



MEMORANDUM

TO: Bob Klein, Chair, and Members of the Alcoholic Beverage Control Board DATE: April 3, 2018

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.

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)



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

**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.

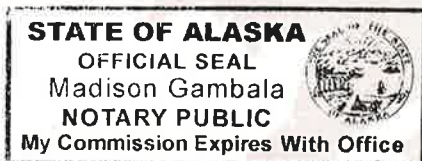
A lien is now claimed for the amount of \$205,820.50, as described above.

DATED this 29th day of December, 2017

State of Alaska, Department of Labor & Workforce Development
Alaska Workers' Compensation Benefits Guaranty Fund


Andrea Mogil, Collection Officer

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




Notary Public in and for Alaska
My Commission Expires With Office

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



THE STATE
of ALASKA
GOVERNOR BILL WALKER

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

Workers' Compensation Benefits Guaranty Fund
Statement

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

Date: 12/19/2017
Statement: 38
Case Number: 700004468 - SP
AWCAC Decision No.: 14-028

Phone: (907) 952-8683

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

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

MONTHLY PAYMENT SUMMARY

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

Account Activity

Date	Description	Payment Amount	Current Balance
10/10/2014	Board Ordered Civil Penalty		\$210,000.00
10/29/2014	Check #2468 - split pmt w/ 7-4468 PTNSH	\$525.00	\$209,475.00
12/19/2014	Check #2488 - see 7-4468 PTNSHP	\$0.00	\$209,475.00
1/28/2015	Check #2506 - split pmt w/7-4468 PTNSH	\$150.00	\$209,325.00
9/25/2015	Check #2568 - split pmt w/7-4468 PTNSH	\$54.50	\$209,270.50
12/23/2015*	PER AWCAC Appeal No. 14-028 - Stipulation Regarding Payments During the Pendency of the Appeal; ER to make \$500 pmts - 1st one due by 12/31/2015, subsequent \$500 pmt beginning in January 2016 and due on or before the 15th of every month. Payment Distribution to apply to Partnership portion of the account first, and then to the Sole Proprietorship.		
3/31/2016	PER AWCAC APPEAL No. 14-028 -Settlement Agreement; D&O No. 14-0137 & 15-0128; reduced civil penalty from 1,273,450 with 1,000,000 conditionally suspended, to \$210,000 with no amount suspended. Balance of \$209,270.50 is owed on Sole Proprietor debt; and \$2,350.00 is owed on partnership account. Payments remitted to apply first to partnership penalty until paid in full, and then toward sole proprietorship debt until paid in full. Payment Plan - combined balance of \$211,620.50 owed, Employer to pay no later than 4/30/2021; \$1,100 per month to be paid on or by the end of each month From April 2016 through February 2021, with the remaining outstanding balance paid in full no later than April 30, 2021.		
3/31/2016	Balance as of AWCAC Appeal Decision No.: 14-028	\$0.00	\$209,270.50
4/29/2016	No Payment Due Per AWCAC Dec No. 14-028	\$0.00	\$209,270.50
8/23/2016	Check #1433 split w/PTNSHP	\$950.00	\$208,320.50
Dec. 16 3/16/2017	Cashier's Check #0108004586 \$500.00	\$250.00	\$208,070.50
Jan. 17 3/16/2017	Cashier's Check #0108004586 \$500.00	\$250.00	\$207,820.50
Feb. 3/16/2017	Cashier's Check #0101802867	\$250.00	\$207,570.50
Mar. 6/1/2017	Cashier's Check #0114802243 \$750.00	\$250.00	\$207,320.50
Apr. 6/1/2017	Cashier's Check #0114802243 \$750.00	\$250.00	\$207,070.50
May 6/1/2017	Cashier's Check #0114802243 \$750.00	\$250.00	\$206,820.50
June 7/26/2017	Money Order #24447826822	\$250.00	\$206,570.50
Jul.-Sep 10/23/2017	Cashier's Check #0153802682	\$750.00	\$205,820.50
Oct. 12/19/2017	PMO #0114823724	\$250.00	\$205,570.50
Total Amount Paid		\$4,429.50	Remaining Balance
			\$205,570.50

Dear Employer,

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 submission of 2017 tax return information.



