Form **504** 

## Alcohol Beverage Tax Assignment of Certificate of Deposit

TCDS #,		in the amount of \$			
Issued by:	Bank Name				
issued by:	_				
	Address				
	City, State, ZIP Code				
	Bank Phone Number				
for the Alcoholic Beverage Tax se	ecurity as required by the laws	of the State of Alaska for	licensing of:		
as a wholesaler or manufacturer alcoholic beverages, doing busin					
who is an:	tion Partnership	Sole Proprietor	LLC	Other	
The undersigned does hereby irro to do all things necessary and ap				authorized agents as their Attorney-in-Fact,	
It is agreed and understood that security.	this assignment shall remain	in full force and effect for	the period of time pr	rovided by law for actions against the said	
Dated at	_ Alaska, this	day of	, 20		
The person whose name appear	s on the Certificate of Deposit	must sign below:			
Applicant's Signature			Social Security Number / FEIN		
STATE OF ALASKA	)				
	) ss:				
JUDICIAL DISTRICT	)				
-	-	, before me, the undersigned, notary public in and for the State of Alaska, duly to me known to be the person			
•				cknowledged to me that he/she signed and	
sealed the same freely and volur			posit, and ne/site ac	Antowiedged to the that he/she signed and	
,	, , ,				
WITNESS my hand and official s	eal the day and year in this ce	ertificate first above writter	1.		
		Notary Pu	Notary Public for the State of Alaska		
		My Comn	nission Expires:		
By signature below, the issuing in all funds described above.	nstitution agrees that only the			notice, shall cause the release of any and	
Rank Representative			Date		