



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 Board

DATE: April 6, 2017

FROM: Erika McConnell
Director, ABC Board

RE: Acres Beverage Center
#1441

On April 26, 2016, the ABC Board denied the request for a fourth waiver of operation. However, the renewal application was not clearly denied on the record in accordance with 3 AAC 304.170(g).

Recommendation: Deny the renewal application based on 3 AAC 304.170(g).





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

May 6, 2016

Edgewater Grill, LLC
DBA Acres Beverage Center
2636 Spenard Road Suite 6
Anchorage, Alaska 99503

Re: Acres Beverage Center, License #1441;

Dear Edgewater Grill, LLC:

At the April 26, 2016 meeting of the Alcoholic Beverage Control Board in Anchorage, Alaska, the board considered two issues related to the license. You had requested a 3rd waiver of operations for calendar year 2015 based on a representation to the board that you operated your license for a minimum of 30 days in 2014 in order to avoid filing a waiver for that year. The board considered that you filed a waiver of operations for 2012 and 2013, which was granted. The board discussed and voted to not grant a waiver for in light of whether you met your burden of proof to show that the operation of the license for minimum days and hours in 2014 per 3 AAC 304.170(j). The board voted to deny your waiver request for 2015.

You have the right to appeal the decision of the board. I am enclosing documents related to your right to an informal conference, a notice of your right to a hearing, and a document for you to complete if you wish to appeal the decision of the board to the Office of Administrative Hearings.

Sincerely,

A handwritten signature in blue ink, appearing to read "C. Franklin".

Cynthia Franklin
Director, ABC Board

cc: License File
encl: Notice of Defense, Notice of Right to Hearing

STATE OF ALASKA
ALCOHOLIC BEVERAGE CONTROL BOARD
550 W. 7TH AVENUE SUITE 1600
ANCHORAGE, ALASKA 99501

In the Matter of)
)
Edgewater Grill, LLC)
DBA Acres Beverage Center)
License #1441)
2636 Spenard Road Suite 6)
Anchorage, Alaska 99503)

Case No. 16-08

Enclosed is an ABC Board decision concerning the above licensee/s and licensed premises. You are entitled to an informal conference with the director or the board, upon request, pursuant to AS 04.11.510(b).

NOTICE OF RIGHT TO HEARING

If you are not satisfied by the informal conference, you are then entitled to a formal hearing in accordance with AS 44.62.330 – AS 4.62.630. You may request a hearing by filing a notice of defense under AS 44.62.330 within 15 days after service of the statement of reasons for denial of your application. Failure to do so constitutes a waiver of your right to a hearing. Unless a written request for a hearing signed by you or on your behalf is delivered or mailed to the board within 15 days after the statement of reasons was personally served on you or received by you, the denial of your application is final. The request for a hearing may be made by delivering or mailing a notice of defense as provided by AS 44.2.390 to the following address:

Alcoholic Beverage Control Board
550 W 7th Avenue Suite 1600
Anchorage, Alaska 99501

DATED at Anchorage, Alaska this 6th day of May, 2016.



Cynthia A. Franklin, Director
Alcoholic Beverage Control Board
(907) 269-0350

STATE OF ALASKA
ALCOHOLIC BEVERAGE CONTROL BOARD
550 W. 7TH AVENUE SUITE 1600
ANCHORAGE, ALASKA 99501

In the Matter of)
)
Edgewater Grill, LLC)
DBA Acres Beverage Center)
License #1441)
2636 Spenard Road Suite 6)
Anchorage, Alaska 99503)

Case No. 16-08

NOTICE OF DEFENSE AND REQUEST FOR HEARING

TO: ALCOHOLIC BEVERAGE CONTROL BOARD

RESPONDENT _____

Hereby files a Notice of Defense and Request for Hearing pursuant to AS 44.62.390.

