



Alaska Alcoholic Beverage Control Board

Form AB-34: Alternating Premises Request

This alternating premises request form is required for all liquor licensees seeking approval to alternate all or portions of their premises as licensed and unlicensed under 3 AAC 304.225, in order to stimulate tourism or promote activities open to the general public. **Applicant must obtain local governing body approval prior to submitting this form to AMCO.**

Eligible license types are beverage dispensary, restaurant or eating place, golf course, common carrier, recreational site, outdoor recreational lodge, destination resort, and beverage dispensary - tourism.

Section 1 – Licensee Information

Licensee:		License #:	
License Type:			
Doing Business As:			
Premises Address:			
City:		State:	AK
		ZIP:	

Section 2 – Purpose

How does use of the identified area as alternating premises stimulate tourism or promote activities open to the general public? (3 AAC 304.225(1)):

Section 3 – Detailed Premises Diagram

- Attach a copy of your most current premises diagram (AB-02 or AB-14). This diagram should meet the requirements listed on the current AB-02 form regarding contents and labeling.
 - If you are requesting only a portion of your approved licensed premises to be an alternating premises, outline that portion in a color other than red. If you are requesting your entire approved licensed premises be an alternating premises, indicate that in writing on your premises diagram or in a separate statement.
- Provide a diagram showing where alcoholic beverages will be stored during the time the identified area is unlicensed. If the location is within your existing licensed premises, outline the area in a color other than red and label it. If the location is not within your existing licensed premises, provide a copy of your off-site warehouse permit (AS 04.21.060).

OFFICE USE ONLY

<i>Examiner:</i>		<i>Transaction #:</i>	
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Section 4 – Alternating Premises Schedule

You must provide a schedule of when your premises will alternate between being licensed and unlicensed.

If your alternation will not occur on a set schedule, you will be required to submit a monthly schedule on the first day of each month to amco.enforcement@alaska.gov.

If your alternation will occur on a set schedule, provide the schedule below. You may attached additional information to this form if necessary.

Section 5 – Declarations

Read each line below, and then sign your initials in the box to the right of each statement:

Initials

I certify that I have read and understand the requirements for an alternating premises.

I certify that I have attached all diagrams and information required by this form.

I certify that if no set schedule was provided in Section 4 above, I will submit the required schedule to AMCO no later than the first day of each month.

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.

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.

Printed name of licensee

Signature of licensee

Section 5 – Local Government & AMCO Review

Local Government Review (to be completed by an appropriate local government official):

Yes No Pending

The proposed changes shown on this form conform to all local restrictions and laws.

A local building permit is required for the proposed changes.

Signature of local government official

Building Permit #

Date

Printed name of local government official

Title



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AMCO Review:

Approved Disapproved

Signature of AMCO Enforcement Supervisor

Signature of Director

Printed name of AMCO Enforcement Supervisor

Printed name of Director

Date

AMCO Comments: