

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: Bob Klein, Chair, and Members of the DATE: April 3, 2018

Alcoholic Beverage Control Board

FROM: Erika McConnell, Director RE: 4531, 4551, and 4552 Tri-Grill

and LED Ultra Lounge and Grill

Requested Action:

License renewal; hearing on objection

Statutory Authority: AS 04.06.090(b): "The board shall review all applications for licenses made under this title and may order the director to issue, renew, revoke, transfer, or suspend licenses and permits authorized under this title."

AS 04.11.470: "A person may object to an application for issuance, renewal, transfer of location, or transfer to another person of a license, or for issuance of a permit, by serving upon the applicant and the board the reasons for the objection. The board shall consider the objections and testimony received at a hearing conducted under AS 04.11.510(b)(2) when it considers the application..."

AS 04.11.510(b)(2): "the board may, on its own initiative or in response to an objection or protest, hold a hearing to ascertain the reaction of the public or a local governing body to an application if a hearing is not required under this subsection; the board shall send notice of a hearing conducted under this paragraph 20 days in advance of the hearing to each community council established within the municipality and to each nonprofit community organization entitled to notification under AS 04.11.310(b);"

Staff Rec.: Table the hearing on the objection to the June meeting

Background: The renewal of these Anchorage beverage dispensary (4531) and beverage dispensary – duplicate (4551 & 4552) licenses is objected to by the Department of Labor.

The licensee owes a civil penalty of \$205,820.50 to the Alaska Workers' Compensation Benefits Guaranty Fund, by order of the Alaska Workers' Compensation Board and the Alaska Workers' Compensation Appeals Commission. As noted in the objection, the employer (licensee) is delinquent in making timely payments.

4531 4551 4552 Tri-Grill, LED Ultra Lounge & Grill ABC Board April 3, 2018 Page 2

The board is required to hold a hearing to consider the objection, and the hearing shall be conducted under AS 04.11.510(b)(2). That section of statute requires that notice of the hearing be provided to the community council 20 days in advance of the hearing. Due to my error, AMCO did not provide notice to the Downtown Community Council until 15 days before the hearing. The hearing and consideration of the renewal should be tabled to the June meeting in order to provide proper notice.

The licensee was issued temporary licenses for all three licenses on March 1, 2018.

Attachment: Department of Labor Objection

Renewal application (4531) Renewal application (4551) Renewal application (4552)



Department of Labor and Workforce Development

DIVISION OF WORKERS' COMPENSATION BENEFIT GUARANTY FUND – COLLECTIONS

P.O. Box 115512 Juneau, Alaska 99811-5512 Main: 907.465.2790 Fax: 907.465.2797

December 29, 2017

Department of Commerce, Community & Economic Development Alcoholic Beverage Control Board Attn: Jane Sawyer, Business Licensing Examiner 550 W 7th Avenue, Ste. 1600 Anchorage, AK 99501

12/29/17 to Employer Cert.: 91 7108 2133 3937 6880 7084

RE: CREDITOR'S HOLD REQUEST - PROTEST TO RENEWAL OF LIQUOR LICENSE

LIQUOR LICENSES NO's: 4531, 4551, 4552

NAME OF ESTABLISHMENT: Tri-Grill, L.E.D. Ultra Lounge & Grill

NAME OF ESTABLISHMENT OWNER: Robert Alexander

The Department of Labor and Workforce Development, Division of Workers' Compensation, hereby files notice of their objection to the renewal of Liquor Licenses No's. 4531, 4551, and 4552, issued to Establishments Tri-Grill and L.E.D. Ultra Lounge and Grill, Owner Robert Alexander. This notice is to serve as a Creditor's Hold Request, as provided for and in accordance with AS 04.11.360.

The uninsured employer, Respondent, Robert Alexander, was ordered by the Alaska Workers' Compensation Appeals Commission Decision and Order 14-028 and Alaska Workers' Compensation Board (AWCB) decisions and orders 14-0137 and 15-0128 and ensuing settlement agreement dated March 31, 2016 in AWCB case #700004468, to pay a civil penalty of \$209,270.50, for operating in violation of AS 23.30.075 and .080.

The employer is delinquent in making timely payments and the Alaska Workers' Compensation Benefits Guaranty Fund is owed \$205,820.50; this amount takes into account payments remitted, and other debits and credits, as applicable, to account for every financial transaction associated with the repayment of the assessed civil penalty.

The name and address of the claimant: State of Alaska, Department of Labor and Workforce Development, Division of Workers' Compensation, Benefits Guaranty Fund - Collections, P.O. 115512, Juneau, Alaska 99811-5512. Payment should be made payable to: Alaska Workers' Compensation Benefits Guaranty Fund, and the following case identification referenced in the memo field: AWCB Case No. 700004468.

A lien is now claimed for the amount of \$205,820.50, as described above.

DATED this 29th day of December, 2017

State of Alaska, Department of Labor & Workforce Development

Maska Workers' Compensation Benefits Guaranty Fund

Andrea Mogil, Collection Officer

SUBSCRIBED and SWORN to before me this 29th day of December, 2017

STATE OF ALASKA

OFFICIAL SEAL Madison Gambala

NOTARY PUBLIC

My Commission Expires With Office

Notary Public in and for Alaska My Commission Expires With Office

Robert B. Alexander 8100 Sky Mountain Ln. Anchorage, AK 99502-3804

Cc:



Department of Labor and Workforce Development

DIVISION OF WORKERS' COMPENSATION BENEFIT GUARANTY FUND – COLLECTIONS

P.O. Box 115512 Juneau, Alaska 99811-5512 Main: 907.465.2790 Fax: 907.465.2797

12/19/2017

Workers' Compensation Benefits Guaranty Fund

Statement

Robert B Alexander Bingo South/Tri-Grill/Fusions Bar & Grill 8100 Sky Mountain Ln. Anchorage, AK 99502-3804

Phone: (907) 952-8683

Please enclose your case number on your check or money order for proper credit and remit to:

Total Amount Paid

Workers' Compensation Collections Unit P.O. Box 115512 Juneau, AK 99811-5512

Statement: 38 **Case Number:** 700004468 - SP **AWCAC Decision No.:** 14-028

MONTHLY PAYMENT SUMMARY

Date:

Total Amount Due December 30, 2017 \$500.00

Payment Amt. and Due Date: \$1,100.00 on the 30th of each month

Initial Payment Amt. and Due Date

Past Due Amount \$4,300.00 \$210,000.00 Assessed Civil Penalty Amount: Discount & Suspended Amount(s) - Conditional: \$0.00 \$210,000.00 Payable Civil Penalty:

Remaining Balance

\$205,570.50

10/10/2014 10/29/2014 10/29/2014 12/39/2015 12/33/2015 12/33/2015 12/33/2015 12/33/2015 12/33/2015 12/33/2016 12/33/2015 12/33/2016 12/			Ac	count Activity	
No Payment Due Per AWCAC Dec No. 4/29/2016	10/10/2014 10/29/2014 12/19/2014 1/28/2015 9/25/2015 12/23/2015*	Board Ordered Civil Penalty Check #2468 - split pmt w/ 7-4468 PTNSH Check #2488 - see 7-4468 PTNSHP Check #2506 - split pmt w/7-4468 PTNSH Check #2568 - split pmt w/7-4468 PTNSH PER AWCAC Appeal No. 14-028 - Stipul: 12/31/2015, subsequent \$500 pmt beginnin portion of the account first, and then to the PER AWCAC APPEAL No. 14-028 - Settle suspended, to \$210,000 with no amount stream of \$211,620.50 owed, Employer to February 2021, with the remaining outstants	\$525.00 \$0.00 \$150.00 \$150.00 \$54.50 ation Regarding Pa and January 2016 Sole Proprietorship ement Agreement; uspended. Balance ship penalty until pai o pay no later than 4.	Cuayments During the Pendency of the Appeal; ER to make \$500 pmts - 1st one due and due on or before the 15th of every month. Payment Distribution to apply to to Par. D&O No. 14-0137 & 15-0128; reduced civil penalty from 1,273,450 with 1,000,000 cc of \$209,270.50 is owed on Sole Proprietor debt; and \$2,350.00 is owed on partnershid in full, and then toward sole proprietorship debt until paid in full. Payment Plan - cor/30/2021; \$1,100 per month to be paid on or by the end of each month From April 201	nditionally p account. mbined
June 7/26/2017 Money Order #24447826822 \$250.00 and judgment for your full penalty balance. \$206 \$205 \$205 \$205 \$205 \$205 \$205 \$205 \$205	4/29/2016 8/23/2016 Dec.'16 3/16/2017 Jan.'17 3/16/2017 Feb. 3/16/2017 Mar. 6/1/2017 Apr. 6/1/2017 May 6/1/2017 June 7/26/2017 JulSep 10/23/2017	No Payment Due Per AWCAC Dec No. 14-028 Check #1433 split w/PTNSHP 017 Cashier's Check #0108004586 \$500.00 Cashier's Check #0108004586 \$500.00 Cashier's Check #0101802867 17 Cashier's Check #0114802243 \$750.00 Cashier's Check #0114802243 \$750.00 Cashier's Check #0114802243 \$750.00 Money Order #24447826822 Cashier's Check #0153802682	\$0.00 \$950.00 \$250.00 \$250.00 \$250.00 \$250.00 \$250.00 \$250.00 \$250.00 \$250.00 \$750.00	Your account is on month past due. Please remit payment for November and December 2017 due on or before December 30, 2017 to avoid default and judgment for your full penalty balance. After completion and review of your Hardship Request, your monthly payment amount has been adjusted to \$250.00 per month via cashier's check due on the 30th of each month through April 2018, at which time your monthly payment amount will return to \$1,100.00 in the absence of a renewal of your Hardship Request via a new application and	\$209,270.50 \$208,320.50 \$208,070.50 \$207,820.50 \$207,570.50 \$207,570.50 \$207,070.50 \$206,820.50 \$206,570.50 \$205,570.50

\$4,429.50



alcohol.licensing@alaska.gov

https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Form AB-17: 2018/2019 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, 2017. 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 should 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. If any populated information is incorrect, please contact AMCO. Licensee: Robert Alexander License #: 4531 License Type: **Beverage Dispensary** Statute: AS 04.11.090 **Doing Business As:** Tri-Grill 901 W 6th Avenue Premises Address: Local Governing Body: Municipality of Anchorage **Community Council:** Downtown Mailing Address: City: ZIP: Enter information for the individual who will be designated as the primary point of contact regarding this application. This individual must be a licensee who is required to be listed in and authorized to sign this application. Point of Contact: **Contact Phone: Business Phone: Contact Email:**

If "Yes", write your six-month operating period:

[Form AB-17] (rev 10/16/2017) License #4531 DBA Tri-Grill

Seasonal License?

FEB 2 8 2018

JAN 0 3 Page 1 of 5

ALCOHOL MARIJUANA CONTROL OFFICE STATE OF ALASKA



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Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Form AB-17: 2018/2019 Renewal License Application

Section must be completed by If more space is needed, please at The following information must be This individual is an: application Name: Mailing Address:	nsee named in this application has the individual and the reason for the individual and the reason for i	or this author	rization: ership Information of the second	ion	Yes	No
If "Yes", disclose the name of a Section must be completed by the following information must be the followin	the individual and the reason for the individual and the reason for the individual and the i	or this author	rization: ership Information of the second	ion	kip to Section	n 4.
Section must be completed by If more space is needed, please at The following information must be This individual is an: application Name: Mailing Address:	on 3 — Sole Propriet y any sole proprietorship who is tach a separate sheet with the	tor Owners	ership Informati r license renewal. Entitie ormation.		kip to Sectio	n 4.
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City:	cherage	State:	AK	ZIP:	9958	7
Email:	obala geinet	1			1/33	
Contact Phone:	967. 229-20.	53			-	
This individual is an: applica	nt affiliate					
Name:	Same AS About	e				
Mailing Address:				7		
City:		State:		ZIP:		
Email:						
Contact Phone:				**		







License #4531 DBA Tri-Grill

Alcohol and Marijuana Control Office 550 W 7th Avenue, Suite 1600 Anchorage, AK 99501

alcohol.licensing@alaska.gov

Phone: 907.269.0350

https://www.commerce.alaska.gov/web/amco

Alaska Alcoholic Beverage Control Board

Form AB-17: 2018/2019 Renewal License Application

Section 4 - 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, Business & Professional Licensing (CBPL). You may view your entity's status or find your CBPL entity number by vising the following site: https://www.commerce.alaska.gov/cbp/main/search/entities
Partnerships may skip to the second half of this page. Sole proprietorships should skip to Section 5.

Alaska CBPL Entity #:	a A				
You must ensure that you are	able to certify the following staten	nent before sig	ning your initials in the b	ox to the rigi	ht: Initials
I certify that this entity is in goo are also currently and accurate	od standing with CBPL and that all ely listed with CBPL.	current entity	officials and stakeholders	(listed below	()
 limited partnership, that is app If the applicant is a corporation the stock in the corporation If the applicant is a limited ownership interest of 10% If the applicant is a partner 	leted by any community or entity, or letted by any community or entity, olying for renewal. If more space is ation, the following information mun, and for each president, vice-presidentity organization, the following for more, and for each manager. Including a limited partnersh more, and for each general partnersh more, and for each general partnersh	needed, pleas ust be complete sident, secretar g information n ip, the followin	te attach additional comp ed for each stockholder w ry, and managing officer. nust be completed for each	leted copies ho owns 10% ch member w	of this page. 6 or more of with an
Entity Official Name:	NA	T		(60)	
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[Form AB-17] (rev 10/16/2017)		RECE		NECKEN	Page 3 of 5



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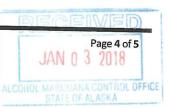
Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Form AB-17: 2018/2019 Renewal License Application

Section 5 – License Operation		
Check a single box for each calendar year that best describes how this liquor license was operated:	2016	2017
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, a complete copy of Form AB-30: Proof of Minimum Operation Checklist, and all necessary documentation must be provided with this 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, a complete copy of Form AB-29: Waiver of Operation Application and corresponding fees must be submitted with this application for each calendar year during which the license was not operated for at least the minimum requirement.		
Section 6 – Violations and Convictions		
Applicant violations and convictions in calendar years 2016 and 2017:	Yes	No
Have any notices of violation (NOVs) been issued to this licensee in the calendar years 2016 or 2017?		
Has any person or entity 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 2016 or 2017?		
If "Yes" to either of the previous two questions, attach a separate page to this application listing all NOVs and/or cor	viction	s.
Section 7 – Alcohol Server Education		
This section must be completed only by the holder of a <u>beverage dispensary, club</u> , or <u>pub</u> license or <u>conditional contr</u> The holders of all other license types should skip to Section 8.	actor's	permit.
Read the line below, and then sign your initials in the box to the right of the statement:	ı	Initials
certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check identification of a patr have completed an alcohol server education course approved by the ABC Board and keep current, valid copies of their course completion cards on the licensed premises during all working hours, as required under AS 04.21.025 and 3 AAC 304.465.	F	M

[Form AB-17] (rev 10/16/2017) License #4531 DBA Tri-Grill FEB 2 8 2018





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Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Form AB-17: 2018/2019 Renewal License Application

Section 8 - Certifications

Read each line belo	w, and then sign your	initials in the box to th	ne right of each staten	nent:	Initia	ale
				listed on this application		413
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.						
and I have not chang	ot altered the function ged the business name what is currently on file	or the ownership (incl	uding officers, manage	a of the licensed premers, or	ises,	
I certify on behalf of any other form provi	myself or of the organi ded by AMCO is groun	ized entity that I under ds for rejection or den	stand that providing a ial of this application o	false statement on this	s form or ense issued.	
provide all information	chis application, including required by the Alcordage given to me by AMCC	ng all accompanying so pholic Beverage Contro I staff will result in this	chedules and statemer of Board in support of to sapplication being return Sig Notary Public in and for	e read and am familiar nts, is true, correct, and his application and undurned to me as incomplementary Public of the State of	d complete. I agree to derstand that failure to lete.	o
License Fee:	\$ 2500.00	Application Fee:	\$ 200.00	TOTAL:	\$ 2700.00	
Late Fee of \$500.	00 – if received or p	ostmarked after 01,	/02/2018:			
Miscellaneous Fe	es:		***			٦
GRAND TOTAL (if	different than TOTA	AL):				\exists



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Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Form AB-17: 2018/2019 Renewal License Application

What is this form?

