



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

**Department of Commerce, Community,
and Economic Development**

ALCOHOL AND MARIJUANA CONTROL OFFICE

550 West 7th Ave, Suite 1600
Anchorage, AK 99501
Main: 907.269.0350

MEMORANDUM

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

DATE: April 6, 2017

FROM: Erika McConnell
Director, ABC Board

RE: Delta Sportsmen's Association
#2870

In its renewal application, Delta Sportsmen's Association did not provide information showing it met the minimum operating requirements found in 3 AAC 304.170(j).—see memo from Investigator Stonecipher.

Recommendation:

Deny the renewal application for lack of meeting minimum operational requirements per AS 04.11.330(a)(3) and 3 AAC 304.170(j), or require a waiver of operations application for 2016.



MEMORANDUM

TO: Sarah Oates, Program Coordinator

DATE: Friday, March 31, 2017

FROM: Investigator Amanda Stonecipher

RE: Delta Sportsman's Association License #2870

On February 13, 2017 I was tasked with determining if Delta Sportsman's Association License #2870 had met minimum operating requirements for 2015/2016.

I attempted to obtain specific documents from the licensee via email starting on March 1, 2017 in order to conduct the investigation. I wrote follow up emails again on March 8, 2017 and March 17, 2017. I finally received documentation from the licensee on March 21st.

The licensee only provided a one page report showing income and loss from January 2016 to December 2016. It does not break down sales of alcohol vs. food, nor does it indicate daily sales amounts. They also provided copies of receipts from alcohol purchases for resale.

At this time I have requested more documentation from the licensee.

The documentation provided by the licensee was not sufficient to prove they met minimum operating requirements under AS 04.11.330(a)(3). In looking at the totality of the documents submitted thus far compared to what is required, it does not appear they met the burden as required in 3AAC304.170(j).



Alaska Alcoholic Beverage Control Board

Form AB-17: Renewal License Application

What is this form?

This renewal license application form is required for all individuals or entities seeking to apply for renewal of an existing liquor license that will expire on December 31, 2016. All fields of this form must be complete and correct, or the application will be returned to you in the manner in which it was received, per AS 04.11.270 and 3 AAC 304.105. The Community Council field only needs to be verified/completed by licensees whose establishments are located within the Municipality of Anchorage or outside of city limits within the Matanuska-Susitna Borough.

This form must be completed correctly and submitted to the Alcohol & Marijuana Control Office (AMCO)'s main office, along with all other required documents and fees, before any renewal license application will be considered complete.

Section 1 - Establishment and Contact Information

Enter information for the business seeking to have its license renewed.

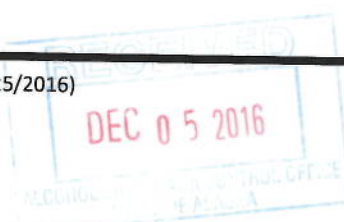
Licensee:	Delta Sportsman's Association Inc	License #:	2870
License Type:	Club	Statute:	AS 04.11.110
Doing Business As:	Delta Sportsman's Association		
Premises Address:	.4 Mile Nome Trail		
Local Governing Body:	None		
Community Council:	None		

Mailing Address:	P.O. BOX 1309		
City:	DELTA JUNCT	State:	AK
		ZIP:	99737

Enter information for the licensee who will be designated as the primary point of contact regarding this application and the license.

Designated Licensee:	ROB MATHEWS		
Contact Phone:	573 433 0713	Business Phone:	
Contact Email:	rmathewsjr3@gmail.com		

Seasonal License? Yes No
 If "Yes", write your six-month operating period: _____





Alaska Alcoholic Beverage Control Board
Form AB-17: Renewal License Application

Section 2 – Sole Proprietor Ownership Information

This section must be completed by any sole proprietor who is applying for a license. Entities should skip to Section 3. If more space is needed, please attach a separate sheet with the required information. The following information must be completed for each licensee and each affiliate (spouse).

