



MEMORANDUM

TO: Robert Klein, Chair
and Members of the ABC Board

DATE: February 5, 2016

FROM: Cynthia Franklin
Director

RE: First & Second Waivers

3187 Anchorage Curling Club: Anchorage Curling Club, Inc.
711 E Loop Road; Anchorage
License: Club
First Waiver

76 Artic Bar: Arctic Bar, Inc.
148 S Franklin Street; Juneau
License: Beverage Dispensary
First Waiver

5338 Bridge Lounge: River Edge, Inc.
393 Riverside Drive; Soldotna
License: Beverage Dispensary – Tourism
First Waiver

426 Frontier Club: Boulder Investments, Inc.
No Premises; Fairbanks
License: Beverage Dispensary
First Waiver

4779 Grape Expectations: Grape Brothers, LLC
No Premises; Anchorage
License: Package Store
First Waiver

- 5345 Kiana Package Store:** City of Kiana
Willow & Cemetery Lane; Kiana
License: Package Store – Community
First Waiver
- 5345 Kiana Package Store:** City of Kiana
Willow & Cemetery Lane; Kiana
License: Package Store – Community
Second Waiver
- 612 King Mountain Lodge:** King Mountain Lodge, LLC
34097 N Glenn Highway; Mat-Su Borough
License: Beverage Dispensary
First Waiver
- 612 King Mountain Lodge:** King Mountain Lodge, LLC
34097 N Glenn Highway; Mat-Su Borough
License: Beverage Dispensary
Second Waiver
- 5273 M/V Silver Discoverer:** Silversea Provisioning, LLC
Alaskan Waters
License: Common Carrier
First Waiver
- 4377 New Party Time Liquors:** New Party Time Liquors, Inc.
No Premises
License: Package Store
Second Waiver
- 4733 No DBA:** Triplets, Inc.
No Premises; Wasilla
License: Beverage Dispensary
Second Waiver
- 1566 Steve’s Sports Bar & Grill:** SLF International, Inc.
No Premises; Anchorage
License: Beverage Dispensary
First Waiver

828 Thibodeaus Liquor: Thibodeau's Market, Inc.
No Premises; Juneau
License: Package Store
First Waiver

1244 Woodshed: Woodshed, LLC
535 West 3rd Avenue; Anchorage
License: Beverage Dispensary
Second Waiver

Alcoholic Beverage Control Board
 550 West 7th Ave. Ste. 1600
 Anchorage, Alaska 99501
 (907) 269-0350
 FAX (907) 334-2285

Waiver of Operation Application

13677
AS 04.11.330(a)(3)

License Information		Fees*	
Liquor License Number: <u>3187</u>		Waiver Fee	\$ 300
License Type: <u>Seasonal</u>		Penalty (If applicable)	\$ 1,000.00
Local Governing Body: (City, Borough or Unorganized) <u>Municipality of Anchorage</u>		Total Submitted	\$ <u>1,300.⁰⁰</u>
Name of Licensee: <u>Anchorage Curling Club, Inc.</u>	*The fee is non-refundable		
Doing Business As (Business Name) <u>Anchorage Curling Club, Inc.</u>	Telephone Number: <u>907-272-2825</u>		
Mailing Address: <u>PO Box 2008 200686</u> <u>Anchorage, AK 99520-0686</u>	Street Address or Location of Business <u>711 E-Loop Rd Anchorage</u> City: <u>Anchorage</u>		

Waiver Request Information	
This waiver application is the:	<input checked="" type="checkbox"/> 1 st Request <input type="checkbox"/> 2 nd Request <input type="checkbox"/> 3 rd Request <input type="checkbox"/> Other _____
Waiver Request for Calendar Year: <u>2015</u>	Is this license for sale? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Explanation of the circumstances for non-operation of license. Include relevant information as to why the license was not operated, any future plans for operating the license and projected timelines. Attach additional sheets if necessary.

The Anchorage Curling Club facility experienced a major mechanical failure of its refrigeration piping in October 2014. The entire 2015 we have been unable to make ice and therefore cannot host curling classes, leagues or competitions. Repairs were started in 2015 and were supposed to be complete in October but the project has suffered a number of set backs. Our contractor NuFlow Inc. assures us they will complete repairs early January so that we can open for business from Feb-April and then again Oct-December.