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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.

complete.							
	ection 1 – Establishme						
Enter information for the bu	siness seeking to have its license ren	ewed. If any po	opulated informat	ion is incorrec	t, please co	ontact AM	1CO.
Licensee:	Robert Alexander			License #:		- 15 - 10 cm	
License Type:	Beverage Dispensary - Duplica	te		Statute:	AS 04	4.11.090	
Doing Business As:	L.E.D Ultra Lounge & Grill					~ -	
Premises Address:	901 W 6th Avenue						
Local Governing Body:	Municipality of Anchorage						
Community Council:	Downtown						\dashv
		,					
Mailing Address:	8100 Sky Moun	fain Z	ane				
City:	Ancharage	State:	AK	ZIF	: 90	3502	
Enter information for the indi must be a licensee who is requ	vidual who will be designated as the uired to be listed in and authorized to	primary point	of contact regard	ing this applica	ation. This	individua	I
Point of Contact:	Robert Alipas		cation.				7
Contact Phone:	229-2053	Business	Phone:				\dashv
Contact Email:	roba @ ocinet						\dashv
	7			-			
Yes	No						
Seasonal License?	If "Yes", write your	six-month or	perating period:	REC	EIVI	ED	
	5	RECE	IVED		V n 3 20	18	T
Form AB-17] (rev 10/16/2017) icense #4551 DBA L.E.D Ultra Loc	unge & Grill	FEB 2	8 2018	ALCOHOL MARI	HIANA CONT	Page 1 of 5	
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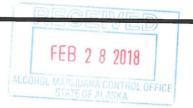
https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Form AB-17: 2018/2019 Renewal License Application

	Section 2 –	Authoriz	ation			
Communication with AMCC) staff:				Yes	No
Does any person other than staff?	a licensee named in this application l	nave authority	to discuss this license wit	h AMCO		8
If "Yes", disclose the nar	me of the individual and the reason for	or this author	ization:			
This section must be comple If more space is needed, ple The following information m	ection 3 – Sole Propried eted by any sole proprietorship who hase attach a separate sheet with the sust be completed for each licensee are applicant	s applying for required info	license renewal. Entities		rip to Sectio	n 4.
Name:	Post Heren	de				
Mailing Address:	8100 SK4 M	un fain	Line			
City:	Anchorge	State:	Ali	ZIP:	99507	>
Email:	roba la scine	1			1116	
Contact Phone:	229-2053					
This individual is an: a	pplicant affiliate					
Name:	Some to Abo	10				
Mailing Address:	79 4-0					
City:		State:		ZIP:		
Email:						
Contact Phone:						







alcohol.licensing@alaska.gov

https://www.commerce.alaska.gov/web/amco Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Form AB-17: 2018/2019 Renewal License Application

Section 4 – 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, Business & Professional Licensing (CBPL). You may view your entity's status or find your CBPL entity number by vising the following site: https://www.commerce.alaska.gov/cbp/main/search/entities Partnerships may skip to the second half of this page. Sole proprietorships should skip to Section 5.

Alaska CBPL Entity #:	NIA				
You must ensure that you ar	re able to certify the following statem	nent before si	gning your initials in the b	ox to the rig	g ht: Initials
I certify that this entity is in a are also currently and accura	good standing with CBPL and that all on the call of th	current entity	officials and stakeholders	(listed belo	w)
 If the applicant is a corporate stock in the corporate If the applicant is a limite ownership interest of 10 If the applicant is a partnership interest of 10 	npleted by any community or entity, is pplying for renewal. If more space is pration, the following information mution, and for each president, vice-presided liability organization, the following of more, and for each manager. Mership, including a limited partnership or more, and for each general partnership.	needed, pleas st be complet ident, secreta information in p, the following	se attach additional comp ed for each stockholder w ry, and managing officer. must be completed for each	leted copies tho owns 109 th member w	s of this page. % or more of with an
Entity Official Name:	NA				
Title(s):	6. 1	Phone:		% Owned	d:
Mailing Address:					
City:		State:		ZIP:	
Entity Official Name:					
Title(s):		Phone:		% Owned	1:
Mailing Address:					
City:		State:		ZIP:	
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https://www.commerce.alaska.gov/web/amco

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Alaska Alcoholic Beverage Control Board

Form AB-17: 2018/2019 Renewal License Application

Section 5 – License Operation		
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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, a complete copy of Form AB-29: Waiver of Operation Application and corresponding fees must be submitted with this application for each calendar year during which the license was not operated for at least the minimum requirement.		
Section 6 – Violations and Convictions Applicant violations and convictions in calendar years 2016 and 2017:		
Caracina in calcinaar years 2010 and 2017.	Yes	No
Have any notices of violation (NOVs) been issued to this licensee in the calendar years 2016 or 2017?		V
Has any person or entity 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 2016 or 2017?		
If "Yes" to either of the previous two questions, attach a separate page to this application listing all NOVs and/or co	nviction	s.
Section 7 — Alcohol Server Education This section must be completed only by the holder of a beverage dispensary, club, or pub license or conditional conti The holders of all other license types should skip to Section 8.	ractor's	permit.
Read the line below, and then sign your initials in the box to the right of the statement:	Ÿ.	1-12-1
certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check identification of a pat have completed an alcohol server education course approved by the ABC Board and keep current, valid copies of their course completion cards on the licensed premises during all working hours, as required under AS 04.21.025 and 3 AAC 304.465.	ron [Initials