This individual is an: applicant affiliate

Name:					
Address:					
City:		State:		ZIP:	
Email:					
Contact Phone:					

This individual is an: applicant affiliate

Name:					
Address:					
City:		State:		ZIP:	
Email:					
Contact Phone:					

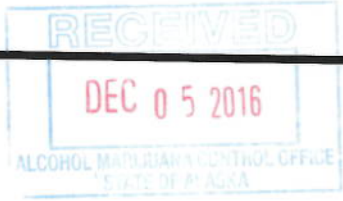
Section 3 – Entity Ownership Information

This subsection must be completed by any licensee that is a corporation or LLC. Corporations and LLCs are required to be in good standing with the Alaska Division of Corporations (DOC). Partnerships may skip to Page 3. Sole proprietors should skip to Section 4.

Alaska DOC Entity #:	DELTA SPORTSMAN'S ASSOCIATION, INC ^{RWA} 25643D
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Alaska Division of Corporations: Yes No

Is your entity in good standing with the Alaska Division of Corporations?





Alaska Alcoholic Beverage Control Board

Form AB-17: Renewal License Application

This subsection must be completed by any entity, including a corporation, limited liability company (LLC), partnership, or limited partnership, that is applying for renewal. If more space is needed, please attach additional completed copies of this page.

- If the applicant is a corporation, the following information must be completed for each *stockholder who owns 10% or more* of the stock in the corporation, and for each *president, vice-president, secretary, and managing officer*.
- If the applicant is a limited liability organization, the following information must be completed for each *member with an ownership interest of 10% or more*, and for each *manager*.
- If the applicant is a partnership, including a limited partnership, the following information must be completed for each *partner with an interest of 10% or more*, and for each *general partner*.

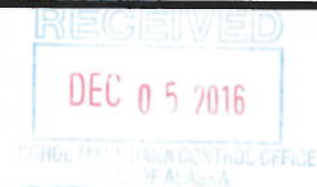
Entity Official:	ROB MATHEWS				
Title(s):	PRESIDENT	Phone:	573-433-0713	% Owned:	Ø
Address:	P.O BOX 123				
City:	DELTA JUNCTION	State:	AK	ZIP:	99737

Entity Official:	ROB DVORAK				
Title(s):	VICE PRESIDENT	Phone:	989-413-8247	% Owned:	Ø
Address:	P.O Box 132				
City:	DELTA JUNCTION	State:	AK	ZIP:	99737

Entity Official:	RICHARD STILHE JR				
Title(s):	SECRETARY	Phone:	907-505-0768	% Owned:	Ø
Address:	HC 60 BOX 4199 DELTA				
City:	DELTA JUNCT	State:	AK	ZIP:	99737

Entity Official:	JUDY BEAN				
Title(s):	TREASURER	Phone:	907 347.9786	% Owned:	Ø
Address:	PO BOX 1464				
City:	DELTA JUNCT	State:	AK	ZIP:	99737

Entity Official:					
Title(s):		Phone:		% Owned:	
Address:					
City:		State:		ZIP:	





Alaska Alcoholic Beverage Control Board Form AB-17: Renewal License Application

Section 4 – Authorization

Communication with AMCO staff:

Yes No

Does any person other than a licensee named in this application have authority to discuss this license with AMCO staff?

If "Yes", disclose the name of the individual and the reason for this authorization:

Section 5 – License Operation

Check the box that best describes your liquor license operations in calendar years 2015 and 2016:

The license was regularly operated continuously throughout each year, for 8 or more hours each day.

The license was regularly operated during a specific season each year, for 8 or more hours each day.

The license was only operated to meet the minimum requirement of 30 days each year, 8 hours each day.
If this box is checked, an AMCO employee will contact you after reviewing your application.

The license was not operated at all or was not operated for at least the minimum requirement of 30 days each year, 8 hours each day, during one or both of the calendar years.

If this box is checked, an AMCO employee will contact you after reviewing your application.