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		
Premises Address:	901 W 6th Avenue		
Local Governing Body:	Municipality of Anchorage		
Community Council:	Downtown		

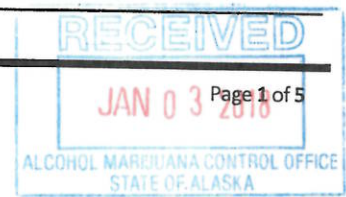
Mailing Address:	8100 Sky Mountain Lane		
City:	Anchorage	State:	AK
		ZIP:	99502

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:	Robert Alexander		
Contact Phone:	907-229-2053	Business Phone:	
Contact Email:	roba@gai.net		

Seasonal License? Yes No

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





Alaska Alcoholic Beverage Control Board

Form AB-17: 2018/2019 Renewal License Application

Section 2 – 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:

[Empty box for disclosure]

Section 3 – Sole Proprietor Ownership Information

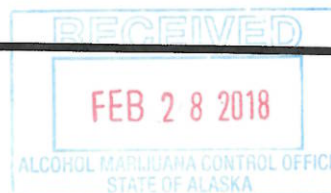
This section must be completed by any sole proprietorship who is applying for license renewal. Entities should skip to Section 4. If more space is needed, please attach a separate sheet with the required information. The following information must be completed for each licensee and each affiliate (spouse).

This individual is an: applicant affiliate

Name:	Robert Alexander			
Mailing Address:	8106 Sky Mountain Lane			
City:	Anchorage	State:	AK	ZIP: 99532
Email:	roba@geinnet			
Contact Phone:	907-229-2053			

This individual is an: applicant affiliate

Name:	Same AS Above			
Mailing Address:				
City:		State:		ZIP:
Email:				
Contact Phone:				





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 visiting 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 #:	N/A
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You must ensure that you are able to certify the following statement before signing your initials in the box to the right: Initials

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.

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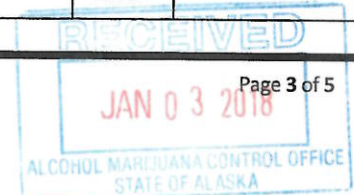
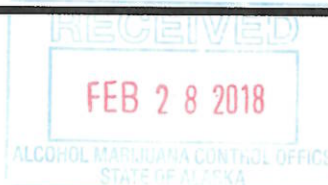
This subsection must be completed by any community or entity, including a corporation, limited liability company, partnership, or limited partnership, that is applying for renewal. If more space is needed, please attach additional completed copies of this page.

- 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:	N/A			
Title(s):		Phone:		% Owned:
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:





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.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
The license was regularly operated during a specific season each year, for 8 or more hours each day.	<input type="checkbox"/>	<input type="checkbox"/>
The license was only operated to meet the minimum requirement of 30 days each year, 8 hours each day. <i>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.</i>	<input type="checkbox"/>	<input type="checkbox"/>
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. <i>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.</i>	<input type="checkbox"/>	<input type="checkbox"/>

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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If "Yes" to either of the previous two questions, attach a separate page to this application listing all NOVs and/or convictions.

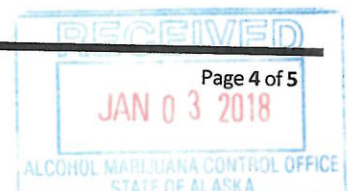
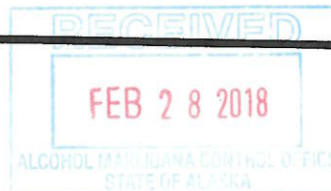
Section 7 – Alcohol Server Education

This section must be completed only by the holder of a beverage dispensary, club, or pub license or conditional contractor's permit. The holders of all other license types should skip to Section 8.

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

I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check identification of a patron 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.

Initials





Alaska Alcoholic Beverage Control Board
Form AB-17: 2018/2019 Renewal License Application

Section 8 – Certifications

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

I certify that all current licensees (as defined in AS 04.11.260) and affiliates have been listed on this application.

Initials

RA

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.

RA

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, managers, general partners, or stakeholders) from what is currently on file with the Alcoholic Beverage Control Board.

RA

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.

RA

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 Alexander
 Signature of licensee

Jan Sant
 Signature of Notary Public

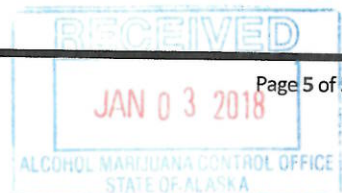
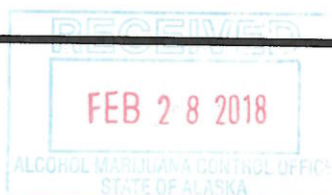
Robert Alexander
 Printed name of licensee

Notary Public in and for the State of Alaska

My commission expires: w/ office

Subscribed and sworn to before me this 28 day of February, 2018.