Signature of Licensee(s)			
Signature		Signature	
Name (Please Print) <u>Barbara L Hatman</u>	<u>ACC Treasurer/ Secretary</u>	Name (Please Print)	
Date <u>12-31-2015</u>		Date	

13218

13219

Alcoholic Beverage Control Board
550 West 7th Ave. Ste. 1600
Anchorage, Alaska 99501
(907) 269-0350
FAX (907) 334-2285

Waiver of Operation Application

AS 04.11.330(a)(3)

License Information		Fees*	
Liquor License Number: # 76		Waiver Fee	\$
License Type: Beverage Dispensary		Penalty (If applicable)	\$ 1,000.00
Local Governing Body: (City, Borough or Unorganized) City 3 Borough of Juneau		Total Submitted	\$
Name of Licensee: Arctic Bar, Inc.		*The fee is non-refundable	
Doing Business As (Business Name) Arctic Bar		Telephone Number: 907-789-7428	
Mailing Address: P.O. Box 32537 Juneau, Alaska 99803		Street Address or Location of Business 148 S. Franklin St. City: Juneau	

Waiver Request Information	
This waiver application is the: <input checked="" type="checkbox"/> 1 st Request <input type="checkbox"/> 2 nd Request <input type="checkbox"/> 3 rd Request <input type="checkbox"/> Other _____	
Waiver Request for Calendar Year: 2015	Is this license for sale? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Explanation of the circumstances for non-operation of license. Include relevant information as to why the license was not operated, any future plans for operating the license and projected timelines. Attach additional sheets if necessary.

I closed the Arctic Bar at the end of 2014 with the intent of selling the liquor license in 2015. We are currently negotiating the sale of the license but the sale will not be finalized until early 2016. I misunderstood the regulations and did not realize I needed to file the Waiver of Operation for 2015.

Signature of Licensee(s)	
Signature Loretta B. Neal	Signature
Name (Please Print) LORETTA B. NEAL	Name (Please Print)
Date December 4, 2015	Date

Alcoholic Beverage Control Board
 550 West 7th Ave. Ste. 1600
 Anchorage, Alaska 99501
 (907) 269-0350
 FAX (907) 334-2285

Waiver of Operation Application

AS 04.11.330(a)(3)

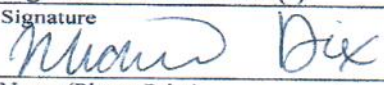
13719

License Information		Fees*	
Liquor License Number: 5338		Waiver Fee	\$ 1250
License Type: Beverage Dispensary - Tourism AS 04.11.400d		Penalty (If applicable)	\$ 1,000.00
Local Governing Body: (City, Borough or Unorganized)		Total Submitted	\$ 2250
Name of Licensee: River Edge, Inc		*The fee is non-refundable	
Doing Business As (Business Name): Bridge Lounge		Telephone Number: 907-252-3479	
Mailing Address: 393 Riverside Drive Soldotna, AK 99669		Street Address or Location of Business: 393 Riverside Drive	
		City: Soldotna	

Waiver Request Information	
This waiver application is the: <input checked="" type="checkbox"/> 1 st Request <input type="checkbox"/> 2 nd Request <input type="checkbox"/> 3 rd Request <input type="checkbox"/> Other _____	
Waiver Request for Calendar Year: 2014	Is this license for sale? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Explanation of the circumstances for non-operation of license. Include relevant information as to why the license was not operated, any future plans for operating the license and projected timelines. Attach additional sheets if necessary.

* See attached

Signature of Licensee(s)	
Signature 	Signature
Name (Please Print) Michelle Dix	Name (Please Print)
Date 1/11/16	Date

We started our preliminary building design in March 2014. During detailed engineering phase our project scope grew due to engineering and city requirements. We started our liquor license application at the same time as our preliminary design phase in March 2014 to ensure we would get a liquor license before we completed detailed engineering and construction. With the increased construction scope we could not complete the project until July 2015. We officially opened for business July 24, 2015.

