



THE STATE
of **ALASKA**

GOVERNOR BILL WALKER

Department of Commerce, Community,
and Economic Development

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

MEMORANDUM

TO: Robert Klein, Chair and
Members of the Board
FROM: Cynthia Franklin
Director, ABC Board

DATE: July 14, 2016

RE: Ester's Gas; License #71

This is an application for a transfer of a package store license the Fairbanks North Star Borough. The Department of Revenue has objected to the transfer of the license based on outstanding tax debt owed.

Date of application: June 1, 2016

Dates of Objection: June 16, 2016

Basis of Objection: "Balance of \$40.00 owed to DOR tax."

Recommendation: Delegate transfer of license and add payment of tax to list of approvals required before transfer is completed.

MEMORANDUM

TO: Employment Security Division

Dept of Labor – Workers’ Compensation
– Program Coordinator

Dept of Labor - Workers’ Compensation
– Loan/Collection Officer

Department of Revenue

theresa.mitchell@alaska.gov
patricia.reimer@alaska.gov
velma.thomas@alaska.gov

dor.tax.collections@alaska.gov

FROM: ABC Board
Maxine Andrews
550 W 5th Ave, Ste. 1600
Anchorage, AK 99501
907-269-0350 – Phone
907 334-2285 – Fax

DATE: 6/14/16

SUBJECT: Transfer of Ownership: Package Store Liquor License #71

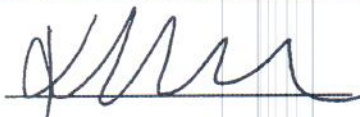
WITHIN 30 DAYS please notify our office if there is a reason to object to requested transfer.

FROM:

DBA	Angel Creek Trading Post
LICENSEE(S)	Steven Verbanac
PREMISES LOCATION	50 Mile Chena Hot Springs
MAILING ADDRESS	PO Box 16047 Two Rivers, AK 99716
EIN	92-0029702 uses SS#
PHONE	907-369-4128 Steven Verbanac

TO:

DBA	Ester Gas
LICENSEE(S)	Market Basket, Inc.
PREMISES LOCATION	3571 Old Nenana, Hwy. Ester
MAILING ADDRESS	PO Box 73883 Fairbanks, AK 99707
EIN	92-0029702 - Balance of \$40.00 owed to DOR-Tax.
PHONE	907-456-4425 Rudolf Gavora

REVIEWED/APPROVED:  Employment Security
DATE: 6-16-16 Dept. of Revenue
PHONE: 465-2385 Workers' Compensation

For answers regarding why Denial please contact A+C @ 465-2385.

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

Transfer 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		FEEES
License Year:	License Type: PACKAGE STORE	Statute Reference 150
License #: 71		Filing Fee: \$100.00
Local Governing Body: (City, Borough or Unorganized) FAIRBANKS NORTH STAR BOROUGH	Community Council Name(s) & Mailing Address: N/A	Rest. Desig. Permit Fee: (\$50.00) \$
Name of Applicant (Corp/LLC/LP/LLP/Individual/Partnership): MARKET BASKET INC.	Doing Business As (Business Name): ESTER GAS	Fingerprint: son file (\$49.75 per person)
Mailing Address: P.O. BOX 73883	Street Address or Location of Premises: 3571 OLD NENANA HWY ESTER, ALASKA 99725	TOTAL 100.00
City, State, Zip: FAIRBANKS, AK 99707	Business Telephone Number: 907-456-4425	Fax Number: 907-452-7523
Is any shareholder related to the current owner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Email Address: gavora@pci.net	
If "yes" please state the relationship _____		
SECTION B - TRANSFER INFORMATION		
<input checked="" type="checkbox"/> Regular Transfer <input type="checkbox"/> Transfer with security interest: Any instrument executed under AS 04.11.670 for purposes of applying AS 04.11.360(4)(b) in a later involuntary transfer, must be filed with this Application. Real or personal property conveyed with this transfer must be described. Provide security interest documents. <input type="checkbox"/> Involuntary Transfer. Attach documents which evidence default under AS 04.11.670.	Name and Mailing Address of CURRENT Licensee: STEVEN VERBANAC P.O. BOX 16047, FAIRBANKS	Business Name (dba) BEFORE transfer: ANGEL CREEK TRADING POST
	Street Address or Location BEFORE transfer: 50 MILE CHENA HOT SPRINGS FAIRBANKS, AK 99712	
SECTION C - PREMISES TO BE LICENSED		
Distance to closest school grounds: 6.1 MILES	<input checked="" type="checkbox"/> Distance measured under: <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.
Distance to closest church: 6.3 MILES	<input checked="" type="checkbox"/> Distance measured under: <input checked="" type="checkbox"/> AS 04.11.410 OR <input type="checkbox"/> Local ordinance No.	<input type="checkbox"/> Premises is LESS than 50 miles from the boundaries of an incorporated city, borough, or unified municipality.
Premises to be licensed is: <input type="checkbox"/> Proposed building <input type="checkbox"/> Existing facility <input checked="" type="checkbox"/> New building	<input checked="" type="checkbox"/> Plans submitted to Fire Marshall (required for new & proposed buildings) <input checked="" type="checkbox"/> Diagram of premises attached Submitted mon/ 4/14/14	<input checked="" type="checkbox"/> Not applicable

