmi (Triplets, Inc.) Locals, License # 5180, Beverage Dispensary - Tourism; John Emi Sitka, Inc.) Westmark Sitka Hotel, License # 1031, Beverage Dispensary - Tourism; John Emi Sitka Hotel LLC) The Sitka Hotel, Beverage Dispensary - Tourism, License # 5442; Pending: John Emmi (Baranof Lodge, LLC) 907 Lounge, Beverage Dispensary - Tourism, License # 5437	mi (JL mi (The	ni
Section 7 – Authorization munication with AMCO staff:	Yes	No
Section 7 – Authorization munication with AMCO staff: Does any person other than a licensee named in this application have authority to discuss this license with AMCO staff?	Yes	No.
munication with AMCO staff: Does any person other than a licensee named in this application have authority to discuss this license with	Yes	No.



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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 of transferor

Lisa Laudon 50% Shareholder

Printed name of transferor



Notary Public in and for the State of _______

My commission expires: 6 · 16 · 24

Signature of transferor

John Emmi 50% Shareholder

Printed name of transferor

Subscribed and sworn to before me this 28 day o

20.06.3

Signature of Notary Publ

Signature of Notary Public

rotary Public in and for the State of

My commission expires: 10/2

Page 6 of 7



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Form AB-01: Transfer License Application

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.	JE
I certify that all proposed licensees have been listed with the Division of Corporations.	JE
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.	JE
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.	JE
I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application.	JE
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.	JE
Signature of transferee John Emmi Sole Member (100%) Printed name My commission expires: 16/23/2 Subscribed and sworn to before me this 2 Stay of July	/ U/far 2023 ,2023.



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Alaska Alcoholic Beverage Control Board

Form AB-02: Premises Diagram

Why is this form needed?

A detailed diagram of the proposed licensed premises is required for all liquor license applications, per AS 04.11.260 and 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, consumption, and manufacturing. 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 may not be required. Blueprints, CAD drawings, or other clearly drawn and marked diagrams may be submitted in lieu of the second page of this form. The first page 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 Anchorage office before any license application will be considered complete.

	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.	√	

Section 1 - Establishment Information

Enter information for the business seeking to be licensed, as identified on the license application.

Licensee:	SCOJO, LLC License Number: 1031							
License Type:	Beverage Dispensary - Tourism							
Doing Business As:	Westmark Sitka Hotel							
Premises Address:	330 Seward Street				·			
City:	Sitka	State:	AK	ZIP:	99835			

[Form AB-02] (rev 2/28/2022) Page 1 of 2



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Form AB-02: Premises Diagram

Section 2 - Detailed Premises Diagram

Clearly indicate the boundaries of the premises and the proposed licensed area within that property. Clearly indicate the interior layout of any enclosed areas on the proposed premises. Clearly identify all entrances and exits, walls, bars, and fixtures, and outline in red the perimeter of the areas designated for alcohol storage, service, consumption, and manufacturing. Include dimensions, cross-streets, and points of reference in your drawing. You may attach blueprints or other detailed drawings that meet the requirements of this form.

[Form AB-02] (rev 2/28/2022) Page 2 of 2

AMCO Recieved 8/24/23

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WESTING B STEEL

LICENSED PREMISES DIAGRAN (RIDF)

· FIFKIN DIDIA: INCOMPLE SOME

PRENISES LOCATION: 330 SERVICE STREET SITKA AK 49835

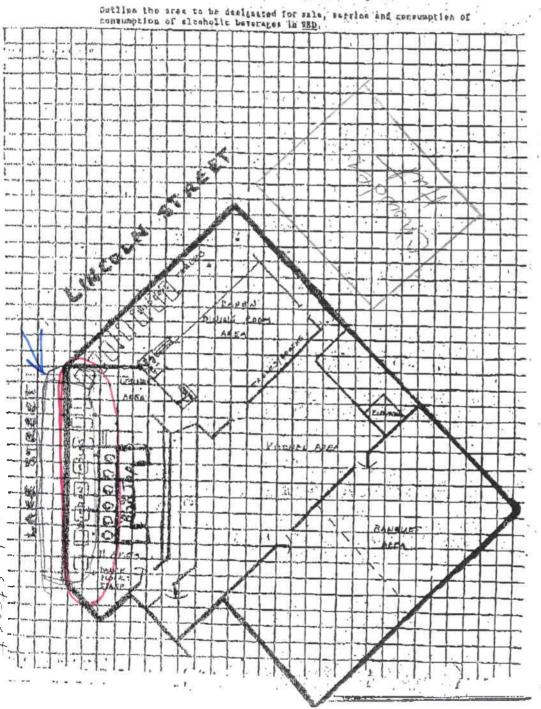
TAPLES AT WINDOWS

INSTRUCTIONS: Draw a delatied flow plan of your surpant or proposed licensed premises on the araph bolom; show all detrances and clite, and all fixtures such as countern, bors, conform, staton, etc.

