



## MEMORANDUM

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

DATE: July 11, 2017

FROM: Erika McConnell  
Director, ABC Board

RE: Lighthouse Grocery #652  
Package Store

Renewal applications were due on January 1, 2017, in accordance with AS 04.11.270(b)(2). AS 04.11.540 states that if a complete application for renewal has not been filed by February 28 [2017], the license expires on midnight of February 28.

The AMCO office received a complete renewal application for this package store license on March 29, 2017. The licensee is seeking reinstatement and renewal.

Recommendation: Evaluate the request for reinstatement and renewal pursuant to 3 AAC 304.160(e) and (f).



Williams, Inc.  
3816 Tongass Avenue  
Ketchikan Alaska, 99901  
Tel: 907 225 1279 Fax: 907 225 0614

March 28, 2017

Alcoholic Beverage Control Board  
550 West 7<sup>th</sup> Ave, Ste. 1600  
Anchorage, AK 99501

Dear Licensing Department,

Please accept this letter as a formal plea on behalf of Williams Inc., to renew the liquor license at two of our locations, license #1848 for Riptide Liquor and Video Store and also license #652 Lighthouse Grocery.

I have no explanation as to how it exactly happened, but for some reason the paperwork for renewing the locations was not received on my desk. I am the Corporate Office Manager for Williams Inc. I open and distribute all of the mail. I also take care of renewing all Corporate and entity licensing each year for all of our store and liquor package store locations. We have several licenses and endorsements for each location and I rely greatly on the mail and email notification. As I stated earlier, I do not know how I happened to miss the renewals.

Attached please find the applications for the above mentioned package stores. Also enclosed is my contact information in order to provide a credit card for immediate payment. I am only paying the yearly fee and late fee for each location in order to have all three of our liquor package store licenses to expire at the same time.

If you have any questions or concerns please contact me at 907-228-7013 or email me at [anpac@kpunet.net](mailto:anpac@kpunet.net)

Thank you for your consideration on this matter.

Nellie Marshall

Corporate Office Manager  
Williams, Inc.



**Alaska Alcoholic Beverage Control Board**  
**Renewal License Application**  
**Form AB-17b: Package Store**

Alcohol and Marijuana Control Office  
 550 W 7<sup>th</sup> Avenue, Suite 1600  
 Anchorage, AK 99501  
[alcohol.licensing@alaska.gov](mailto:alcohol.licensing@alaska.gov)  
<https://www.commerce.alaska.gov/web/amco>  
 Phone: 907.269.0350

**What is this form?**

This renewal license application form is required for all individuals or entities seeking to apply for renewal of an existing package store 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.

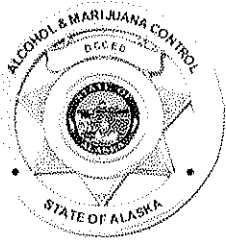
Licensee:	Williams Incorporated	License #:	652
License Type:	Package Store	Statute:	AS 04.11.150
Doing Business As:	Lighthouse Grocery		
Premises Address:	10750 N Tongass Hwy		
Local Governing Body:	Ketchikan Gateway Borough		
Community Council:	None		

Mailing Address:	3816 Tongass Ave		
City:	Ketchikan	State:	AK
ZIP:	99901		

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

Designated Licensee:	Nellie Marshall		
Contact Phone:	907-228-7013	Business Phone:	907-228-7013
Contact Email:	anpac@kpnnet.net		

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



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**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:					

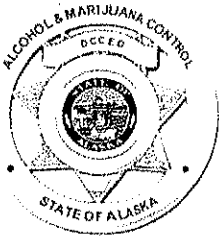
**Section 3 – Entity Ownership Information**

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 #:	228297 - Williams Inc
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Alaska Division of Corporations: Yes No

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



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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:	Ben F. Williams				
Title(s):	Shareholder/President	Phone:	907-228-7018	% Owned:	81.46
Address:	3816 Tongass Ave.				
City:	Ketchikan	State:	AK	ZIP:	99901

Entity Official:	Suzanne C. Good				
Title(s):	Shareholder	Phone:	907-254-1205	% Owned:	77
Address:	3816 Tongass Ave				
City:	Ketchikan	State:	AK	ZIP:	99901

Entity Official:	Laurie Elberson				
Title(s):	Secretary	Phone:	907-254-1554	% Owned:	
Address:	381 PO Box 1014				
City:	Ward Cove	State:	AK	ZIP:	99928

Entity Official:	Ben F. Williams Jr.				
Title(s):	Treasurer	Phone:	503-730-8602	% Owned:	
Address:	430 SW 13 Ave Apt 1105				
City:	Portland	State:	OR	ZIP:	97205

Entity Official:	Evelyn (Eric) L. Williams				
Title(s):	Vice-Chair	Phone:	303-530-0402	% Owned:	
Address:	5452 Gunbarrell Circle				
City:	Longmont	State:	CO	ZIP:	80503



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- 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:	Terry McBriarty			
Title(s):		Phone:		% Owned:
Address:	4033 Terra Granada #4.A.			
City:	Walnut Creek	State:	CA	ZIP:

Entity Official:	Treasury Stock			
Title(s):		Phone:		% Owned:
Address:	3816 Tongass Hwy			
City:	Ketchikan	State:	AK	ZIP: 99901

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

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

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



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**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?  Yes  No

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

Nellie Marshall - In Charge of All Business Licensing - Controller

**Section 5 – License Operation**

Written Orders: Yes No

Did you sell alcoholic beverages in response to a written order in calendar years 2015 or 2016?  Yes  No

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?  Yes  No

If "Yes", list all convictions:



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**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.

*BEW*

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.

*BEW*

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.

*BEW*

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.

*BEW*

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.

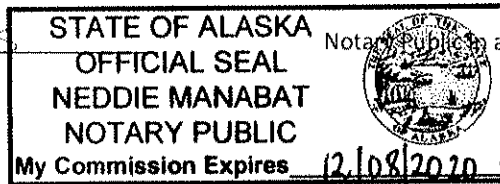
*BEW*

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.

*Ben F Williams*  
 Signature of licensee

*Neddie Manabat*  
 Signature of Notary Public

*Ben F Williams*  
 Printed name of licensee



Notary Public and for the State of Alaska

My commission expires: 12/08/2020

Subscribed and sworn to before me this 28<sup>th</sup> day of March, 20 17.

License Fee:	\$ 1500.00	Filing Fee:	\$ 200.00	TOTAL:	\$ 1700.00
Late Fee of \$500.00 – if received or postmarked after 01/03/2017:					500.00
Miscellaneous Fees:					
GRAND TOTAL (if different than TOTAL):					2200.00