



MEMORANDUM

TO: Robert Klein, Chair and
Members of the Board

DATE: July 14, 2016

FROM: Cynthia Franklin
Director, ABC Board

RE: Dimitri's Restaurant; License
#5491

This is an application for a new restaurant/eating place license in the City of Bethel. The Department of Environmental Conservation and the State Fire Marshal have objected to the issuance of the license based on failure to meet food handling permit requirements (DEC) and failure to complete approval process (Fire).

Date of application: May 20, 2016

Dates of Objections: May 24, 2016 (Fire); July 6 (DEC)

Basis of Objections: DEC: "The facility does not have a certified food protection manager on staff, the facility was contacted by phone and the owner has not demonstrated effort to correct this repeat violation"

Fire "Fire and life safety has an open file on Dimitri's Restaurant, we have requested information from the owner with no response dating back to 2015"

Recommendation: Deny license based on objections due to fact that licensee has been unresponsive to both agencies and is unlikely to respond to future requirements and requests from AMCO staff.

MEMORANDUM

TO: DEC – Area Office
DPS – State Fire Marshal’s Office

breanna.bullock@alaska.gov
jessica.faulkner@alaska.gov

FROM: ABC Board
Maxine Andrews
550 W. 7th Ave. Ste. 1600
Anchorage, AK 99501
269-0350 – Phone 334-2285 – Fax

DATE: 5/23/16

SUBJECT: New Liquor License Application

WITHIN 30 DAYS please notify our office if there is a reason to object to requested application.

License #	5491
DBA	Dimitri's Restaurant
TYPE OF LICENSE	Restaurant or Eating Place
FOOD SERVICE PROVIDED	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/>
PREMISE LOCATION	281 Fourth Avenue Bethel
MAILING ADDRESS	PO Box 1528 Bethel, AK 99559
PHONE	Maro Kargas 907-543-3434

PROPOSED BUILDING EXISTING FACILITY NEW BUILDING

REVIEWED/APPROVED: _____ DEC

DATE: 7/6/2016 FIRE

PHONE: 269-7628

I do not recommend approval. The facility does not have a Certified Food Protection Manager on staff. I contacted the facility twice by phone since 5/23/16 when this request was received and the owner has not demonstrated effort to correct this repeat violation.

Bevin Durant, EHO
DEC-FSS

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PROPOSED BUILDING EXISTING FACILITY NEW BUILDING

REVIEWED/APPROVED: Denied DEC

DATE: 5/24/16 FIRE

PHONE: 907-269-5482

Fire and Life Safety has an open file on Dimitri's Restaurant. We have requested information from the owner with no response dating back to 2015.

Alcoholic Beverage Control Board
 550 West 7th Ave. Suite 1600
 Anchorage, AK 99501

New Liquor License

(907) 269-0350
 Fax: (907) 334-2285
<http://commerce.alaska.gov/dnn/abc/Home.aspx>

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

SECTION A - LICENSE INFORMATION			FEES 13971
<i>Office Use:</i> License Year: 2016-2017	License Type: Restaurant/Eating place	Statute Reference Sec. 04.11.100	License Fee: \$ 600.00 Filing Fee: \$100.00 Rest. Desig. Permit Fee: \$ 50.00 Fingerprint: \$ <i>(\$49.75 per person)</i> TOTAL 750.00
<i>Office Use:</i> License #: 5491			
Local Governing Body: (City, Borough or Unorganized) City of Bethel	Community Council Name(s) & Mailing Address: City of Bethel P.O. Box 1388 Bethel, AK 99559		
Name of Applicant (Corp/LLC/LP/LLP/Individual/Partnership): Maro Kargas	Doing Business As (Business Name): Dimitri's Restaurant	Business Telephone Number: 907-543-3434 Fax Number:	
Mailing Address: P.O. Box 1528 City, State, Zip: Bethel, AK 99559	Street Address or Location of Premises: 281 Fourth Avenue Bethel, AK 99559	Email Address: litz_1960@hotmail.com	
SECTION B - PREMISES TO BE LICENSED			
Distance to closest school grounds: 0.8	<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: 1000'	<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	

New Liquor License

SECTION C – 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 D – 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): N/A		Telephone Number:	Fax Number:
Corporate Mailing Address:	City:	State:	Zip Code:
Name, Mailing Address and Telephone Number of Registered Agent:		Date of Incorporation OR Certification with DCED:	State of Incorporation:
Is the Entity in "Good Standing" with the Alaska Division of Corporations? <input 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

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

New Liquor License

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

Individual Licenses/Affiliates (The ABC Board defines an "Affiliate" as the spouse or significant other of a licensee. Each Affiliate must be listed.)

Name: Maro Kargas Address: P.O. Box 1528 Bethel, AK 99559 Home Phone: 907-543-3434 Work Phone:	Applicant <input checked="" type="checkbox"/> Affiliate <input type="checkbox"/> Date of Birth: 07-03-1943	Name: Address: Home Phone: Work Phone:	Applicant <input type="checkbox"/> Affiliate <input type="checkbox"/> Date of Birth:
Name: Address: Home Phone: Work Phone:	Applicant <input type="checkbox"/> Affiliate <input type="checkbox"/> Date of Birth:	Name: Address: Home Phone: Work Phone:	Applicant <input type="checkbox"/> Affiliate <input type="checkbox"/> Date of Birth:

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 Licensee(s) Signature: <i>Maro Kargas</i> Signature: Name & Title (Please Print) MARO KARGAS Owner Subscribed and sworn to before me this 4 th day of <u>May</u> , 2016. Notary Public in and for the State of <u>Alaska</u> My commission expires: <u>03/01/18</u>	Signature of Licensee(s) Signature: Signature: Name & Title (Please Print) Subscribed and sworn to before me this _____ day of _____, _____ Notary Public in and for the State of _____ My commission expires:
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