License Fee:	\$ 2500.00	Application Fee:	\$ 200.00	TOTAL:	\$ 2700.00
Late Fee of \$500.00 – if received or postmarked after 01/02/2018:					
Miscellaneous Fees:					
GRAND TOTAL (if different than TOTAL):					



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PRESS FIRMLY TO SEAL



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Label 228, March 2016

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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 #:	4551
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		

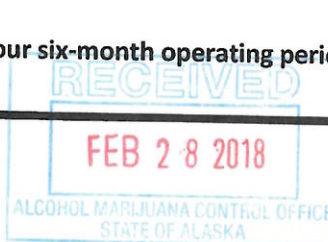
Mailing Address:	8100 Sky Mountain Lane				
City:	Anchorage	State:	AK	ZIP:	99502

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:	Robert Alexander		
Contact Phone:	229-2053	Business Phone:	
Contact Email:	roba@gci.net		

Seasonal License? Yes No

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





Alaska Alcoholic Beverage Control Board

Form AB-17: 2018/2019 Renewal License Application

Section 2 – 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:

[Empty box for disclosure]

Section 3 – Sole Proprietor Ownership Information

This section must be completed by any sole proprietorship who is applying for license renewal. Entities should skip to Section 4. 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:	Robert Alexander				
Mailing Address:	8100 Sky Mountain Lane				
City:	Anchorage	State:	AK	ZIP:	99502
Email:	roba@scimed				
Contact Phone:	229-2053				

This individual is an: applicant affiliate

Name:	Same as Above				
Mailing Address:					
City:		State:		ZIP:	
Email:					
Contact Phone:					





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 visiting 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 #: N/A

You must ensure that you are able to certify the following statement before signing your initials in the box to the right: Initials

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.

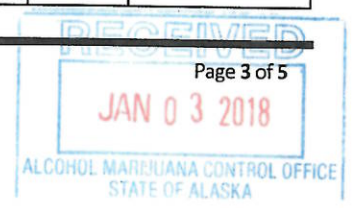
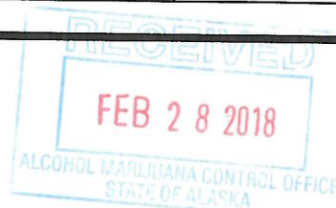
This subsection must be completed by any community or entity, including a corporation, limited liability company, partnership, or limited partnership, that is applying for renewal. If more space is needed, please attach additional completed copies of this page.

- 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:	<u>N/A</u>				
Title(s):		Phone:		% Owned:	
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:	





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.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
The license was regularly operated during a specific season each year, for 8 or more hours each day.	<input type="checkbox"/>	<input type="checkbox"/>
The license was only operated to meet the minimum requirement of 30 days each year, 8 hours each day. <i>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.</i>	<input type="checkbox"/>	<input type="checkbox"/>
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. <i>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.</i>	<input type="checkbox"/>	<input type="checkbox"/>

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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

If "Yes" to either of the previous two questions, attach a separate page to this application listing all NOVs and/or convictions.

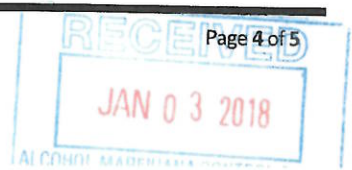
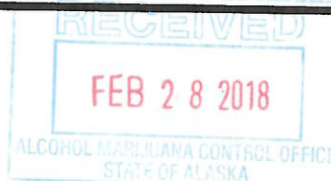
Section 7 – Alcohol Server Education

This section must be completed only by the holder of a beverage dispensary, club, or pub license or conditional contractor's permit. The holders of all other license types should skip to Section 8.

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

I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check identification of a patron 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.

Initials [Signature]





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 8 – Certifications

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

- | | |
|--|---|
| <p>I certify that all current licensees (as defined in AS 04.11.260) and affiliates have been listed on this application.</p> <p>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.</p> <p>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, managers, general partners, or stakeholders) from what is currently on file with the Alcoholic Beverage Control Board.</p> <p>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.</p> | <p>Initials</p> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px; text-align: center;">RW</div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px; text-align: center;">RW</div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px; text-align: center;">RW</div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px; text-align: center;">RW</div> |
|--|---|

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 Alexander
 Signature of licensee

Chris Samy
 Signature of Notary Public

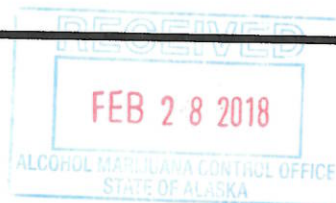
Robert Alexander
 Printed name of licensee

Notary Public in and for the State of Alaska

My commission expires: w/ office

Subscribed and sworn to before me this 28 day of February, 2018.

License Fee:	\$ 2500.00	Application Fee:	\$ 200.00	TOTAL:	\$ 2700.00
Late Fee of \$500.00 – if received or postmarked after 01/02/2018:					
Miscellaneous Fees:					
GRAND TOTAL (if different than TOTAL):					



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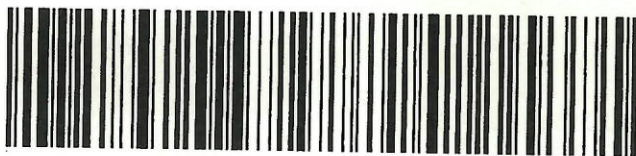
*Robert Hernandez
8100 Sky Mountain Lane
Anchorage, AK 99502*

TO:

*S.O.A.
550 W 7th Ave
Suite 1000
Anchorage AK 99501*

Expected Delivery Day: 01/04/2018

USPS TRACKING NUMBER



9505 5107 2215 8000 2140 70

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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?

