

Department of Commerce, Community, and Economic Development

ALCOHOL & MARIJUANA CONTROL OFFICE

550 West 7th Avenue, Suite 1600 Anchorage, AK 99501 Main: 907.269.0350

January 28, 2023

City and Borough of Sitka

Via Email: sara.peterson@cityofsitka.org; jessica.earnshaw@cityofsitka.org

License Type:	Restaurant/Eating Place	License Number:	4854
Licensee:	Alejandro Macias Vazquez		
Doing Business As:	No Premises		
Premises Address	No Premsies		
☐ New Application ☑ Transfer of Location	☐ Transfer of Ownership Application ☐ Transfer of Controlling In	•	

We have received a completed application for the above listed license (see attached application documents) within your jurisdiction. This is the notice required under AS 04.11.480.

A local governing body may protest the approval of an application(s) pursuant to AS 04.11.480 by furnishing the director **and** the applicant with a clear and concise written statement of reasons for the protest within 60 days of receipt of this notice, and by allowing the applicant a reasonable opportunity to defend the application before a meeting of the local governing body, as required by 3 AAC 304.145(d). If a protest is filed, the board will deny the application unless the board finds that the protest is arbitrary, capricious, and unreasonable. To protest the application referenced above, please submit your protest within 60 days and show proof of service upon the applicant.

AS 04.11.491 – AS 04.11.509 provide that the board will deny a license application if the board finds that the license is prohibited under as a result of an election conducted under AS 04.11.507.

AS 04.11.420 provides that the board will not issue a license when a local governing body protests an application on the grounds that the applicant's proposed licensed premises are located in a place within the local government where a local zoning ordinance prohibits the alcohol establishment, unless the local government has approved a variance from the local ordinance.

Sincerely,

Joan Wilson, Director

amco.localgovernmentonly@alaska.gov



Phone: 907.269.0350

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

Enter information for the current licensee and licensed establishment. Licensee: License #: EJANDRO License Type: Statutory Reference: RESTAURANT / EATING PLACE AS 04.11.100 Doing Business As: AGAVE ATTACHMENTX **Premises Address:** LINCOLN 107 City: State: AK ZIP: 99835 Local Governing Body: BORDUGH

	OFFICE USE ONLY	100
		
Involuntary retransfer		
Transfer with security interest		

OFFICE USE ONLY		100 302323	
Complete Date:	1-28-2023	Transaction #:	100522995
Board Meeting Date:	3/6-7/2023	License Years:	7 0 0 1 70
Issue Date:		Examiner:	YPS

Transfer Type:

Г

Regular transfer



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Form AB-01: Transfer License Application

	Section 2 – Trai	nsferee In	formation	l .		
Enter information for the <i>ne</i>	w applicant and/or location seeking	to be licensed.				
Licensee:	ALEJANDRO MAC	IAS VAZ	OVEZ			
Doing Business As:	NO PREMISE				************	
Premises Address:	"NO PREMIS		· · · · · · · · · · · · · · · · · · ·		<i>t</i>	
City:	SITKA	State:	AK		ZIP:	99835
Community Council:	NONE					
Mailing Address:	2309 HALIBUT PO	DINT RO	AD # L	10		
City:	SITKA	State:	AK		ZIP:	99835
	1					
Designated Licensee:	ALEJANDRO MAC	IAS VAZO	OEZ			
Contact Phone:	907 738 2550	Business F	Phone:	PERSONI 907	N CE	2550
Contact Email:	HERMANOSSITKAC	PAHOS. CON	4	<u> </u>		
Seasonal License?	If "Yes", write you			d:	····	
	Section 3 - Pre	mises Info	rmation			
Premises to be licensed is:						
an existing facility	a new building	a proposed	d building	NO P	REM	SES X
The next two questions must	t be completed by <u>beverage dispen</u>	sary (including t	ourism) and pa	ckage store	applica	nts only:
						•
the outer boundaries of the	ne shortest pedestrian route from the nearest school grounds? Include	ne public entran the unit of mea	ce of the buildi Isurement in vo	ng of your pour answer.	roposed	premises to

				*		
What is the distance of the the public entrance of the	e shortest pedestrian route from the nearest church building? Include t	ne public entran he unit of measi	ce of the buildi urement in you	ng of your p	roposed	d premises to
			you			
Form AR 011/ 3/24/2022)				AMM		

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30	Section 4 - Sole Proprietor Ownership Information							
This section must be completed by any sole proprietor who is applying for a license. Entitles 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:	ALEXANDRO MACIO	AS VAZO	UEZ					
Address:	2309 HALIBUT POIN		# 40					
City:	SITKA	State:	AK	ZIP:	99835			
	pplicant affiliate			w				
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:		,						
Title(s):		Phone:		% Owr	ed:			
Address:								
City:		State:		ZIP:				



