

Transfer Liquor License

License is: Full Year OR Seasonal List Dates of Operation: _____

SECTION A - LICENSE INFORMATION			FEES
License Year: <u>2011/2012</u>	License Type: <u>Beverage Dispensary</u>	Statute Reference: Sec. 04.11. <u>090</u>	Filing Fee: \$100.00
License #: <u>1081</u>			Rest. Desig. Permit Fee: \$
Local Governing Body: (City, Borough or Unorganized) <u>City & Borough of Juneau</u>	Community Council Name(s) & Mailing Address:		Fingerprint: \$103 ⁰⁰ (\$51.50 per person)
Name of Applicant (Corp/LLC/LP/LLP/Individual/Partnership): <u>Shayz, LLC</u>	Doing Business As (Business Name): <u>Squires</u>	Business Telephone Number: <u>907 789 7829</u>	TOTAL <u>203⁰⁰</u>
Mailing Address: <u>9436 Patricia Place</u>	Street Address or Location of Premise: <u>11806 Glacier Hwy Juneau AK 99801</u>	Email Address:	
City, State, Zip: <u>Juneau AK 99801</u>			
SECTION B - TRANSFER INFORMATION			
<input type="checkbox"/> Regular Transfer <input checked="" type="checkbox"/> Transfer with security interest: Any instrument executed under AS 04.11.670 for purposes of applying AS 04.11.360(4)(b) in a later involuntary transfer, must be filed with this Application. Real or personal property conveyed with this transfer must be described. Provide security interest documents. <input type="checkbox"/> Involuntary Transfer. Attach documents which evidence default under AS 04.11.670.		Name and Mailing Address of <i>CURRENT</i> Licensee: <u>Auke Bay Inn, Inc.</u> <u>PO Box 210235 Auke Bay AK 99821</u>	
		Business Name (dba) <i>BEFORE</i> transfer: <u>Auke Bay Inn</u>	
		Street Address or Location <i>BEFORE</i> transfer: <u>11806 Glacier Hwy Juneau AK 99801</u>	
SECTION C - PREMISES TO BE LICENSED			
Distance to closest school grounds: <u>0.1 mi</u>	<i>Distance measured under:</i> <input checked="" type="checkbox"/> AS 04.11.410 OR <input type="checkbox"/> Local ordinance No.	<input type="checkbox"/> Premises is GREATER than 50 miles from the boundaries of an incorporated city, borough, or unified municipality. <input type="checkbox"/> Premises is LESS than 50 miles from the boundaries of an incorporated city, borough, or unified municipality. <input checked="" type="checkbox"/> Not applicable	
Distance to closest church: <u>0.9 mi</u>	<i>Distance measured under:</i> <input checked="" type="checkbox"/> AS 04.11.410 OR <input type="checkbox"/> Local ordinance No.		
Premises to be licensed is: <input type="checkbox"/> Proposed building <input checked="" type="checkbox"/> Existing facility <input type="checkbox"/> New building	<input type="checkbox"/> Plans submitted to Fire Marshall (required for new & proposed buildings) <input checked="" type="checkbox"/> Diagram of premises attached <u>same as in Current file, no change</u>		

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SECTION D – LICENSEE INFORMATION

1. Does any individual, corporate officer, director, limited liability organization member, manager or partner named in this application have any direct or indirect interest in any other alcoholic beverage business licensed in Alaska or any other state?

Yes No If Yes, complete the following. Attach additional sheets if necessary.

Name	Name of Business	Type of License	Business Street Address	State

2. Has any individual, corporate officer, director, limited liability organization member, manager or partner named in this application been convicted of a felony, a violation of AS 04, or been convicted as a licensee or manager of licensed premises in another state of the liquor laws of that state?

Yes No If Yes, attach written explanation.

SECTION E – OWNERSHIP INFORMATION - CORPORATION

Corporations, LLCs, LLPs and LPs must be registered with the Dept. of Community and Economic Development.