Alcoholic Beverage Control Board
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Waiver of Operation Application

AS 04.11.330(a)(3)

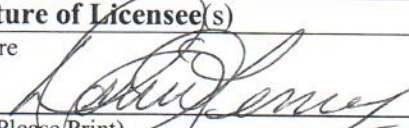
13548

License Information		Fees*	
Liquor License Number: 426		Waiver Fee	\$1250.00
License Type: Beverage Dispensary		Penalty (If applicable)	\$ 1,000.00
Local Governing Body: (City, Borough or Unorganized) Fairbanks - City Fairbanks North Star Borough		Total Submitted	\$ 2200.00
Name of Licensee: Boulder Investments Inc		*The fee is non-refundable \$2250.	
Doing Business As (Business Name) not at this time		Telephone Number:	907-750-2024
Mailing Address: PO BOX 74201 FBKS. AK 99707	Street Address or Location of Business Fairbanks		
	City:		

Waiver Request Information	
This waiver application is the: <input checked="" type="checkbox"/> 1 st Request <input type="checkbox"/> 2 nd Request <input type="checkbox"/> 3 rd Request <input type="checkbox"/> Other _____	
Waiver Request for Calendar Year: 2015-2016	Is this license for sale? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Explanation of the circumstances for non-operation of license. Include relevant information as to why the license was not operated, any future plans for operating the license and projected timelines. Attach additional sheets if necessary.

Lost current location and was tied up the last year in legal matters. The license is for sale now and currently looking for a future location

Signature of Licensee(s)	
Signature 	Signature
Name (Please Print) DARRIN E. LEMONS	Name (Please Print)
Date 11-27-15	Date

Application

750⁰⁰

136000

License Information		Fees*	
Liquor License Number:	4779	Waiver Fee	\$ 750 ⁰⁰
License Type:	Package 5122	Penalty (If applicable)	\$ 1,000.00
Local Governing Body: (City, Borough or Unorganized)	Anch Municipality (Anch, Sit, Sno, Com, Car, WA)	Total Submitted	\$ 1,750 ⁰⁰
Name of Licensee:	Grape Brothers	*The fee is non-refundable	
Doing Business As (Business Name)	Grape Expectations	Telephone Number:	865-9197
Mailing Address:	343 W. 6 th Ave Anchorage, AK 99501	Street Address or Location of Business	510 W. 6 th Ave City: Anchorage

Waiver Request Information	
This waiver application is the:	<input checked="" type="checkbox"/> 1 st Request <input type="checkbox"/> 2 nd Request <input type="checkbox"/> 3 rd Request <input type="checkbox"/> Other _____
Waiver Request for Calendar Year:	2015
Is this license for sale?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Explanation of the circumstances for non-operation of license. Include relevant information as to why the license was not operated, any future plans for operating the license and projected timelines. Attach additional sheets if necessary.

Location at 510 W. 6th Ave was closed to move to another location in 2015 - That timeline has been pushed back until 2016 pending lease negotiations being finalized. Location was closed due to an unsafe operating environment for our employees with regular thefts & Broken windows which became very expensive to fix.

Signature of Licensee(s)	
Signature	Signature
Name (Please Print)	Name (Please Print)
Date	Date

Signature: *Scott R. Araya*
 Name: Scott R. Araya
 Date: 12/29/15

Alcoholic Beverage Control Board
 550 West 7th Ave. Ste. 1600
 Anchorage, Alaska 99501
 (907) 269-0350
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Waiver of Operation Application

AS 04.11.330(a)(3)

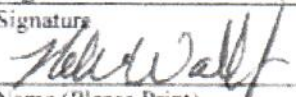
13639

License Information		Fees*	
Liquor License Number: 5345		Waiver Fee	\$ 750.00
License Type: Package Store		Penalty (if applicable)	\$ 1,000.00
Local Governing Body: (City, Borough or Unorganized) City / Borough		Total Submitted	\$ 1750.00
Name of Licensee: City of Kiana Nelson Walker Jr. - Administrator		*The fee is non-refundable	
Doing Business As (Business Name) Kiana Package Store		Telephone Number:	(907) 475-2136
Mailing Address: P.O. Box 150 Kiana, AK 99749	Street Address or Location of Business Willow & Cemetery Lane City: Kiana		