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And the second s						
Title(s):		Phor	ne:		% Own	ed:
Address:				<u> </u>		
City:		State	e:		ZIP:	
Entity Official:			***			
Title(s):		Phor	ne:		% Own	ed:
Address:		L				
City:		State	:: 1		ZIP:	
Entity Official:						
Title(s):		Phor	ie:		% Owne	ed:
Address:						L
City		T T				
City:		State	:		ZIP:	
is subsection must be com anding with the Alaska Divi aska.	pleted by any applican sion of Corporations (E	t that is a corporation	or LLC. Corporations	and LLCs ar individual of Home S	e required	d to be in go f the state o
is subsection must be com anding with the Alaska Divi aska. DOC Entity #:	pleted by any applican sion of Corporations (I	t that is a corporation OOC) and have a regist	or LLC. Corporations	individual t	e required	d to be in go f the state o
is subsection must be companding with the Alaska Diviaska. DOC Entity #: Registered Agent: Agent's Mailing Address:	sion of Corporations (t that is a corporation OOC) and have a regist	or LLC. Corporations a	individual t	e required	d to be in go f the state o
is subsection must be com anding with the Alaska Divi aska. DOC Entity #: Registered Agent:	sion of Corporations (t that is a corporation OOC) and have a regist	or LLC. Corporations a	individual t	e required	d to be in go f the state o
nis subsection must be companding with the Alaska Diviaska. DOC Entity #: Registered Agent: Agent's Mailing Address:	sion of Corporations (t that is a corporation OOC) and have a regist AK Formed Date:	or LLC. Corporations a	Home S	e required	d to be in go f the state o



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Section 6 - Other Licenses

nership 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?		>
f "Yes", disclose which individual(s) has the financial interest, what the type of business is, and if licensed in a cense number(s) and license type(s):	Alaska, wh	ich
Section 7 – Authorization		
	Yes	No
	Yes	No.
nunication 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.
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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Section 8 - Transferor Certifications

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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
ALEXANDED MACIAS VAZQUEZ Printed name of transferor
Subscribed and sworn to before me this 5 day of
Jountle 11. Loven
STATE OF ALASKA Signature of Notary Public
NOTARY PUBLIC ((1))
JONATHAN O. LOWRANCE My Commission Expires 10-21-26 Notary Public in and for the State of 10-21-26
My commission expires: $\sqrt{0-1}-2026$
my commission expires.
Signature of transferor
ALEXANDRO MACIAS VAZQUEZ
Printed name of transferor Subscribed and sworn to before me this 5th day of January 20 23.
Subscribed and sworn to before me this day of day of day of 2023.
Court U. Noum
STATE OF ALASKA
NOTABY BUBLIC
JONATHAN O. LOWRANCE Notaty Public in and for the State of HINS KA
My Commission Expires $10-21-26$ My commission expires: $10-21-2026$



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Section 9 - Transferee Certifications

Read each line below, and then sign your initials in the box to the	he 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.	Amv
I certify that all proposed licensees have been listed with the Div	rision of Corporations.	hul
I certify that I understand that providing a false statement on thi for rejection or denial of this application or revocation of any lice	s form or any other form provided by AMCO is grounds ense issued.	ANV
I certify that all licensees, agents, and employees who sell or service patron will complete an approved alcohol server education courserving alcoholic beverages, will carry or have available to show certifying completion of approved alcohol server education course	se, if required by AS 04.21.025, and, while selling or a current course card or a photocopy of the card	Amy
I agree to provide all information required by the Alcoholic Bever	rage Control Board in support of this application.	· VMA
I hereby certify that I am the person herein named and subscribi application, and I know the full content thereof. I declare that all other documents submitted are true and correct. I understand the response in this application, or any attachment, or documents to denying or revoking a license/permit. I further understand that in 11.56.210 to falsify an application and commit the crime of unswer.	of the information contained herein, and evidence or nat any falsification or misrepresentation of any item or support this application, is sufficient grounds for t is a Class A misdemeanor under Alaska Statute	AMV.
	STATE OF ALASKA NOTARY PUBLIC JONATHAN O. LOWRANCE My Commission Expires A A A A A A A A A A A A A	
Signature of transferee	Signature of Notary Public	Com
Printed name	Notary Public in and for the State of Alaska	
	My commission expires: $\frac{10-21-6}{21}$	2026
Subscribed and sworn to b	My commission expires: $\frac{10-21-6}{5}$ before me this $\frac{5}{6}$ day of $\frac{1}{2}$ AN UANG.	20 <u>23</u> .
[Form AB-01] (rev 2/24/2022)	AMOO	200 7 667

ATTACHMENT FOR ABOUT FORM.

DOING BUSINESS AS: 236 LINCOLN ST STE 107 SITKA AK 99835 I WAS 'DBA" AGAVE RESTAURANT OPERATED THE BEER AND WINE LIGENSE. RESTAURANT AND SINCE THEN I HAVE NOT ON DECEMBER 18TH 2020 I SOLD THE