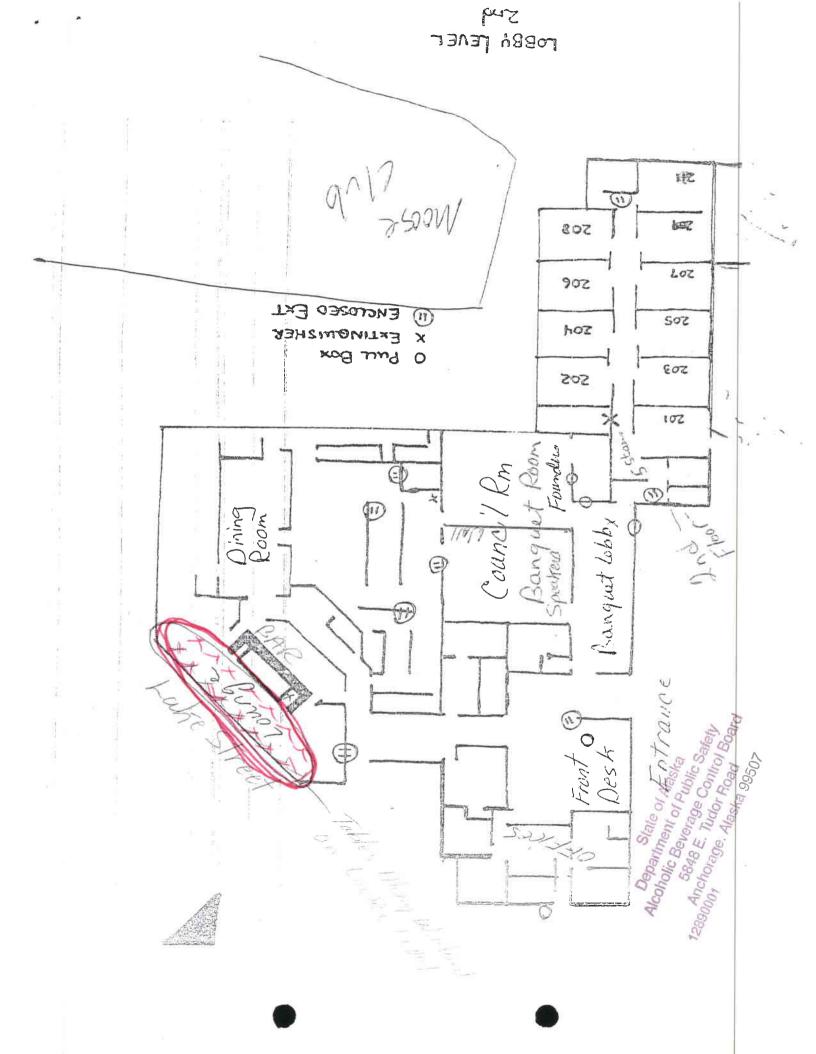
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SCALE B 1 oquare - A ag; It,



Alcoholic Beverage Control Board Department of Public Safety Anchorage, Alaska 99507 5848 E. Tudor Road State of Alaska



SENI BY: Xerox Telecopier 7021 : 7- 2-91 :10:28AM : 8072507894-204 747 6241 :# 2

LICENSED PREMISES DIAGRAM (RDP)

SITKA DIBIA: WESTMARK

PREMISES LOCATION; 330 SCHOOL STREET
SITEM AK 79235

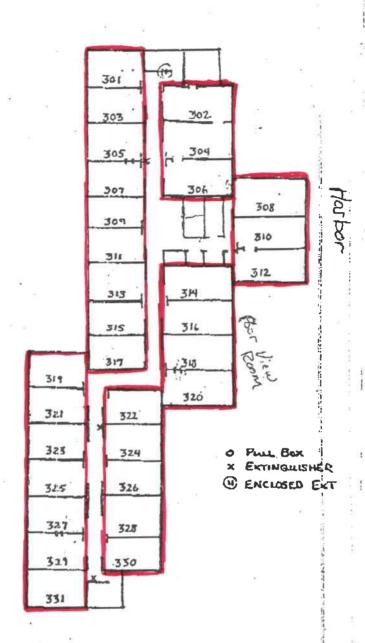
INSTRUCTIONS: Draw a detailed floor plan of your surrant or proposed licensed premises on the graph below; show all entrances and exits, and all fixtures such eacounters, bars, coolers, stages, etc.