DATED at _____, Alaska, this _____ day of _____, 20_____

BY: _____

(Mailing Address)

(Telephone Number)

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 20_____

Notary Public in and for Alaska

My commission expires:

12801

Alcoholic Beverage Control Board
550 W 7th Avenue, Suite 1600
Anchorage, AK 99501

Renewal Liquor License 2016/2017

Phone: (907) 269-0350
Email: alcohol.licensing@alaska.gov
<http://commerce.alaska.gov/web/abc/Home.aspx>

License is: Full Year OR Seasonal If seasonal, list dates of operation: _____

| SECTION A - LICENSE INFORMATION | | |
|--|--|--------------------------------------|
| License Number: 1441 | License Type: Package Store-Seasonal | Statute Reference: Sec. 04.11.150 |
| Local Governing Body: Valdez Unorganized Borough | Community Council (if applicable): | |
| Name of Licensee: Edgewater Grill, LLC | Doing Business As (DBA): Acres Beverage Center | |
| Mailing Address: 2636 SPENARD # 6 ANCH. AK 99503 | Street Address or Location of Premises: Currently not operating license | |
| Phone: 907-947-4634 | Fax: | Email: PERETNYC@YAHOO.COM |

SECTION B – OWNERSHIP INFORMATION – CORPORATION (if owner is a sole proprietor, skip to SECTION C)

Corporations, LLCs, LLPs and LPs must be registered with the Alaska Division of Corporations.

Name of Entity (Corporation/LLC/LLP/LP):
Edgewater Grill, LLC

Is the Entity in "Good Standing" with the Alaska Division of Corporations? Yes No
If no, attach written explanation. Your entity **must** 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 10% or more of stock)

| Name | Title | % | Mailing Address | Telephone Number |
|-------------------|--------|---|-----------------|------------------|
| JOSE CEBRIAN | MEMBER | | | 907-947-4634 |
| KAY CEBRIAN SMITH | MEMBER | | | 907-299-0659 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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

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: |

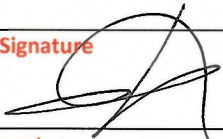

SECTION D – SUPPLEMENTAL QUESTIONS

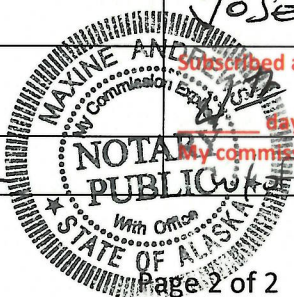
| | |
|--|--|
| Was your business open at least 30 days for 8 hours each day in 2014? | <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Was your business open at least 30 days for 8 hours each day in 2015? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Has any person named in this application been convicted of a felony or Title 4 violation? If yes, attach a written explanation. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Has the licensed premises changed from the last diagram submitted? If yes, attach a new diagram with designated premises areas outlined in red. | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Do you intend to sell alcoholic beverages in response to a written order? | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 | \$ 750.00 |
| Filing Fee | \$ 200.00 |
| TOTAL | \$ 950.00 |
| 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: JOSE CEDRIAN MEMBER |
| Notary Signature  | Subscribed and sworn to before me this Day of November, 2015 |
| Notary Public in and for the State of: Alaska | My commission expires: Notary Public With Office |



Alcoholic Beverage Control Board
 550 West 7th Ave. Ste. 1600
 Anchorage, Alaska 99501
 (907) 269-0350
 FAX (907) 334-2285

Waiver of Operation Application

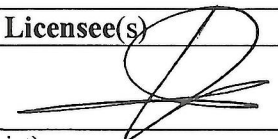
AS 04.11.330(a)(3)

12882

| License Information | | Fees* | |
|---|--|-------------------------|-----------------------------|
| Liquor License Number: <u>1441</u> | | Waiver Fee | \$ <u>1500⁰⁰</u> |
| License Type: <u>PACKAGE STORE SEASONAL</u> | | Penalty (If applicable) | \$ 1,000.00 |
| Local Governing Body: (City, Borough or Unorganized) <u>VALDEZ</u> | | Total Submitted | \$ <u>1500⁰⁰</u> |
| Name of Licensee: <u>EDGEWATER GRILL LLC</u> | *The fee is non-refundable | | |
| Doing Business As (Business Name) <u>ALPES BOARDS CENTER</u> | Telephone Number: <u>907-947-4634</u> | | |
| Mailing Address: <u>2636 SPENARD #6 ANCHORAGE AK 99503</u> | Street Address or Location of Business | | |
| | City: <u>ANCHORAGE AK</u> | | |

| Waiver Request Information | |
|--|--|
| This waiver application is the: <input type="checkbox"/> 1 st Request <input type="checkbox"/> 2 nd Request <input checked="" type="checkbox"/> 3 rd Request <input type="checkbox"/> Other _____ | |
| Waiver Request for Calendar Year: <u>2015</u> | Is this license for sale? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |

Explanation of the circumstances for non-operation of license. Include relevant information as to why the license was not operated, any future plans for operating the license and projected timelines. Attach additional sheets if necessary. For Sale

| Signature of Licensee(s) | |
|--|---------------------|
| Signature  | Signature |
| Name (Please Print) <u>JOSE CEBRIAN</u> | Name (Please Print) |
| Date <u>11/4/15</u> | Date |

FAR NORTH YARN CO
2636 SPENARD RD STE 6
ANCHORAGE, AK 99503
1-907-258-5648
THANK YOU

17:00 07-12-2014
MC NO. 0000 3318
ANNIE
DEPT#010 \$9.95
DEPT#010 \$9.95

SUBTOTAL \$19.90
TOTAL \$19.90
CASH \$20.00
CHANGE \$0.10
MON-FRI 10-7
SAT/SUN 11-4

FAR NORTH YARN CO
2636 SPENARD RD STE 6
ANCHORAGE, AK 99503
1-907-258-5648
THANK YOU

13:54 07-11-2014
MC NO. 0000 3302
ANNIE
DEPT#010 \$15.75
DEPT#010 \$15.75

TOTAL \$15.75
CASH \$15.75
MON-FRI 10-7
SAT/SUN 11-4

FAR NORTH YARN CO
2636 SPENARD RD STE 6
ANCHORAGE, AK 99503
1-907-258-5648
THANK YOU

14:08 07-15-2014
MC NO. 0000 3338
ANNIE
DEPT#010 \$8.90
DEPT#010 \$8.90

TOTAL \$8.90
CASH \$10.00
CHANGE \$1.10
MON-FRI 10-7
SAT/SUN 11-4

FAR NORTH YARN CO
2636 SPENARD RD STE 6
ANCHORAGE, AK 99503
1-907-258-5648
THANK YOU

15:08 07-01-2014
MC NO. 0000 3187
ANNIE
DEPT#010 \$7.75
DEPT#010 \$17.05

SUBTOTAL \$24.80
TOTAL \$24.80
CASH \$25.00
CHANGE \$0.20
MON-FRI 10-7
SAT/SUN 11-4

FAR NORTH YARN CO
2636 SPENARD RD STE 6
ANCHORAGE, AK 99503
1-907-258-5648
THANK YOU

18:59 07-07-2014
MC NO. 0000 3272
ANNIE
DEPT#010 \$9.95
DEPT#010 \$9.95

TOTAL \$9.95
CASH \$9.95
MON-FRI 10-7
SAT/SUN 11-4

FAR NORTH YARN CO
2636 SPENARD RD STE 6
ANCHORAGE, AK 99503
1-907-258-5648
THANK YOU

16:09 07-14-2014
MC NO. 0000 3327
ANNIE
DEPT#010 \$9.95
DEPT#010 \$9.95

TOTAL \$9.95
CASH \$9.95
MON-FRI 10-7
SAT/SUN 11-4

FAR NORTH YARN CO
2636 SPENARD RD STE 6
ANCHORAGE, AK 99503
1-907-258-5648
THANK YOU

14:46 06-27-2014
MC NO. 0000 3173
ANNIE
DEPT#010 \$18.85
DEPT#010 \$18.85

TOTAL \$18.85
CASH \$20.00
CHANGE \$1.15
MON-FRI 10-7
SAT/SUN 11-4

FAR NORTH YARN CO
2636 SPENARD RD STE 6
ANCHORAGE, AK 99503
1-907-258-5648
THANK YOU

10:10 07-12-2014
MC NO. 0000 3307
ANNIE
DEPT#010 \$17.80
DEPT#010 \$17.80

TOTAL \$17.80
CASH \$20.00
CHANGE \$2.20
MON-FRI 10-7
SAT/SUN 11-4

FAR NORTH YARN CO
2636 SPENARD RD STE 6
ANCHORAGE, AK 99503
1-907-258-5648
THANK YOU
14:08 07-15-2014
MC NO.0000 3338
ANNIE
DEPT#010 \$8.90

TOTAL \$8.90
CASH \$10.00
CHANGE \$1.10
MON-FRI 10-7
SAT/SUN 11-4

FAR NORTH YARN CO
2636 SPENARD RD STE 6
ANCHORAGE, AK 99503
1-907-258-5648
THANK YOU
15:00 07-15-2014
MC NO.0000 3339
ANNIE
DEPT#010 \$18.60