Waiver Request Information	
This waiver application is the: <input checked="" type="checkbox"/> 1 st Request <input type="checkbox"/> 2 nd Request <input type="checkbox"/> 3 rd Request <input type="checkbox"/> Other _____	
Waiver Request for Calendar Year: 2014	Is this license for sale? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Explanation of the circumstances for non-operation of license. Include relevant information as to why the license was not operated, any future plans for operating the license and projected timelines. Attach additional sheets if necessary.

Nelson Walker Jr. is our new City Administrator, and Glenda Reed is the LBCB Manager for the Kiana Package Store. We were not in our positions at the time they filled out for the 2014/2015 Liquor License. We, also, were not aware that we had to be open for 30-8 hour days through out the year.

Signature of Licensee(s)	
Signature 	Signature
Name (Please Print) Nelson Walker Jr	Name (Please Print)
Date 12/31/15	Date

Alcoholic Beverage Control Board
 550 West 7th Ave. Ste. 1600
 Anchorage, Alaska 99501
 (907) 269-0350
 FAX (907) 334-2285

Waiver of Operation Application

AS 04.11.330(a)(3)

13690

License Information		Fees*	
Liquor License Number:	5345	Waiver Fee	\$ 1500.00
License Type:	Package Store	Penalty (if applicable)	\$ 1,000.00
Local Governing Body: (City, Borough or Unorganized)	City / Borough	Total Submitted	\$ 2500.00
Name of Licensee: City of Kiana Nelson Walker Jr. - Administrator		*The fee is non-refundable	
Doing Business As (Business Name)	Kiana Package Store	Telephone Number:	(907) 475-2136
Mailing Address:	P.O. Box 150 Kiana, AK. 99749	Street Address or Location of Business	Willow & Cemetery Lane City: Kiana

Waiver Request Information

This waiver application is the: 1st Request 2nd Request 3rd Request Other _____

Waiver Request for Calendar Year: 2015 Is this license for sale? Yes No

Explanation of the circumstances for non-operation of license. Include relevant information as to why the license was not operated, any future plans for operating the license and projected timelines. Attach additional sheets if necessary.

Nelson Walker Jr. is our new City Administrator, and Glenda Reed is the LBCB manager for the Kiana Package Store. We were not in our positions at the time they filled out for the 2014/2015 Liquor License. We, also, were not aware that we had to be open for 30-8 hour days through out the year.

Signature of Licensee(s)	
Signature	Signature
Name (Please Print)	Name (Please Print)
Date	Date

Nelson Walker Jr.
 Nelson Walker Jr.
 12/31/15

11473

Alcoholic Beverage Control Board
2400 Viking Drive
Anchorage, Alaska 99501
(907) 263-5900
FAX (907) 263-5930

Waiver of Operation Application

AS 04.11.330(a)(3)

License Information		Fees*	
Liquor License Number: 612		Waiver Fee	\$ 1250.00
License Type: Beverage Dispensary		Penalty (If applicable)	\$ 1,000.00
Local Governing Body: (City, Borough or Unorganized) Mat-Su Borough		Total Submitted	\$ 1750
Name of Licensee:		*The fee is non-refundable	
Doing Business As (Business Name) King Mountain Lodge		Telephone Number: (907) 745-4280	
Mailing Address: P.O. Box 1177 Chickaloon, AK 99674		Street Address or Location of Business 34097 N. Glenn Hwy City: Chickaloon	

Waiver Request Information	
This waiver application is the: <input checked="" type="checkbox"/> 1 st Request <input type="checkbox"/> 2 nd Request <input type="checkbox"/> 3 rd Request <input type="checkbox"/> Other _____	
Waiver Request for Calendar Year: 2014	Is this license for sale? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

Explanation of the circumstances for non-operation of license. Include relevant information as to why the license was not operated, any future plans for operating the license and projected timelines. Attach additional sheets if necessary. Darlene Whaley was unable to work at the lodge because she had to stay home and take care of her 87 year old disabled Mother. Michael Hedrick was injured and unable to work from Nov 2013 - Sept 2014. The pipes in the lodge froze and broke and we have no funds to do repairs.