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.

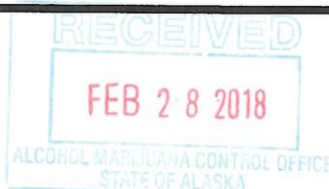
Licensee:	Robert Alexander	License #:	4552
License Type:	Beverage Dispensary - Duplicate	Statute:	AS 04.11.090
Doing Business As:	L.E.D Ultra Lounge & Grill		
Premises Address:	901 W 6th Avenue		
Local Governing Body:	Municipality of Anchorage		
Community Council:	Downtown		

Mailing Address:	8100 Sky Mountain Lane				
City:	Anchorage	State:	AK	ZIP:	99502

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:	Robert Alexander		
Contact Phone:	907-229-2053	Business Phone:	
Contact Email:	rba@gci.net		

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





Alaska Alcoholic Beverage Control Board

Form AB-17: 2018/2019 Renewal License Application

Section 2 – 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:

[Empty box for authorization details]

Section 3 – Sole Proprietor Ownership Information

This section must be completed by any sole proprietorship who is applying for license renewal. Entities should skip to Section 4. 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:	Robert Alexander				
Mailing Address:	8102 Sky Mountain Lane				
City:	Anchorage	State:	AK	ZIP:	99502
Email:	roba@alaska.net				
Contact Phone:	907-229-2053				

This individual is an: applicant affiliate

Name:	Same as above				
Mailing Address:					
City:		State:		ZIP:	
Email:					
Contact Phone:					





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 visiting 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 #:	
-----------------------	--

You must ensure that you are able to certify the following statement before signing your initials in the box to the right: Initials

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.

--

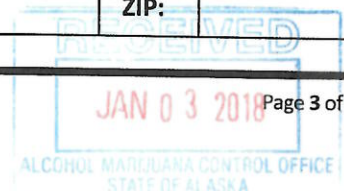
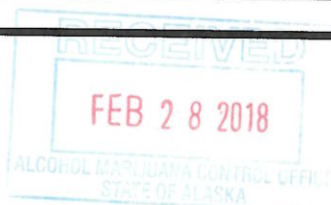
This subsection must be completed by any community or entity, including a corporation, limited liability company, partnership, or limited partnership, that is applying for renewal. If more space is needed, please attach additional completed copies of this page.

- 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:	N/A			
Title(s):		Phone:		% Owned:
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:





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.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
The license was regularly operated during a specific season each year, for 8 or more hours each day.	<input type="checkbox"/>	<input type="checkbox"/>
The license was only operated to meet the minimum requirement of 30 days each year, 8 hours each day. <i>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.</i>	<input type="checkbox"/>	<input type="checkbox"/>
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. <i>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.</i>	<input type="checkbox"/>	<input type="checkbox"/>

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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

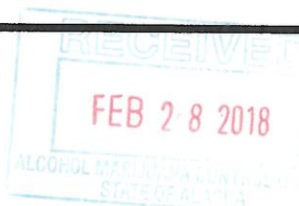
If "Yes" to either of the previous two questions, attach a separate page to this application listing all NOVs and/or convictions.

Section 7 – Alcohol Server Education

This section must be completed only by the holder of a beverage dispensary, club, or pub license or conditional contractor's permit. The holders of all other license types should skip to Section 8.

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

I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check identification of a patron 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.





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Alaska Alcoholic Beverage Control Board

Form AB-17: 2018/2019 Renewal License Application

Section 8 – Certifications

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

- | | |
|--|---|
| <p>I certify that all current licensees (as defined in AS 04.11.260) and affiliates have been listed on this application.</p> <p>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.</p> <p>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, managers, general partners, or stakeholders) from what is currently on file with the Alcoholic Beverage Control Board.</p> <p>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.</p> | <p>Initials</p> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px auto; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px auto; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px auto; display: flex; align-items: center; justify-content: center;"> </div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px auto; display: flex; align-items: center; justify-content: center;"> </div> |
|--|---|

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

Robert Alexander

 Printed name of licensee

 Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: Woffie

Subscribed and sworn to before me this 28 day of February, 2018.

License Fee:	\$ 2500.00	Application Fee:	\$ 200.00	TOTAL:	\$ 2700.00
Late Fee of \$500.00 – if received or postmarked after 01/02/2018:					
Miscellaneous Fees:					
GRAND TOTAL (if different than TOTAL):					



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