TOTAL \$18.60
CASH \$20.00
CHANGE \$1.40
MON-FRI 10-7
SAT/SUN 11-4

FAR NORTH YARN CO
2636 SPENARD RD STE 6
ANCHORAGE, AK 99503
1-907-258-5648
THANK YOU
16:18 07-15-2014
MC NO.0000 3340
ANNIE
DEPT#010 \$15.25

TOTAL \$15.25
CASH \$16.00
CHANGE \$0.75
MON-FRI 10-7
SAT/SUN 11-4

FAR NORTH YARN CO
2636 SPENARD RD STE 6
ANCHORAGE, AK 99503
1-907-258-5648
THANK YOU
16:21 07-15-2014
MC NO.0000 3341
ANNIE
DEPT#010 \$18.00
DEPT#010 \$8.00

SUBTOTAL \$26.00
TOTAL \$26.00
CASH \$27.00
CHANGE \$0.00
MON-FRI 10-7
SAT/SUN 11-4

FAR NORTH YARN CO
2636 SPENARD RD STE 6
ANCHORAGE, AK 99503
1-907-258-5648
THANK YOU
16:25 07-15-2014
MC NO.0000 3343
ANNIE
DEPT#010 \$7.95

TOTAL \$7.95
CASH \$1.00
CASH \$6.95
CHANGE \$0.00
MON-FRI 10-7
SAT/SUN 11-4

FAR NORTH YARN CO
2636 SPENARD RD STE 6
ANCHORAGE, AK 99503
1-907-258-5648
THANK YOU
16:24 07-15-2014
MC NO.0000 3342
ANNIE
DEPT#010 \$18.50
DEPT#010 \$7.95

SUBTOTAL \$26.45
TOTAL \$26.45
CASH \$40.00
CHANGE \$13.55
MON-FRI 10-7
SAT/SUN 11-4

FAR NORTH YARN CO
2636 SPENARD RD STE 6
ANCHORAGE, AK 99503
1-907-258-5648
THANK YOU
16:32 07-15-2014
MC NO.0000 3344
ANNIE
DEPT#010 \$8.90
DEPT#010 \$11.05

SUBTOTAL \$19.95
DEPT#010 \$1.65
DEPT#010 \$3.30
SUBTOTAL \$24.90
TOTAL \$24.90
CASH \$26.00
CHANGE \$1.10
MON-FRI 10-7
SAT/SUN 11-4

FAR NORTH YARN CO
2636 SPENARD RD STE 6
ANCHORAGE, AK 99503
1-907-258-5648
THANK YOU
16:58 07-15-2014
MC NO.0000 3345
ANNIE
DEPT#010 \$24.00

TOTAL \$24.00
CASH \$24.00
MON-FRI 10-7
SAT/SUN 11-4

FAR NORTH YARN CO
2636 SPENARD RD STE 6
ANCHORAGE, AK 99503
1-907-258-5648
THANK YOU
17:41 07-15-2014
MC NO.0000 3346
ANNIE
DEPT#010 \$15.75

TOTAL \$15.75
CASH \$20.25
CHANGE \$4.50
MON-FRI 10-7
SAT/SUN 11-4

FAR NORTH YARN CO
2636 SPENARD RD STE 6
ANCHORAGE, AK 99503
1-907-258-5648
THANK YOU
17:53 07-15-2014
MC NO.0000 3347
ANNIE
DEPT#010 \$11.05

TOTAL \$11.05
CASH \$22.00
CHANGE \$10.95
MON-FRI 10-7
SAT/SUN 11-4

FAR NORTH YARN CO
2636 SPENARD RD STE 6
ANCHORAGE, AK 99503
1-907-258-5648
THANK YOU
18:03 07-15-2014
MC NO.0000 3348
ANNIE
DEPT#010 \$8.75

TOTAL \$8.75
CASH \$10.00
CHANGE \$1.25
MON-FRI 10-7
SAT/SUN 11-4

FAR NORTH YARN CO
2636 SPENARD RD STE 6
ANCHORAGE, AK 99503
1-907-258-5648
THANK YOU
18:03 07-15-2014
MC NO.0000 3348
ANNIE
DEPT#010 \$8.75

TOTAL \$8.75
CASH \$10.00
CHANGE \$1.25
MON-FRI 10-7
SAT/SUN 11-4