Transfer Liquor License

SECTION D – 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
MARKET BASKET	GAVORAS FINE WINE #1	PACKAGE STORE #0703	250 THIRD ST, FAIRBANKS	AK
MARKET BASKET	GAVORAS FINE WINE #2	PACKAGE STORE #0704	1255 AIRPORT WAY, FAIRBANKS	AK
MARKET BASKET	GARDEN ISLAND PARTY STORE	PACKAGE STORE #0435	246 ILLINOIS ST, FAIRBANKS	AK
MARKET BASKET	THRIFTY LIQUOR	PACKAGE STORE #1134	1410 S CUSHMAN ST, FAIRBANKS	AK
MARKET BASKET	BADGER GAS	PACKAGE STORE #4663	2004 BADGER ROAD, NORTH POLE	AK
MARKET BASKET	HOT SPRINGS GAS	PACKAGE STORE #0068	700 GOLD MEADOW DRIVE, FAIRBANKS	AK

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 E – 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): MARKET BASKET INC.		Telephone Number: 907-456-4425	Fax Number: 907-452-7523
Corporate Mailing Address: P.O. BOX 73883	City: FAIRBANKS	State: AK	Zip Code: 99707
Name, Mailing Address and Telephone Number of Registered Agent: RUDOLF L GAVORA P.O. BOX 73883, FAIRBANKS, AK 99707		Date of Incorporation OR Certification with DCED: 4/25/1963	State of Incorporation: ALASKA
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 <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
RUDOLF L. GAVORA	PRES	42.25	2810 MISTY FJORDS, FAIRBANKS, AK 99712	907-456-4425	11/18/1958
DANIEL E. GAVORA	V-PRES	8.25	2575 ST. ELLAS DR., FAIRBANKS, AK 99712	907-456-4425	10/24/1957
ALEX LaPRADE GAVORA	SEC	8.25	1669 LAWSON RD, FRIDAY HARBOR, WA 98250	360-378-2313	09/04/1955
MATTHEW GAVORA	TREAS	8.25	14619 NE 82 ND AVE, VANCOUVER, WA 98662	907-687-4350	05/18/1971

Transfer Liquor License

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

SECTION F – OWNERSHIP INFORMATION – SOLE PROPRIETORSHIP (INDIVIDUAL OWNER & SPOUSE)

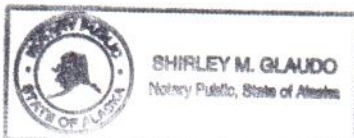
Individual Licensees/Affiliates (The ABC Board defines an "Affiliate" as the spouse or significant other of a licensee. Each Affiliate must be listed.)

Name: N/A Address: N/A	Applicant <input type="checkbox"/> N/A Affiliate <input type="checkbox"/> N/A	Name: N/A Address: N/A	Applicant <input type="checkbox"/> N/A Affiliate <input type="checkbox"/> N/A
Home Phone: N/A Work Phone: N/A	Date of Birth: N/A	Home Phone: N/A Work Phone: N/A	Date of Birth: N/A
Name: N/A Address: N/A	Applicant <input type="checkbox"/> N/A Affiliate <input type="checkbox"/> N/A	Name: N/A Address: N/A	Applicant <input type="checkbox"/> N/A Affiliate <input type="checkbox"/> N/A
Home Phone: N/A Work Phone: N/A	Date of Birth: N/A	Home Phone: N/A Work Phone: N/A	Date of Birth: N/A

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 Current Licensee(s) Signature <i>Steven C. Verbanac</i> Signature STEVEN C. VERBANAC	Signature of Transferee(s) Signature <i>Rudolf Gavora</i> Signature Rudolf Gavora
Name & Title (Please Print) STEVEN C. VERBANAC	Name & Title (Please Print) Rudolf GAVORA Pres Market Basketing
Subscribed and sworn to before me this <i>14</i> day of <i>April</i> , 2016	Subscribed and sworn to before me this <i>11</i> day of <i>APRIL</i> , 2016
Notary Public in and for the State of Alaska <i>Shirley M. Glauco</i>	Notary Public in and for the State of Alaska <i>Shirley M. Glauco</i>
My commission expires: <i>5-29-19</i>	My commission expires: <i>5-29-16</i>



MAY 23 '16 4:11:43