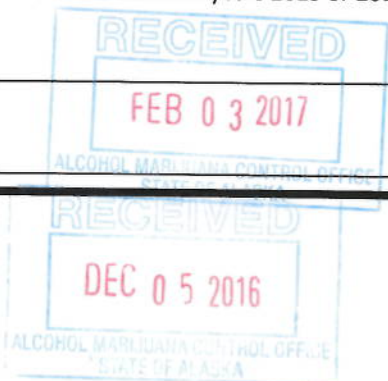
Section 6 – Convictions

Applicant convictions in calendar years 2015 and 2016:

Yes No

Has any person named in this application been convicted of a violation of Title 04, of 3 AAC 304, or a local ordinance adopted under AS 04.21.010 in the calendar years 2015 or 2016?

If "Yes", list all convictions:





Alaska Alcoholic Beverage Control Board Form AB-17: Renewal License Application

Section 7 – Certifications

Read each line below, and then sign your initials in the box to the right of each statement:

Initials

I certify that all current licensees (as defined in AS 04.11.260) and affiliates have been listed on this application, and if the licensee is an organized entity, that all current entity officials and stakeholders are listed with the Alaska Division of Corporations.

RW

I certify on behalf of myself or of the organized entity that I understand that providing a false statement on this form or any other form provided by AMCO is grounds for rejection or denial of this application or revocation of any license issued.

RW

I certify that in accordance with AS 04.11.450, no one other than the licensee(s) has a direct or indirect financial interest in the licensed business.

RW

I certify that I have not altered the functional floor plan or reduced or expanded the area of the licensed premises, and I have not changed the business name or the ownership (including officers or stakeholders) from what is currently on file with the Alcoholic Beverage Control Board.

RW

I certify that I have not violated any restrictions pertaining to this particular license type, and that this license has not been operated in violation of a condition or restriction imposed by the Alcoholic Beverage Control Board.

RW

As an applicant for a liquor license renewal, I declare under penalty of perjury that I have read and am familiar with AS 04 and 3 AAC 304, and that this application, including all accompanying schedules and statements, is true, correct, and complete. I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application and understand that failure to do so by any deadline given to me by AMCO staff will result in this application being returned to me as incomplete.

Robert W. Matthews
 Signature of licensee

Robert J. Warren
 Signature of Notary Public 907 873-0430

Matthews, Robert W
 Printed name of licensee

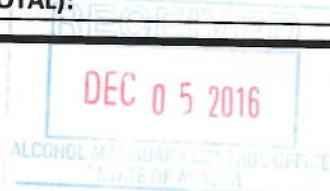
Notary Public in and for the State of Military Notary
Fort Greely, AK

My commission expires: military Notary, No Exp

Subscribed and sworn to before me this 16th day of November, 2016.



License Fee:	\$ 1200.00	Filing Fee:	\$ 200.00	TOTAL:	\$ 1400.00
Late Fee of \$500.00 – if received or postmarked after 01/03/2017:					
Miscellaneous Fees:					
GRAND TOTAL (if different than TOTAL):					



Delta Sportsman's Assn

PO Box 1309

Delta Junction, AK 99731

deltasportsmans@gmail.com

1/31/2017

Christina Thibodeaux

Business Registration Examiner

Department of Commerce, Community, and Economic Development

550 West 7th Avenue, Suite 1600

Anchorage, AK 99501

Dear Christina Thibodeaux:

Enclosed are the actions and responses to questions that you have laid out in the "Incomplete Renewal Application" letter that was sent on 12/21/2016. Please review the responses below for each request listed in the letter:

Section 1: The licensee listed is currently who is designated as the primary point of contact. Corporation officer listing has been updated with the Division of Corporations.

Section 3:

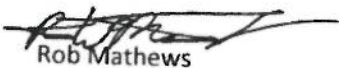
- Division of Corporations entity number is now entered on page 2.
- The corporation officers have been updated with Division of Corporations (see attached) to reflect the current officers.
- Fingerprints & form AB-08a are attached for each of the officers (along with the fees—Check # 3202)
- Officers of the corporation listed on application match the Division of Corporations website (see attached screenshot).

Section 5:

- Photos of the premises were taken that include a picture of the signage, cash register, displayed liquor, and seating areas. Hours of operation are printed on the signage.