Signature of Licensee(s)	
Signature <i>Michael C. Hedrick</i>	Signature <i>Darlene M. Whaley</i>
Name (Please Print) Michael C. Hedrick	Name (Please Print) Darlene M. Whaley
Date Oct 13, 2014	Date Oct 13, 2014

Alcoholic Beverage Control Board
 550 West 7th Ave. Ste. 1600
 Anchorage, Alaska 99501
 (907) 269-0350
 FAX (907) 334-2285

**Waiver of Operation
 Application**

AS 04.11.330(a)(3)

13252

License Information		Fees*	
Liquor License Number: 612	License Type: Beverage Dispenser	Waiver Fee	\$2500.00
Local Governing Body: (City, Borough or Unorganized) Mat-Su		Penalty (If applicable)	\$1,000.00
Name of Licensee: Michael C Hedrick Darlene Whaley		Total Submitted	\$3,500.00
Doing Business As (Business Name) King Mountain Lodge		*The fee is non-refundable	
Mailing Address: Box 1177 Chickaloon AK 99674		Telephone Number: (907) 745-1664	
		Street Address or Location of Business 34094 N. Glenn Hwy City: Chickaloon	

Waiver Request Information

This waiver application is the: 1st Request 2nd Request 3rd Request Other _____

Waiver Request for Calendar Year: 2015

Is this license for sale? Yes No

Explanation of the circumstances for non-operation of license. Include relevant information as to why the license was not operated, any future plans for operating the license and projected timelines. Attach additional sheets if necessary.

Darlene Whaley, 25% owner, was the manager/cook. Her mother developed alzheimers and is blind so she has to give her 24/7 care. The traffic in the area of the lodge has greatly dwindled and we are unable to afford to pay someone to run the operation. Michael fills in taking care of mom, as she cannot be left alone at all. We will re-evaluate our situation when we no longer need to provide care.

Signature of Licensee(s)	
Signature 	Signature
Name (Please Print) Michael C. Hedrick	Name (Please Print) Darlene M. Whaley
Date Dec 14 2015	Date Dec 14 2015

DEC 14 '15 PM 3:12

Alcoholic Beverage Control Board
 550 West 7th Ave. Ste. 1600
 Anchorage, Alaska 99501
 (907) 269-0350
 FAX (907) 334-2285

Waiver of Operation Application

13073
 AS 04.11.330(a)(3)


License Information		Fees*	
Liquor License Number: 5273		Waiver Fee	\$250.00
License Type: Common Carrier		Penalty (If applicable)	\$ 1,000.00
Local Governing Body: (City, Borough or Unorganized) Not Applicable		Total Submitted	\$1,250.00
Name of Licensee: Silversea Provisioning, LLC		*The fee is non-refundable	
Doing Business As (Business Name): M/V SILVER DISCOVERER		Telephone Number: 800.722.9955	
Mailing Address:	Street Address or Location of Business:		
110 E. Broward Blvd. Fort Lauderdale, Florida 33301	110 E. Broward Blvd. City: Fort Lauderdale, Florida 33301		

Waiver Request Information	
This waiver application is the:	<input checked="" type="checkbox"/> 1 st Request <input type="checkbox"/> 2 nd Request <input type="checkbox"/> 3 rd Request <input type="checkbox"/> Other _____
Waiver Request for Calendar Year: 2014	Is this license for sale? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Explanation of the circumstances for non-operation of license. Include relevant information as to why the license was not operated, any future plans for operating the license and projected timelines. Attach additional sheets if necessary.

The M/V Silver Discoverer is an expedition vessel with worldwide itineraries. Silver Discoverer's 2014 itineraries included 20 port calls in Alaska. The vessel spent over 30 days in Alaska in 2015 and is scheduled to again call in Alaska in 2016 and 2017.

The complete schedule for 2014 for Silver Discoverer is attached.