FEB 2 8 20





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https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Form AB-17: 2018/2019 Renewal License Application

Section 8 - Certifications

Read each line belo	ow, and then sign your	initials in the box to t	he right of each stater	nent:	Initia
I certify that all cur	rent licensees (as defin	ed in AS 04.11.260) an	d affiliates have been	listed on this applicat	-
I certify that in acco	ordance with AS 04.11.4 ness.	150, no one other than	the licensee(s) has a c	lirect or indirect financ	cial interest
and i have not chan	not altered the function ged the business name what is currently on file	or the ownership (incl	uding officers, manage	ea of the licensed prem ers, general partners, o	nises,
I certify on behalf or any other form prov	f myself or of the organ vided by AMCO is grour	ized entity that I under nds for rejection or den	rstand that providing a ial of this application o	false statement on the revocation of any lic	is form or ense issued.
provide all informati	a liquor license renewal this application, includ ion required by the Alco ne given to me by AMCO	ing all accompanying so Sholic Beverage Contro	chedules and statement Board in support of t	nts, is true, correct, an	d complete. I agree to
frant 110	unser			Jane San	1
Signature of licensee	Algander	N	Sig lotary Public in and fo	nature of Notary Publi	asker
rinted harne of licer	isee		Му	commission expires:	Woffie
	Subs	scribed and sworn to b	efore me this da	ay of Ebna	n 20 18
License Fee:	\$ 2500.00	Application Fee:	\$ 200.00	TOTAL:	\$ 2700.00
Late Fee of \$500	.00 – if received or p	ostmarked after 01/	02/2018:		,
Miscellaneous Fe	ees:				
GRAND TOTAL (i	f different than TOT	AL):			







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Alaska Alcoholic Beverage Control Board

Form AB-17: 2018/2019 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, 2017. 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 should 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. If any populated information is incorrect, please contact AMCO. Licensee: Robert Alexander License #: 4552 License Type: Beverage Dispensary - Duplicate Statute: AS 04.11.090 **Doing Business As:** L.E.D Ultra Lounge & Grill **Premises Address:** 901 W 6th Avenue **Local Governing Body:** Municipality of Anchorage Community Council: Downtown Mailing Address: City: State: Enter information for the individual who will be designated as the primary point of contact regarding this application. This individual must be a licensee who is required to be listed in and authorized to sign this application. Point of Contact: **Contact Phone: Business Phone: Contact Email:**

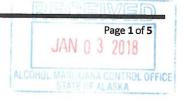
[Form AB-17] (rev 10/16/2017) License #4552 DBA L.E.D Ultra Lounge & Grill

Seasonal License?

Yes



If "Yes", write your six-month operating period:





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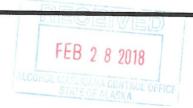
Phone: 907.269.0350

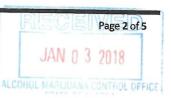
Alaska Alcoholic Beverage Control Board

Form AB-17: 2018/2019 Renewal License Application

	Section 2 -	Authoriz	ation			
Communication with AMCO	O staff:				Yes	No
Does any person other than staff?	a licensee named in this application h	ave authority	to discuss this license witl	h AMCO		V
If "Yes", disclose the nar	me of the individual and the reason fo	r this author	zation:			
This section must be comple If more space is needed, ple The following information m	ection 3 – Sole Propriet eted by any sole proprietorship who is ase attach a separate sheet with the i ust be completed for each licensee and	applying for	license renewal. Entities		ip to Sectio	n 4.
Name:	applicant affiliate					
Mailing Address:	Stor Ska Mount	ain La	M			
City:	Archirage	State:	46	ZIP:	99607	7
Email:	roba (a) ga ne	f	4-8		0 10 1	
Contact Phone:	907-229-20	253				
	pplicant affiliate					
Name:	SAN AS ABOVE					
Mailing Address:						
City:		State:		ZIP:		
Email:						
Contact Phone:						

[Form AB-17] (rev 10/16/2017) License #4552 DBA L.E.D Ultra Lounge & Grill







Alaska CBPL Entity #:

Alcohol and Marijuana Control Office 550 W 7th Avenue, Suite 1600 Anchorage, AK 99501

alcohol.licensing@alaska.gov https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Form AB-17: 2018/2019 Renewal License Application

Section 4 – 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, Business & Professional Licensing (CBPL). You may view your entity's status or find your CBPL entity number by vising the following site: https://www.commerce.alaska.gov/cbp/main/search/entities Partnerships may skip to the second half of this page. Sole proprietorships should skip to Section 5.

