



Department of Commerce, Community, and Economic Development

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

MEMORANDUM

TO: Robert Klein, Chair and Members of the BoardFROM: Cynthia Franklin Director, ABC Board DATE: April 15th 2016

RE: Sportsman Paradise #1080

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 7, 2016
Application Complete:	Yes
Fees and penalties paid:	Yes
3 AAC 304.160(f) Factors:	Νο
Reason stated for late submission:	"There is no real reason but paperwork got mixed in with other things and didn't get mailed out"
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

Sportsmen's Paradise HC 63, Box 1320 Slana, Ak. 99586 907-240-2068

April 5, 2016

Dept. of Commerce, Community, & Economic Development Alcoholic Beverage Control Board 550 West 7th Ave., Suite 1600 Anchorage, AK. 99501

Dear Sir:

There is no real reason but the paperwork got mixed in with other things and didn't get mailed out. We mailed it out as soon as we saw it and thought this might happen as for being late.

We have always gotten our renewals in before the deadline since 2001 when we look over the lodge from my parents.

We certainly would like to have this application reinstated and you can be assured this won't happen again.

Sure hoping this can be resolved.

Thank you,

1 Doing

Douglas R. Frederick

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Alcoholic Beverage Control Board			Liquor License 16/2017		Phone: (907) 269- alcohol.licensing@alaska aska.gov/web/abc/Home
icense is:	IZH €ull Year OF	Seasonal	If seasonal, list o	dates of operation: _	
SEC	TION A - LICENSE INFORMATIO	ON			
Lice	nse Number:	License Type:		Statute Reference:	
1080	0	Package Store		Sec. 04.11.150	
Loca	al Governing Body: side City Limits rganized Borough	Fackage Store	Community Council	and the second star and a start of the second start	
and the second se	ne of Licensee:		Doing Business As (I	DBA):	
Dou	glas R & Judy Frederick		Sportsmen's Paradis	e	
	ling Address:		Street Address or Lo	ocation of Premises:	
16	1/2 0 .	1250	Mile 28.5 Nabesna R	land	
Pho	HC 63 Box 1320 Phone: Fax:		Email:	1080	
1000000	100			T	
	7-240-2018			asparendes ER	KQ gmail.
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rev. 09/21/2015

SECTION C - OWNERSHIP INFORMATION - SOLE PROPRIETORSHIP (INDIVIDUAL OWNER & SPOUSE)

Individual Licensees/Affiliates (The ABC Board defines	an "affiliate" as the spouse	e or significant other of a licensee. Each affiliate	must be listed.)
Name: Doug Fresbard Address: Heles Box 1320	Applicant 🖗 Affiliate 🗋	Name: Address:	Applicant Affiliate
SLAND- AK 99586	Date of Birth:		Date of Birth:
Name: Juden Fresoseral Address: He 63 Box 1320	Applicant	Name: Address:	Applicant Affiliate
SLANN AK- 99560	Date of Birth:		Date of Birth:
Phone: 901 - 240 - 2008	06-20-1947	Phone:	

SECTION D – SUPPLEMENTAL QUESTIONS		
Was your business open at least 30 days for 8 hours each day in 2014?	(2) Yes	CI No.
Nas your business open at least 30 days for 8 hours each day in 2015?	E res	D No
Has any person named in this application been convicted of a felony or Title 4 violation? If yes, attach a written explanation.	TYes	12-110
Has the licensed premises changed from the last diagram submitted? If yes, attach a new diagram with designated premises areas outlined in red.	🗆 Yes	[[]-110
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
TOTAL	\$ 1700.00
Late Fee of \$500.00 – if received or postmarked after 12/31/2015	\$
Fingerprint Fee – \$49.75 per person (only for new owners/members)	\$
GRAND TOTAL	\$

Licensee Signature	Printed Name & Title:
Dues R. Freshwid	Doug R. FREDERICK OWNER
Notary Signature	Subscribed and sworn to before me this
Brenda M. Houngton	8th day of November 2015
Notary Public in and for the State of:	My commission expires:
Allaska	3/19/2015

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