Name of Entity (Corporation/LLC/LLP/LP) (or N/A if an Individual ownership): Shayz LLC		Telephone Number: 907 789 7829	Fax Number:
Corporate Mailing Address: 9436 Patricia Place	City: Juneau	State: AK	Zip Code: 99801
Name, Mailing Address and Telephone Number of Registered Agent: Shayla weeks yates 9436 Patricia place Juneau AK 99801		Date of Incorporation OR Certification with DCED: 3-19-12	State of Incorporation: AK
Is the Entity in "Good Standing" with the Alaska Division of Corporations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If no, attach written explanation. Your entity <i>must</i> be in compliance with Title 10 of the Alaska Statutes to be a valid liquor licensee.			

Entity Members (Must include President, Secretary, Treasurer, Vice-President, Manager and Shareholder/Member with at least 10%)					
Name	Title	%	Home Address & Telephone Number	Work Telephone Number	Date of Birth
Shayla weeks yates	Managing/Member	90	9436 Patricia Pl, Juneau AK	907 723 2476	8-16-79
Raymond Paul Kaiser	Member	10	" "	907 723 1002	5-5-81

NOTE: If you need additional space, please attach a separate sheet.

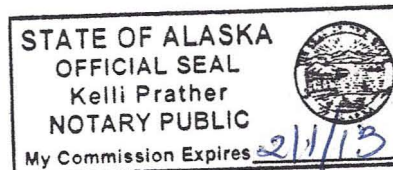
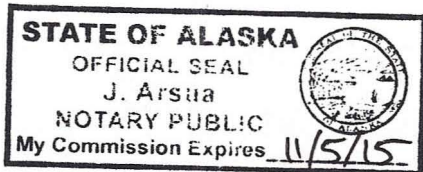
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SECTION F – OWNERSHIP INFORMATION – SOLE PROPRIETORSHIP (INDIVIDUAL OWNER & SPOUSE)			
Individual Licensees/Affiliates (The ABC Board defines an "Affiliate" as the spouse or significant other of a licensee. Each Affiliate must be listed.)			
Name:	Applicant <input type="checkbox"/>	Name:	Applicant <input type="checkbox"/>
Address:	Affiliate <input type="checkbox"/>	Address:	Affiliate <input type="checkbox"/>
Home Phone:	Date of Birth:	Home Phone:	Date of Birth:
Work Phone:		Work Phone:	
Name:	Applicant <input type="checkbox"/>	Name:	Applicant <input type="checkbox"/>
Address:	Affiliate <input type="checkbox"/>	Address:	Affiliate <input type="checkbox"/>
Home Phone:	Date of Birth:	Home Phone:	Date of Birth:
Work Phone:		Work Phone:	

Declaration

- I declare under penalty of perjury that I have examined this application, including the accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete, and this application is not in violation of any security interest or other contracted obligations.
- I hereby certify that there have been no changes in officers or stockholders that have not been reported to the Alcoholic Beverage Control Board. The undersigned certifies on behalf of the organized entity, it is understood that a misrepresentation of fact is cause for rejection of this application or revocation of any license issued.
- I further certify that I have read and am familiar with Title 4 of the Alaska statutes and its regulations, and that in accordance with AS 04.11.450, no person other than the licensee(s) has any direct or indirect financial interest in the licensed business.
- I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application.

Signature of Current Licensee(s)	Signature of Transferee(s)
Signature <i>Donald E Howell</i>	Signature <i>Shayla Weems-Johns</i>
Signature	Signature <i>Ray Kaiser</i>
Name & Title (Please Print) <i>Donald E Howell Pres</i>	Name & Title (Please Print) <i>SHAYLA Weems-Johns MANAGER / RAY KAISER MEMBER</i>
Subscribed and sworn to before me this <i>22ND</i> day of <i>AUGUST</i> , 2012	Subscribed and sworn to before me this <i>21ST</i> day of <i>AUGUST</i> , 2012
Notary Public in and for the State of Alaska <i>[Signature]</i>	Notary Public in and for the State of Alaska <i>[Signature]</i>
My commission expires: <i>11/5/15</i>	My commission expires: <i>2/1/13</i>



Auke Bay INN

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