I certify that this entity is in good standing with CBPL and that all current entity officials and stakeholders (listed below) are also currently and accurately listed with CBPL. This subsection must be completed by any community or entity, including a corporation, limited liability company, 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 Name: Title(s): Phone: State: ZIP: Entity Official Name: Title(s): Phone: State: ZIP: Entity Official Name: Title(s): Phone: State: ZIP: Entity Official Name: Title(s): State: ZIP: Entity Official Name: Title(s): Phone: State: ZIP: Entity Official Name: Title(s): Phone: State: ZIP: Entity Official Name: Title(s): Phone: State: ZIP: Entity Official Name:						
This subsection must be completed by any <u>community</u> or <u>entity</u> , including a corporation, limited liability company, 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 <u>corporation</u> , 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 <u>partnership</u> , including a <u>limited partnership</u> , the following information must be completed for each partner with an interest of 10% or more, and for each general partner. Entity Official Name: Title(s): Phone: **Owned:** Entity Official Name: Title(s): Phone: **State:** **ZIP: **Entity Official Name: Title(s): Phone: **State:** **ZIP: **Entity Official Name: Title(s): **Mailing Address: City: **State:** **ZIP: **Owned:** **Mailing Address: City: **State:** **ZIP: **Title(s): **Phone:** **Owned:** **Mailing Address: City: **State:** **ZIP: **Title(s): **Phone:** **Title(s): **Phone:** **Title(s): **Deficial Name:** **Title(s): **Deficial Name:** **Title(s): **Phone:** **State:** **ZIP: **Title(s): **Deficial Name:** **Title(s): **Phone:** **Title(s): **Phone:** **Title(s): **Phone:** **Title(s): **Title(s): **Phone:** **Title(s): **Phone:** **Title(s): **Title(s): **Phone:** **Title(s): **Title(s): **Title(s): **Phone:** **Title(s): **Title	You must ensure that you a	re able to certify the following state	ment before si	gning your initials in the b	ox to the righ	t: Initials
Imited 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 Name: Title(s): Phone: State: ZIP: Entity Official Name: Title(s): Phone: State: ZIP: Entity Official Name: Title(s): Phone: State: ZIP: Entity Official Name: Title(s): State: ZIP: Entity Official Name: Title(s): State: ZIP: Entity Official Name: Title(s): Phone: State: ZIP: Entity Official Name: Title(s): Phone: State: ZIP: Entity Official Name: Title(s): Phone: State: ZIP:	I certify that this entity is in are also currently and accur	good standing with CBPL and that al ately listed with CBPL.	I current entity	officials and stakeholders	(listed below)	
Mailing Address: City: State: ZIP: Entity Official Name: Title(s): Phone: % Owned: Mailing Address: City: State: ZIP: Entity Official Name: Title(s): Phone: % Owned: Mailing Address: City: State: ZIP: Mailing Address: City: State: ZIP:	 If the applicant is a corp the stock in the corporate If the applicant is a limit ownership interest of 10 If the applicant is a party with an interest of 10% 	applying for renewal. If more space in oration, the following information mution, and for each president, vice-president, vice-president, vice-president, and for each manager. The contraction is a series of the contraction of the contractio	s needed, pleas ust be complet esident, secreta ng information in hip, the followin	se attach additional comp ed for each stockholder w ry, and managing officer. must be completed for each	leted copies o ho owns 10% o ch member wit	f this page. or more of th an
Mailing Address: City: State: ZIP: Entity Official Name: Title(s): Phone: % Owned: Mailing Address: City: State: ZIP: Entity Official Name: Title(s): Phone: % Owned: City: State: ZIP:		Not the second	Phone:		% Owned:	
Entity Official Name: Title(s): Mailing Address: City: State: ZIP: Entity Official Name: Title(s): Phone: Wowned: XIP: Entity Official Name: Title(s): Phone: Younged: XIP: Entity Official Name: Title(s): State: ZIP: Wowned: Form AB-17] (rev 10/16/2017)	Mailing Address:				70 Owned.	
Title(s): Phone: % Owned: Mailing Address: ZIP: City: State: ZIP: Entity Official Name: Title(s): Phone: % Owned: Mailing Address: City: State: ZIP:	City:		State:		ZIP:	
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City: State: ZIP: Entity Official Name: **Owned: Title(s): Phone: % Owned: Mailing Address: **ZIP: **ZIP: City: State: **ZIP:	Title(s):		Phone:		% Owned:	
Entity Official Name: Title(s): Phone: % Owned: Mailing Address: City: State: ZIP: [Form AB-17] (rev 10/16/2017)	Mailing Address:					
Title(s): Phone: % Owned: Mailing Address: City: State: ZIP:	City:		State:		ZIP:	
Mailing Address: City: State: ZIP: [Form AB-17] (rev 10/16/2017)	Entity Official Name:					
City: State: ZIP:	Title(s):		Phone:		% Owned:	
[Form AB-17] (rev 10/16/2017)	Mailing Address:					
101V 1 111Page 5 01 5	City:		State:		ZIP:	
License #4552 DBA L.E.D Ultra Lounge & Grill			ECEIVI		AN n 3 201	Page 3 of 5