Signature of Licensee(s)	
Signature 	Signature
Name (Please Print) Kim Berman	Name (Please Print)
Date 11/20/15	Date

Alcoholic Beverage Control Board
 550 West 7th Ave. Ste. 1600
 Anchorage, Alaska 99501
 (907) 269-0350
 FAX (907) 334-2285

Waiver of Operation Application

13736
 AS 04.11.330(a)(3)

License Information		Fees*	
Liquor License Number: <u>4397</u>		Waiver Fee	\$ <u>750.⁰⁰</u>
License Type: <u>Package Store</u>		Penalty (If applicable)	\$ 1,000.00
Local Governing Body: (City, Borough or Unorganized)		Total Submitted	\$ <u>1750.⁰⁰</u>
Name of Licensee: <u>Anchorage, Mun of</u>		*The fee is non-refundable	
Doing Business As (Business Name): <u>New Party Time Liquors, Inc</u>		Telephone Number:	
Mailing Address: <u>Same</u>	Street Address or Location of Business		
<u>341 Bonifacia Pky</u>	City:		
<u>Anchorage Ak</u>			

Waiver Request Information	
This waiver application is the: <input type="checkbox"/> 1 st Request <input checked="" type="checkbox"/> 2 nd Request <input type="checkbox"/> 3 rd Request <input type="checkbox"/> Other _____	
Waiver Request for Calendar Year: <u>2015</u>	Is this license for sale? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Explanation of the circumstances for non-operation of license. Include relevant information as to why the license was not operated, any future plans for operating the license and projected timelines. Attach additional sheets if necessary.

No location at this time. Letter of intent in place, building is being built should be completed before 6/1/16

Signature of Licensee(s)	
Signature: <u>Roy Cappadona</u>	Signature:
Name (Please Print): <u>Roy Cappadona</u>	Name (Please Print):
Date: <u>11/20/15</u>	Date:

Alcoholic Beverage Control Board
 2400 Viking Drive
 Anchorage, Alaska 99501
 (907) 263-5900
 FAX (907) 263-5930

**Waiver of Operation
 Application**

13194
 AS 04.11.330(a)(3)

License Information		Fees*	
Liquor License Number: 4733		Waiver Fee	\$ 1250 ⁰⁰
License Type: Beverage Disp AS04-11.090		Penalty (If applicable)	\$ 1,000.00
Local Governing Body: (City, Borough or Unorganized) City of Wasilla		Total Submitted	\$ 1000.00
Name of Licensee: TRIPLETS INC		*The fee is non-refundable	
Doing Business As (Business Name) NONE		Telephone Number: 9073521700	
Mailing Address: 2900 E Parks Hwy Wasilla AK 99654		Street Address or Location of Business 3100 E Parks Hwy Wasilla AK 99654	

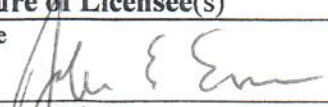

Waiver Request Information

This waiver application is the: 1st Request 2nd Request 3rd Request Other _____

Waiver Request for Calendar Year: ~~2014~~ 2015 Is this license for sale?
 Yes No NOT AT THIS TIME

Explanation of the circumstances for non-operation of license. Include relevant information as to why the license was not operated, any future plans for operating the license and projected timelines. Attach additional sheets if necessary.

We purchased this license in July 2014 from Wasilla Apple Inc. At this moment we have no set plans for it + there is a possibility we may sell it.

Signature of Licensee(s)	
Signature 	Signature 
Name (Please Print) John E Emmi	Name (Please Print) ERNEST J EMMI
Date 11/2/15	Date 11/13/15

Alcoholic Beverage Control Board
 550 West 7th Ave. Ste. 1600
 Anchorage, Alaska 99501
 (907) 269-0350
 FAX (907) 334-2285

Waiver of Operation
 Application

COPY

AS 04.11.330(a)(3)

13148 13149

License Information		Fees*	
Liquor License Number:	1566	Waiver Fee	\$ 1250
License Type:	Bev. Dispensary	Penalty (If applicable)	\$ 1,000.00
Local Governing Body: (City, Borough or Unorganized)	Anchorage,	2250	2250
		Total Submitted	\$
Name of Licensee:	SL F. Int. Inc.	*The fee is non-refundable	
Doing Business As (Business Name)	Stevens Sports Bar	Telephone Number:	(907) 277-0703
Mailing Address:	1409 W 34th Anchorage, AK 99503	Street Address or Location of Business	no premises
		City:	

Waiver Request Information

This waiver application is the: 1st Request 2nd Request 3rd Request Other _____

Waiver Request for Calendar Year: 2015

Is this license for sale?
 Yes No

Explanation of the circumstances for non-operation of license. Include relevant information as to why the license was not operated, any future plans for operating the license and projected timelines. Attach additional sheets if necessary.

