



THE STATE  
of **ALASKA**

GOVERNOR BILL WALKER

Department of Commerce, Community,  
and Economic Development

ALCOHOLIC BEVERAGE CONTROL BOARD  
550 W. 7<sup>th</sup> Avenue, Ste 1600  
Anchorage, Alaska 99501  
Main: 907.269.0350  
TDD: 907.465.5437

**MEMORANDUM**

TO: Robert Klein, Chair and  
Members of the Board

FROM: Cynthia Franklin  
Director, ABC Board

DATE: April 15<sup>th</sup> 2016

RE: Isanotski Liquors #4234

This is an application for a reinstatement and renewal of a package store license. The licensee has requested that the license be reinstated after the renewal application was not submitted in a timely manner per AS 04.11.540.

Date application received: April 1, 2016

Application Complete: Yes

Fees and penalties paid: Yes

3 AAC 304.160(f) Factors: No

Reason stated for late submission: Person responsible for renewal had medical issues.

Inquiry for the Board: Good Cause Shown; Has the licensee shown proof of good cause for the failure to file and pay by February 28, 2015 per 3 AAC 304.160(e)(3)?

Recommendation: Grant reinstatement if good cause shown



## Isanotski Corporation

P.O. Box 9  
101 Isanotski Drive  
False Pass, AK 99583  
907-548-2217, FAX 548-2317

March 11, 2016

Dear Alcoholic Beverage Control Board,

I am writing to you today on behalf of Isanotski Liquors to request reinstatement/renewal of our liquor license #4234 as soon as possible.

The Corporation is the parent company for Liquors and as such is responsible for renewing this license when it is due. We are currently in good standing with the Division of Corporations, Business and Professional Licensing, Entity #76224D.

The Manager of the Corporation is responsible for filing the paperwork on time and paying the proper fees. Because of her medical appointments and travel since October 2015 (We can provide travel and hospital documentation if needed) she missed the time and date deadlines for our renewal application. Other licenses and renewal applications for this business during the same time frame were submitted and obtained which may have also caused her some confusion about whether or not this was completed.

In accordance with 3AAC 304.160 Subsection E I respectfully submit, on behalf of Isanotski Corporation and Liquors, our request with the required paperwork and payment to reinstate our liquor license.

We appreciate your time and consideration in the matter.

Sincerely,

Ken Smith  
President

Attachments:

- Completed renewal liquor license application
- Division of Corporations, Business and Professional licensing print out
- Check # 1429 + 1436 to pay fees in full

APR 17 2016 1:52

13908  
13909

Alcoholic Beverage Control Board 550 W 7 <sup>th</sup> Avenue, Suite 1600 Anchorage, AK 99501	<b>Renewal Liquor License</b> <b>2016/2017</b>	Phone: (907) 269-0350 Email: alcohol.licensing@alaska.gov <a href="http://commerce.alaska.gov/web/abc/Home.aspx">http://commerce.alaska.gov/web/abc/Home.aspx</a>
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License is:  Full Year OR  Seasonal If seasonal, list dates of operation: \_\_\_\_\_

<b>SECTION A - LICENSE INFORMATION</b>		
<b>License Number:</b> 4234	<b>License Type:</b> Package Store	<b>Statute Reference:</b> Sec. 04.11.150
<b>Local Governing Body:</b> Outside City Limits Aleutians East Borough		<b>Community Council (if applicable):</b>
<b>Name of Licensee:</b> Isanotski Liquors, Inc.		<b>Doing Business As (DBA):</b> Isanotski Liquors
<b>Mailing Address:</b> 185 Unimak Drive, P.O. Box 113 False Pass, AK 99583		<b>Street Address or Location of Premises:</b> 185 Unimak Drive
<b>Phone:</b> (907) 548-2217	<b>Fax:</b> (907) 548-2317	<b>Email:</b> isanotski corp@justemail.net