Indicate scale used by I after appropriate statement...

1 square - 1 sq. ft.

Outline the area to be designated for sale, service and consumption of consumption of elcoholic beverages in 180.

2~1

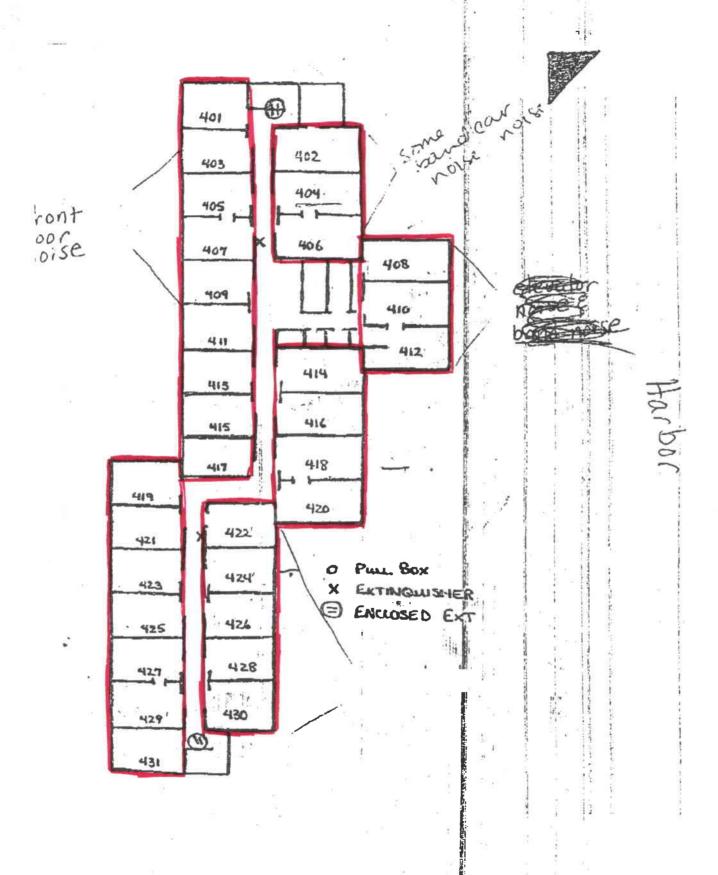


· Guest Rooms

Layout of

4th & 5th Floor

Same



No. 5253 P. 1. 01 907-272-9412

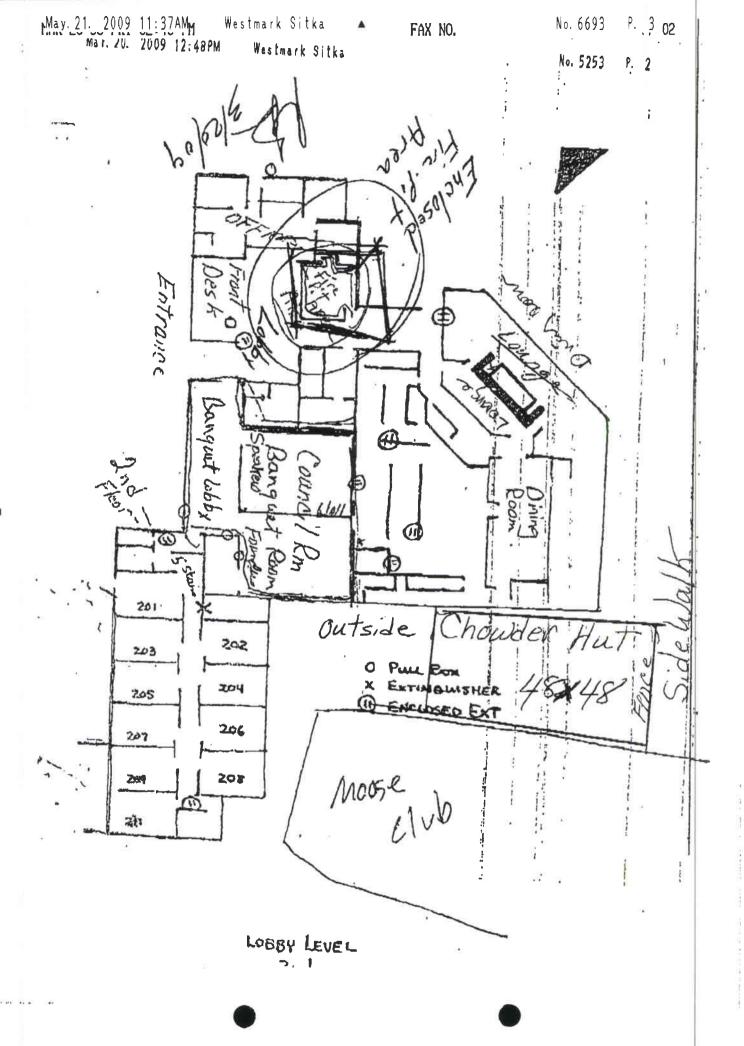
STATE OF ALASKA ALCOHOL BEVERAGE CONTROL BOARD

	Licensed Premises Diagram
NSTRUCTIONS:	The w & detailed floor plan of your present or proposed licensed premises on the graph bolow;

	show	ء ااه	ntan	orp tu	id exi	ts, an	ki ali	fixtu	12 25	ich as	alable	es, bo	oths,	gani	CR, CC	mite	s, bai	's, co	olcze,	Slage	3, cto	o.				
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Revised 6/16/06

WESTMAK SITA



LICERSED PERMITE DIAGRAN (RDP)

WITH. DIBIA: WESTERCE

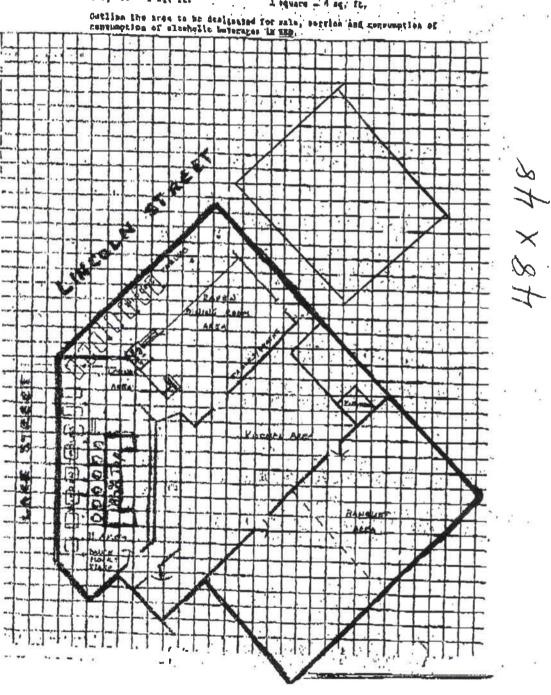
PENNISH LOCATION:

IRETERCTIONS: Draw a Solutied floor plan of your surrent or proposed licehood promises on the Araph balow; show all estrades and riles, and all fixtures such as couplers, bors, coolers, stages, etc.

indicate scale used by I with appropriate statement...

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Alaska Alcoholic Beverage Control Board Restaurant Endorsement Application

The new endorsement application form is required to apply for a restaurant endorsement to support your underlying license or pending license application. Applicants should review and become familiar with AS 04.09.450, **Title 04** of **Alaska Statutes** and **Chapter 305** of the **Alaska Administrative Code**. This form must be completed and submitted along with all other required forms and documents before any endorsement application will be considered complete and placed in the queue for our licensing examiners review.