Sold Building / haven't Relocated.

Signature of Licensee(s)	
Signature	Signature
Name (Please Print)	Name (Please Print)
Date	Date

Steve Fibranz
 12/2/15

Alcoholic Beverage Control Board
 550 West 7th Ave. Ste. 1600
 Anchorage, Alaska 99501
 (907) 269-0350
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Waiver of Operation Application

AS 04.11.330(a)(3)

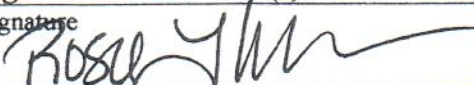
12968

License Information		Fees*	
Liquor License Number: 828		Waiver Fee	\$750.00
License Type: Package store		Penalty (If applicable)	\$1,000.00
Local Governing Body: (City, Borough or Unorganized) Juneau City + Borough		Total Submitted	\$1750.00
Name of Licensee: Thibodeaus market Inc	*The fee is non-refundable		
Doing Business As (Business Name) Thibodeaus LIQUOR	Telephone Number: 907-780-4482		
Mailing Address: PO Box 20290 Juneau, AK 99802	Street Address or Location of Business NO PREMISES		
	City: Juneau		

Waiver Request Information	
This waiver application is the:	<input checked="" type="checkbox"/> 1 st Request <input type="checkbox"/> 2 nd Request <input type="checkbox"/> 3 rd Request <input type="checkbox"/> Other _____
Waiver Request for Calendar Year: 2015	Is this license for sale? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Explanation of the circumstances for non-operation of license. Include relevant information as to why the license was not operated, any future plans for operating the license and projected timelines. Attach additional sheets if necessary.

we are still working on a location that will work best for our corporation. An option was discussed but we are still looking. Hoping to finalize it soon.

Signature of Licensee(s)	
Signature 	Signature
Name (Please Print) Rosie Thibodeau	Name (Please Print)
Date 11-4-2015	Date

Waiver of Operation Application

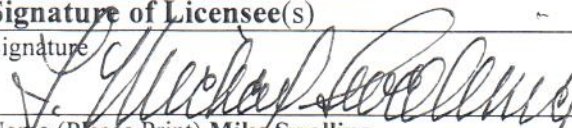
13153

License Information		Fees*	
Liquor License Number: 1244		Waiver Fee	\$2,500.00
License Type: Beverage Dispensary		Penalty (If applicable)	\$ 1,000.00
Local Governing Body: (City, Borough or Unorganized) MOA		Total Submitted	\$3,500.00
Name of Licensee: Woodshed, LLC		*The fee is non-refundable	
Doing Business As (Business Name) Woodshed		Telephone Number: 907-244-8971	
Mailing Address: PO Box 1039 Anchorage, AK 99510		Street Address or Location of Business 535 W. 3 rd Ave.	
		City: Anchorage	

Waiver Request Information	
This waiver application is the: <input type="checkbox"/> 1 st Request <input checked="" type="checkbox"/> 2 nd Request <input type="checkbox"/> 3 rd Request <input type="checkbox"/> Other _____	
Waiver Request for Calendar Year: 2015	Is this license for sale? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

Explanation of the circumstances for non-operation of license. Include relevant information as to why the license was not operated, any future plans for operating the license and projected timelines. Attach additional sheets if necessary.

License location is currently going through a remodel, and license should be operational within the next few weeks.

Signature of Licensee(s)	
Signature 	Signature
Name (Please Print) Mike Swalling	Name (Please Print)
Date 12/2/15	Date