



Document reference ID : 4468

# Renewal Application Summary

<b>Application ID:</b>	4468
<b>License No:</b>	373
<b>License Type applied for Renewal:</b>	Beverage Dispensary License(BDL)
<b>Licensee Name:</b>	Ernie's Bar Inc
<b>Application Status:</b>	In Review
<b>Application Submitted On:</b>	12/04/2024 11:38 AM AKST

## Entity Information

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<b>Business Structure:</b>	Corporation
<b>FEIN/SSN Number:</b>	
<b>Alaska Entity number (CBPL):</b>	44680D
<b>Alaska Entity Formed Date:</b>	
<b>Home State:</b>	

## Entity Contact Information

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<b>Entity Address:</b>	PO Box 777, Sitka, AK, 99835
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## Renewal Information

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**Are there any changes to your ownership structure that have not been reported to AMCO prior to this application?:**

No

**As set forth in AS 04.11.330, how many hours did you operate during the first calendar year for this renewal period?:**

The license was regularly operated continuously throughout the first calendar year for this renewal period.

**As set forth in AS 04.11.330, how many hours did you operate during the second calendar year for this renewal period?:**

The license was regularly operated continuously throughout the second calendar year for this renewal period.

**Please select the seasonality:**

Year-round

**Has any person or entity in this application been convicted or disciplined for a violation of Title 04, 3 AAC 304 or 305, or a local ordinance adopted under AS 04.21.010 in the preceding two calendar years?:**

No

**Have any notices of violation or citations been issued for this license during the preceding two years?:**

No

## Attestations

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As an applicant for a liquor license renewal, I declare under penalty of perjury that I have read and am familiar with AS 04 and 3 AAC 305, and that this application, including all accompanying schedules and statements, are true, correct, and complete.

I agree to provide all information required by the Alcoholic Beverage Control Board or requested by AMCO staff in support of this application and understand that failure to do so by any deadline given

to me by AMCO staff will result in this application being returned and the license being potentially expired if I do not comply with statutory or regulatory requirements.

I certify that in accordance with AS 04.11.450, no one other than the licensee(s), as defined in AS 04.11.260, has a direct or indirect financial interest in the licensed business.

I certify that this entity is in good standing with Corporations, Business and Professional Licensing (CBPL) and that all entity officials and stakeholders are current and I have provided AMCO with all required changes of the ownership structure of the business license and have provided all required documents for any new or changes of officers.

I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check identification of patrons have completed an alcohol server education course approved by the ABC Board and keep current, valid copies of their course completion cards on the licensed premises during all working hours, if applicable for this license type as set forth in AS 04.21.025 and 3 AAC 305.700.

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.

## Signature

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This application was digitally signed by : Stanley J Filler on 12/04/2024 11:39 AM AKST

## Payment Info

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Payment Type : CC

Payment Id: 409a829c-3c72-4cb3-af4f-f427e83bf12f

Receipt Number: 100979291

Payment Date: 12/04/2024 11:42 AM AKST

## Documents

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#	File Name	Type	Added On
1	<a href="#">2025.2026 AB 17 Renewal.pdf</a>	Renewal Additional Document	12/04/2024 11:38 AM



Document reference ID : 4468

# Licensing Application Summary

**Application ID:** 4468

**Applicant Name:** Ernie's Bar Inc

**License Type applied for:** Beverage Dispensary License(BDL) (AS 04.09.200)

**Application Status:** In Review

**Application Submitted On:** 12/04/2024 11:38 AM AKST

## Entity Information

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**Business Structure:** Corporation

**Alaska Entity Number (CBPL):** 44680D

## Entity Contact Information

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**Entity Address:** PO Box 777, Sitka, AK, 99835, USA

## Ownership / Principal Party Details

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Principal Parent Entity	Principal Party	Role	%Ownership
Ernie's Bar Inc	Stanley James Filler	President,Secretary,Treasurer	100

## Premises Address

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**Address:** 130 Lincoln Street, Sitka, AK, USA

**Does the proposed site include a valid street address?** Yes

# Basic Business information

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**Business/Trade Name:**

Ernie's Bar

## Local Government and Community Council Details

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**City/Municipality**

Sitka (City and Borough of)

## Attestations

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I certify that all proposed licensees (as defined in AS 04.11.260) and affiliates have been listed on this application.

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.

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 305.700.

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

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.

I certify that all proposed licensees have been listed with Division of Corporation, Business, and Professional Licensing.

I certify that I and any individual identified in the business entity ownership section of this application, has or will read AS 04 and its implementing regulations.

## Signature

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This application was digitally signed by : Stanley J Filler on 12/04/2024 11:39 AM AKST

# Payment Info

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