ехапппе	rs review.						
	Se	ction 1 – Esta	blishment and C	Conta	ct Informati	on	
Enter in	formation for the <i>cur</i>	rent licensee and licens	sed establish.				
License	ee:				License #:		
License	е Туре:				Doing Business A	s:	
License	ee Mailing Address:						
Full Pre	emises Address:						
City:				State:		ZIP:	
Local G	Soverning Body:			Email:			
		Section 2	- Endorsement	Requ	ested		
constiturunder 22 as a bon following 1 2 3	tes a bona fide rest 1 years of age will r a fide restaurant, h g designation(s) (ch Dining after stat Dining by perso Dining by perso	rant endorsement m taurant, that there is not obtain alcoholic k notel, or eating place neck all that apply): ndard closing hours: ons 16 – 20 years of a	age: AS 04.16.049(a) 16 years, accompanied	hment of emises a ement ap 16.010(c	or portion of the dequate to reaso oplication is for to) or AS 04.16.049 rson over the ago	estal onab he re 9, and	blishment that oly ensure that a person equest of a designation d for the request of the
4.	Employment for	r any persons under	21 years of age: AS 04.	16.049(c)		
	Jnder AS 04.16.049 า 18 - 20 years of ag		f Labor and Workforce	Develop	oment work perr	nit is	not required to emplo
		Sec	ction 3 – Minor A	Acces	S		
Be speci	nated in Section 2. (E	within the premises n	ninors are anticipated to only be allowed in the din				