<b>SECTION B – OWNERSHIP INFORMATION – CORPORATION (if owner is a sole proprietor, skip to SECTION C)</b>				
<i>Corporations, LLCs, LLPs and LPs must be registered with the Alaska Division of Corporations.</i>				
Name of Entity (Corporation/LLC/LLP/LP): Isanotski Liquors, Inc.				
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 <b>must</b> be in compliance with Title 10 of the Alaska Statutes to be a valid liquor licensee.				
<b>Entity Members</b> (Must include President, Secretary, Treasurer, Vice-President, Manager and Shareholder/Member with 10% or more of stock)				
Name	Title	%	Mailing Address	Telephone Number
Ken Smith Jr.	President	<input checked="" type="checkbox"/>	3511 Aoki Drive, Wasilla, AK 99654	(907) 301-8348
Gilda Shellikoff	Sec./Treas.	<input checked="" type="checkbox"/>	2852 Teleguana Drive Apt. 2, Anchorage 99517	(907) 646-4018
Melvin Smith	V-President	<input checked="" type="checkbox"/>	933 Kathy Place, Anchorage, AK 99504	(907) 548-2217
Nancy Dushkin	Member	<input checked="" type="checkbox"/>	P.O. Box 215, King Cove, AK 99612	(907) 548-2217
Lawrence Yatchmeneff	Member	<input checked="" type="checkbox"/>	8011 E. 20 <sup>th</sup> Ave., Anchorage AK 99504	(907) 548-2217
<b>NOTE: If you need additional space, please attach a separate sheet.</b>				

**SECTION C – 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"/>
Phone:	Date of Birth:	Phone:	Date of Birth:
Name:	Applicant <input type="checkbox"/>	Name:	Applicant <input type="checkbox"/>
Address:	Affiliate <input type="checkbox"/>	Address:	Affiliate <input type="checkbox"/>
Phone:	Date of Birth:	Phone:	Date of Birth:

**SECTION D – SUPPLEMENTAL QUESTIONS**

Was your business open at least 30 days for 8 hours each day in 2014?  Yes  No

Was your business open at least 30 days for 8 hours each day in 2015?  Yes  No

Has any person named in this application been convicted of a felony or Title 4 violation?  Yes  No  
If yes, attach a written explanation.

Has the licensed premises changed from the last diagram submitted?  Yes  No  
If yes, attach a new diagram with designated premises areas outlined in red.

Do you intend to sell alcoholic beverages in response to a written order?  Yes  No

**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.
- 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.
- As a licensee (sole proprietor or partner), I certify that I have received Alaska alcohol server training and my certification is currently valid.
- As a corporate/LLC licensee, I certify that all agents and employees who serve, sell, or are otherwise responsible for the service, sale, or storage of alcoholic beverages have received Alaska alcohol server training and their certification is currently valid. I further certify that certain shareholders, officers, directors, or members of the entity who are not directly or indirectly responsible for the service, sale, or storage of alcoholic beverages are not Alaska alcohol server training certified and will not be required to be certified.
- As a licensee, I certify that all of my agents and employees tasked with patron identification verification have received alcohol server training and their certification is currently valid.

License Fee	\$ 1500.00
Filing Fee	\$ 200.00
<b>TOTAL</b>	<b>\$ 1700.00</b>
Late Fee of \$500.00 – if received or postmarked after 12/31/2015	\$ 500.00
Fingerprint Fee – \$49.75 per person (only for new owners/members)	\$
<b>GRAND TOTAL</b>	<b>\$ 2,200.00</b>

Licensee Signature <i>Ken Smith</i>	Printed Name & Title: <i>Ken Smith President</i>
Notary Signature <i>[Signature]</i>	Subscribed and sworn to before me this <i>11<sup>th</sup></i> day of <i>March</i> , <i>2016</i> .
Notary Public in and for the State of: <i>ALASKA</i>	My commission expires: <i>3-13-18</i>