Our intent is to answer each of these requirements to the best of our ability. If you have any additional questions, please do not hesitate to contact us.

Sincerely,


Rob Mathews

DSA President



POSTED SIGN W/ HOURS
OF OPERATION

DELTA SPORTSMAN'S ASSN
LICENSE # 2870



Our Bar will be OPEN TO MEMBERS AND GUESTS
for the serving of alcoholic beverages:
On special advertised dates and times, and on
Every Friday evening, from 5:00 PM to 1:30 AM.
Have fun and stay safe!



Employees of this
Establishment Have
Been Professionally
Trained to Serve
and Sell Alcohol.



We will not serve to anyone under the age of 21.
(Be Prepared to Be Carded)

We will not serve to anyone who is visibly intoxicated.

**Anyone who is visibly intoxicated will be discouraged
from driving.**

Training for Alcohol Professionals (TAPPA) is provided by Alaska State Health Department
and Fisheries Department (C-146)
1000 West 11th Avenue, Suite 200, Anchorage, AK 99518
(907) 214-4722 • Fax: (907) 214-9600 • 505 Prime # Alaska 800 438-1407

www.alaskacharr.com

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FEB 03 2017
ALCOHOL MAINTENANCE CONTROL OFFICE
STATE OF ALASKA

DELTA SPORTSMAN'S ASSN
LICENSE # 2870

BAR AREA



POSTED SIGN W/ HOURS
OF OPERATION



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for the serving of alcoholic beverages:

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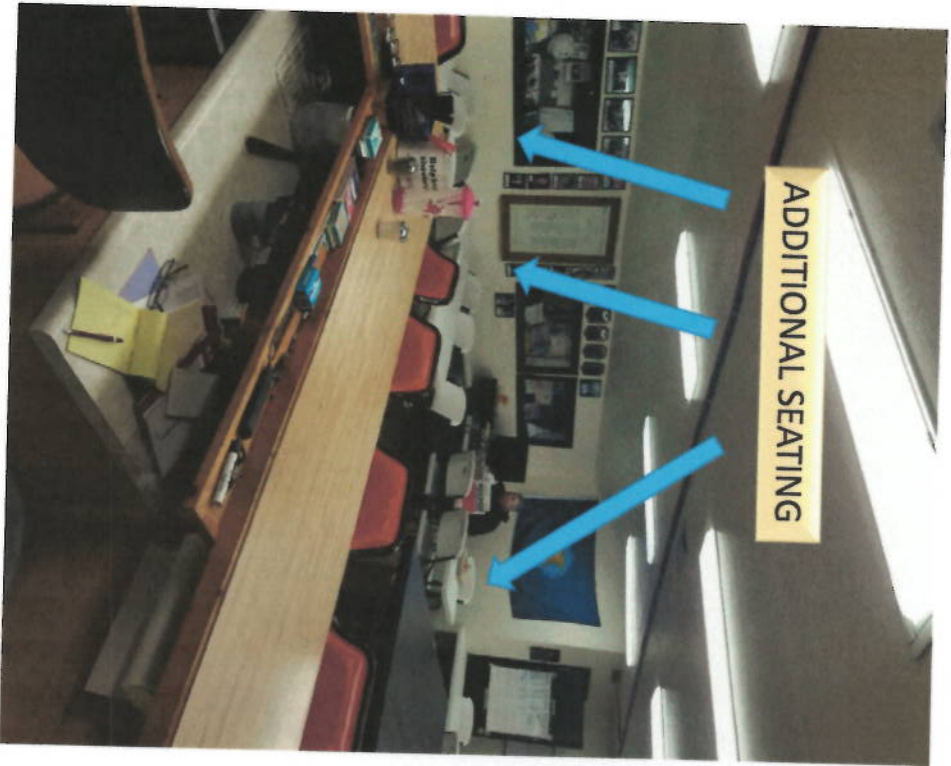
We will not serve to anyone who is visibly intoxicated.

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www.alaskacharr.com

Delta Sportsman's Assn

License # 2870



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STATE OF ALASKA