12/12/2023 Page **1** of **3**



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Alaska Alcoholic Beverage Control Board Restaurant Endorsement Application

dinin	g or employed at	· · · · · · · · · · · · · · · · · · ·	ne how and where alco		minors do not gain access to alcohol while premises. Acknowledge that employees who			
	owner, manager, g business hours	_	who is 21 years of age o	r older always p	resent on the premises Yes No			
		Secti	ion 4 – ADEC F	ood Servic	e Permit			
			-		Service Permit or (for licenses within the es documentation is required.			
	to the Alaska Dep //dec.alaska.gov/		tal Conservation (ADEC)	Food Safety We	bsite:			
	=	ty of Anchorage Food		/- /c c ·				
-	_	-	dmin/environment/FSS	_				
If you are unable to certify the below statement, please discuss the matter with the AMCO office: I have attached a copy of the current food service permit for this premises OR the plan review approval.								
				•	nalization of any permit or license application.			
		Se	ection 5 – Hou	rs of Opera	ition			
Inclu		eekend/weekday hours	, and indicate AM/PM:					
Days	/Hours of Operat	Hours	Hours					
	Weekday Sunday	Hours	Hours					
	Monday							
	Tuesday							
	Wednesday							
	Thursday							
	Friday							
	·							
	Saturday							

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Alaska Alcoholic Beverage Control Board Restaurant Endorsement Application

	TROCCOLOCITO TITLE TO THE PROPERTY OF THE PROP	
	Section 6 – Areas Covered by Endorsement	
Does the er	ndorsement apply to your entire licensed premises as approved by the ABC Board? Yes 🚺 No	
Does the re	equested endorsement expand your currently licensed premises?]
	If No, attach the approved diagram, no larger than 8 1/2" x 11" of the layout, and identify the portions of the prem covered by various requested endorsements. You must use a solid, contiguous colored line in any color other than recouline the outer perimeter of the area of the premises covered by the requested endorsement(s).	
	If endorsements are overlapping, provide a conspicuous means to distinguish each endorsement from the other (e.g., ke map with varying colors for each requested endorsement.	yed
	Your drawing MUST include:	
	 Dimensions in feet not square feet of all exterior walls and major interior walls (we do not accept diagrams drawn to scale) 	
	Include cross-streets	
	 A north arrow, and any significant geographical features. Points of reference, such as a compass showing North. 	ng
	 All entrances, exits, walls, bars, and fixtures If your premises includes multiple floors, please include a separate diagram of each floor. You must identify the stairs between each floor, and each hallway/corridor that leads to each set of stairs. Any endorsement applications that include outdoor space are required to submit a security plan that include information about the barriers, practices, and personnel that are to be used to ensure that alcohol is not introd or removed from the permitted premises and to prevent the access of alcohol by a minor during the permitted event. A security plan may be requested for other proposed locations on a case-by-case basis. 	es uced
	Section 7 – Attestations	
•	t I understand that providing a false statement on this form or any other form provided by AMCO is grounds or or denial of this application or revocation of any license issued.	JE
patron will of serving alco	all licensees, agents, and employees who sell or serve alcoholic beverages or check the identification of a complete an approved alcohol server education course, if required by AS 04.21.025, and while selling or holic beverages, will carry or have available to show a current course card or a photocopy of the card ampletion of approved alcohol server education course, if required by 3AAC 305.340.	JE
agree to pr	ovide all information required by the Alcoholic Beverage Control Board in support of this application.	JE
application, other docum esponse in denying or r	tify that I am the person herein named and subscribing to this application and that I have read the complete and I know the full content thereof. I declare that all of the information contained herein, and evidence of nents submitted are true and correct. I understand that any falsification or misrepresentation of any item or this application, or any attachment, or documents to support this application, is sufficient grounds for evoking a license, and or endorsement. I further understand that this is a Class A misdemeanor under AS of falsify an application and commit the crime of unsworn falsification.	JE
John E	E. Emmi, Jr. 1-29-2	2020

Signature of licensee

Printed name of licensee

Date