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Alaska Alcoholic Beverage Control Board

Form AB-17: 2018/2019 Renewal License Application

	n massified for						
Section 5 – License Operation							
Check a single box for each calendar year that best describes how this liquor license was operated:	2016	2017					
The license was regularly operated continuously throughout each year, for 8 or more hours each day.	V						
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, a complete copy of Form AB-30: Proof of Minimum Operation Checklist, and all necessary documentation must be provided with this 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, a complete copy of Form AB-29: Waiver of Operation Application and corresponding fees must be submitted with this application for each calendar year during which the license was not operated for at least the minimum requirement.							
Section 6 – Violations and Convictions							
Applicant violations and convictions in calendar years 2016 and 2017:	Yes	No /					
Have any notices of violation (NOVs) been issued to this licensee in the calendar years 2016 or 2017?							
Has any person or entity 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 2016 or 2017?		$\sqrt{}$					
If "Yes" to either of the previous two questions, attach a separate page to this application listing all NOVs and/or convictions.							
Section 7 – Alcohol Server Education							
This section must be completed only by the holder of a <u>beverage dispensary</u> , <u>club</u> , or <u>pub</u> license or <u>conditional contractors</u> . The holders of all other license types should skip to Section 8.	ractor's p	oermit.					
Read the line below, and then sign your initials in the box to the right of the statement:	l	nitials					
I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check identification of a pat have completed an alcohol server education course approved by the ABC Board and keep current, valid copies of their course completion cards on the licensed premises during all working hours, as required under AS 04.21.025 and 3 AAC 304.465.	ron	N					

[Form AB-17] (rev 10/16/2017) License #4552 DBA L.E.D Ultra Lounge & Grill

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Page 4 of 5

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ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA



alcohol.licensing@alaska.gov https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Form AB-17: 2018/2019 Renewal License Application

Section 8 - Certifications

Read each line belo	w, and then sign your	initials in the box to th	ne right of each staten	ent:	Initials	
I certify that all curr	ent licensees (as define	ed in AS 04.11.260) an	d affiliates have been	listed on this application	on.	
I certify that in accordance with AS 04.11.450, no one other than the licensee(s) has a direct or indirect financi in the licensed business.					al interest	
I certify that I have r and I have not chang stakeholders) from v	ises,					
I certify on behalf of any other form prov	myself or of the organided by AMCO is groun	ized entity that I under ds for rejection or den	stand that providing a ial of this application o	false statement on thi r revocation of any lice	s form or ense issued.	
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. Signature of licensee Signature of Notary Public Notary Public in and for the State of My commission expires: Mother Subscribed and sworn to before me this day of the State of 10 August 10						
License Fee:	\$ 2500.00	Application Fee:	\$ 200.00	TOTAL:	\$ 2700.00	
				IOIAL.	\$ 2700.00	
Late Fee of \$500.00 – if received or postmarked after 01/02/2018: Miscellaneous Fees:						
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