



Document reference ID : 1421

Licensing Application Summary

Application ID:	1421
Applicant Name:	Triple C Ventures Inc.
License Type applied for:	Package Store Sampling Endorsement (PSE) (AS 04.09.490)
Application Status:	In Review
Application Submitted On:	12/19/2023

Entity Information

Business Structure:	Corporation
Alaska Entity Number (CBPL):	84974D

Entity Contact Information

Entity Address:	208 Lake Street Ste. B, Sitka, AK, USA
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Initial Application Information

Authority Type:	I am authorized user by the designated licensee with binding authority
Prefix:	Mr
Legal First Name:	Roger
Legal Last Name:	Hames
Email Address:	roger.hames@hamescorp.com

Phone Number: 907-747-6044

Ownership / Principal Party Details

Principal Parent Entity	Principal Party	Role	%Ownership
Triple C Ventures Inc.	Hames Corporation	Stockholder/Shareholder	100
Triple C Ventures Inc.	Barbara B. Hames	Treasurer	

Premises Address

Nearest municipality, city, and/or borough: Sitka

Country, State, Zip: AK, United States,

Primary license number

Primary License Information License Number - 202 - Package Store License(PSL) - Sitka

Basic Business information

Business/Trade Name: Watson Point Liquors

Local Government and Community Council Details

City/Municipality Sitka (City and Borough of)

Ninety Day Sign Requirements

Posted the 90 day sign: No

Attestations

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

This application was digitally signed by : Roge L Hames on 12/19/2023 9:40:56 AM

Payment Info

Payment Type : CC

PaymentId: 043e2394-78bc-4385-887f-
d578878269f7

Receipt Number: