



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

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:	Fraternal Order of Eagles #1971	License #:	335
License Type:	Club	Statute:	AS 04.11.110
Doing Business As:	Eagles #1971, Frat Order of		
Premises Address:	121 Hazelet Street		
Local Governing Body:	City of Valdez		
Community Council:	None		

Mailing Address:	PO Box 324		
City:	Valdez	State:	AK
ZIP:	99686		

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:	Michael Derifield		
Contact Phone:	907-831-2079	Business Phone:	907-835-4460
Contact Email:	darbyecvalaska.net		

Seasonal License? Yes No

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





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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:

Dean Linder Dean is our current Bar Trustee 907-255-2301

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

This individual is an: applicant affiliate

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





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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 #:	111352
-----------------------	--------

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.

HPD

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:	Ryan Cummings			
Title(s):	President	Phone:	1-352-502-2075	% Owned: <input checked="" type="checkbox"/>
Mailing Address:	P.O. Box 3438			
City:	Valdez	State:	Alaska	ZIP: 99686

Entity Official Name:	Darrell Farmer			
Title(s):	Vice President	Phone:	1-907-831-1258	% Owned: <input checked="" type="checkbox"/>
Mailing Address:	P.O. Box 1872			
City:	Valdez	State:	Alaska	ZIP: 99686

Entity Official Name:	Michael Derifield			
Title(s):	Secretary & Managing Officer	Phone:	1-907-831-2079	% Owned: <input checked="" type="checkbox"/>
Mailing Address:	P.O. Box 2385			
City:	Valdez	State:	Alaska	ZIP: 99686

RECEIVED
 JAN 30 2018
 ALCOHOL MARIJUANA CONTROL OFFICE
 STATE OF ALASKA

RECEIVED
 JAN 02 2018
 ALCOHOL MARIJUANA CONTROL OFFICE
 STATE OF ALASKA



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Alaska Alcoholic Beverage Control Board

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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.

MPD





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:

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

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.

Michael Desfield
 Signature of licensee

Michael Desfield
 Printed name of licensee

[Signature]
 Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: 8-4-19

Subscribed and sworn to before me this 28th day of December, 2017.

License Fee:	\$ 1200.00	Application Fee:	\$ 200.00	TOTAL:	\$ 1400.00
Late Fee of \$500.00 – if received or postmarked after 01/02/2018:					
Miscellaneous Fees:					
GRAND TOTAL (if different than TOTAL):					



Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional
Licensing

State of Alaska > Commerce > Corporations, Business, & Professional Licensing > Search & Database Download > Corp. > Corporation Details

NAME(S)

Type	Name
Legal Name	Fraternal Order of Eagles Aerie # 1971

ENTITY DETAILS

Entity Type: Nonprofit Corporation
Entity #: 111352
Status: Good Standing
AK Formed Date: 9/26/2007
Duration/Expiration: Perpetual
Home State: ALASKA
Next Biennial Report Due: 7/2/2019
Entity Mailing Address: PO BOX 324, VALDEZ, AK 99686-0324
Entity Physical Address: 121 HAZELET AVE., VALDEZ, AK 99686

REGISTERED AGENT

Agent Name: Mike Derifield
Registered Mailing Address: PO Box 324, Valdez, AK 99686
Registered Physical Address: 121 Hazelet Ave, VALDEZ, AK 99686

OFFICIALS

Show Former

AK Entity #	Name	Titles	Owned
	DARRELL FARMER ✓	Vice President	
	DEAN LINDER ✓	Director	
	LEVI TERRY	Treasurer	
	Mike Derifield ✓	Director, Secretary	
	Randy Mills	Director	
	ROBERT MOORE ✓	Director	
	RYAN CUMMINGS ✓	President	

FILED DOCUMENTS

Date Filed	Type	Filing	Certificate
9/26/2007	Creation Filing	Click to View	Click to View
12/24/2007	Initial Report	Click to View	
7/13/2010	Biennial Report	Click to View	
10/04/2010	Agent Change	Click to View	
8/18/2011	Biennial Report	Click to View	
12/14/2011	Change of Officials	Click to View	
7/03/2013	Biennial Report	Click to View	
6/16/2015	Biennial Report	Click to View	
9/16/2016	Change of Officials	Click to View	



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

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

ALCOHOL & MARIJUANA CONTROL OFFICE
550 West 7th Avenue, Suite 1600
Anchorage, AK 99501
Main: 907.269.0350

June 19, 2018

Fraternal Order of Eagles #1971
DBA Fraternal Order of Eagles #1971
PO Box 324
Valdez, AK 99686

Re: Fraternal Order of Eagles #1971, License #335

Dear Fraternal Order of Eagles #1971:

At the June 12, 2018, meeting of the Alcoholic Beverage Control Board in Anchorage, Alaska, the board postponed action on your renewal application. The board would like to see a written explanation from Mr. Ryan Cummings that includes the types of offenses of which he was convicted, and a statement of why it would be in the public interest for the ABC Board to approve him as a licensee.

Please have Mr. Cummings submit this statement by July 27, 2018, so that the board may take action on your renewal application at their meeting on August 14, 2018.

Please contact alcohol.licensing@alaska.gov with any questions.

Sincerely,

A handwritten signature in cursive script that reads "Erika McConnell".

Erika McConnell
Director

cc: License File
City of Valdez



THE STATE of ALASKA

Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing

COR

FOR DIVISION USE ONLY

Corporations Section

State Office Building, 333 Willoughby Avenue, 9th Floor
PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2550 • Fax: (907) 465-2974
Email: corporations@alaska.gov
Website: Corporations.Alaska.Gov

Notice of Change of Officials

Domestic Non-Profit Corporation (AS 10.20)

- This Notice of Change of Officials form is only for Domestic Non-Profit Corporations and is used to report changes in officers and directors information between biennial reporting periods.
This Notice of Change of Officials will not be filed if the entity's biennial report is not current. To verify the entity's biennial report due date, go online to www.Corporations.Alaska.Gov and select, Search Corporations Database
Standard processing time for complete and correct filings submitted to this office is approximately 10-15 business days. All filings are reviewed in the date order they are received.
The information you submit is a public record and will be posted on the State's website.

1. Important:

AS 10.20.631

Each Domestic Non-Profit Corporation is required to notify this office when there is a change of officials.

— AS 10.20.631

Failure to meet this requirement may result in involuntary dissolution of the entity's authority to transact business in the State of Alaska.

— AS 10.20.325(7)

The Domestic Non-Profit Corporation is to keep and make available the records of the official(s) changes.

— AS 10.20.131

2. Fee:

[X] \$25 Nonrefundable Filing Fee (CORF)

3 AAC 16.050(c)

Mail this form and the non-refundable \$25 filing fee in U.S. dollars to the letterhead address. Make the check or money order payable to the State of Alaska, or use the attached credit card payment form.

3. Entity Information:

AS 10.20.631

Entity Name: Fraternal Order of Eagles Aerie #1971

Alaska Entity Number: 111352



4. REMOVE from Record:

AS 10.20.631(b)

The following officials (officers and directors) will be completely removed from the record as a result of this filing:

Name: Ryan Cummings

Name: Michael Holcombe

Name: _____

Name: _____

If an official is not being removed from record, then list them in Item #5 below (with their current information).

5. ALL Current Officials:

AS 10.20.631(b) and
AS 10.20.705

The following is a complete list of ALL remaining and new officials who will be on record as a result of this filing. Non-Profit Corporations must have a President, Vice-President, Secretary, Treasurer, and at least three (3) Directors. Two or more offices may be held by the same person, except the offices of President and Secretary which cannot be the same person. — AS 10.20.086 and AS 10.20.121

List **ALL** officials and their current information to be on record.
BOLD fields are required.

FULL LEGAL NAME	COMPLETE MAILING ADDRESS	PRESIDENT	VICE-PRESIDENT	SECRETARY	TREASURER	DIRECTOR (3)	Assistant Secretary	Assistant Treasurer
Sophia Longoria	PO Box 946 Valdez, Alaska 99686	x						
Dean Willi	PO Box 1802 Valdez, Alaska 99686		x					
Michael Derifield	PO Box 2385 Valdez, Alaska 99686			x				
Octavio Molinar	PO Box 2963 Valdez, Alaska 99686				x			
Dean Linder	PO Box 3566 Valdez, Alaska 99686					x		

→ If necessary, use the following supplement page and include all information required above in Item #5.

6. Required Signature:

AS 10.20.631(b) and
AS 10.20.650

The Notice of Change of Officials must be signed by an officer of the non-profit corporation. A Director is not an authorized signer. Persons who sign documents filed with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor.

Signature: _____

Date: _____

Printed Name: _____

Title of Authorized Signer: _____

(Must be signed by an officer of the non-profit. A director is not an authorized signer.)



Notice of Change of Officials SUPPLEMENT

If used, this supplement must be returned with Form 08-446

Entity Name: Fraternal Order of Eagles Aerie #1971
 Alaska Entity Number: 111352

4. REMOVE from Record (continued from Page 2): AS 10.20.631(b)

The following officials (officers and directors) will be completely removed from the record as a result of this filing:

Name: _____ Name: _____
 Name: _____ Name: _____

If an official is not being removed from record, then list them in Item #5 below (with their current information).

5. ALL Current Officials (continued from Page 2): AS 10.20.631(b) and AS 10.20.705

The following is a complete list of ALL remaining and new officials who will be on record as a result of this filing. Non-Profit Corporations must have a President, Vice-President, Secretary, Treasurer, and at least three (3) Directors. Two or more offices may be held by the same person, except the offices of President and Secretary which cannot be the same person. — AS 10.20.086 and AS 10.20.121

List **ALL** officials and their current information to be on record. **BOLD fields are required.**

FULL LEGAL NAME	COMPLETE MAILING ADDRESS	PRESIDENT	VICE-PRESIDENT	SECRETARY	TREASURER	DIRECTOR (3)	Assistant Secretary	Assistant Treasurer
Glen Mills	PO Box 3538 Valdez, Alask 99686					x		
Robert Moore	PO Box 1922 Valdez, Alaska 99686					x		

If necessary to complete Items #4 and #5, make copies of this SUPPLEMENT page.





THE STATE
of **ALASKA**

Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing

COR

FOR DIVISION USE ONLY

Corporations Section

State Office Building, 333 Willoughby Avenue, 9th Floor
PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2550 • Fax: (907) 465-2974
Email: corporations@alaska.gov
Website: Corporations.Alaska.Gov

Contact Information

- Return this form with your filing
- This information may be used by the Division to assist with processing your attached filings
- This form will not be filed for record, or appear online

Entity Information		Enter your entity information as it appears on this filing.
Entity Name:	Fraternal Order of Eagles Aerie #1971	
AK Entity #:	111352	

Contact Person		Whom may we contact with any questions or problems with this filing?
Company:	Fraternal Order of Eagles Aerie #1971	
Contact:	Michael Derifield	
Mailing Address:	Address: PO BBox 324	
	City: Valdez	State: AK. ZIP: 99686
Phone:	907-831-2079	
Email:	eagles@cvinternet.net	

Document Return Address		Provide an address for the return of your filed documents.
<input checked="" type="checkbox"/> Return my filings to the address provided ABOVE <input type="checkbox"/> Return my filings to this address provided BELOW		
Company:		
Contact:		
Mailing Address:	Address:	
	City:	State:





Alaska Alcoholic Beverage Control Board

Form AB-08a: Authorization of Records Release

What is this form?

This authorization of records release form is required for all liquor license applications. Each licensee and affiliate who is required to be listed on an application for a liquor license under AS 04.11.260 must provide written authorization for release of conviction and arrest records, as required by 3 AAC 304.105(a)(1).

The following individuals must complete this form:

- If the applicant is a sole proprietor, this form must be completed by the **applicant** and the applicant's **spouse**.
- If the applicant is a **corporation**, this form 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**, this form 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**, this form must be completed for each **partner with an interest of 10% or more**, and for each **general partner**.

This form must be completed and submitted to AMCO's main office before any license application will be considered complete.

Section 1 – Establishment Information

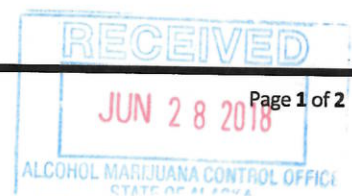
Enter information for licensed establishment.

Licensee:	Fraternal Order of Eagles Aerie #1971			
License Type:	Club	License Number:	335	
Doing Business As:	FOE 1971			
Premises Address:	121 Hazelt Ave			
City:	Valdez	State:	AK	ZIP: 99686

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	OCTAVIO MOLINAR, JR
Title:	TREASURER
Date of Birth:	12/25/66





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Alaska Alcoholic Beverage Control Board

Form AB-08a: Authorization of Records Release

Section 3 – Certifications and Approvals

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

Initials

I certify that I have **never** been convicted of an act that constitutes a crime involving moral turpitude.

OM

I certify that I have **never** been convicted of a violation of AS 04 or regulations adopted by the ABC Board.

OM

I certify that I have **never** been convicted of a violation of the alcoholic beverage control laws of another state, as a licensee of that state.

OM

I certify that I have **not** been convicted of a felony in this state, the United States, or another state or territory, including a suspended imposition of sentence, during the 10 years immediately preceding the date of this form.

OM

Sign your initials to the following statement only if you are unable to certify one or more of the above statements:

Initials

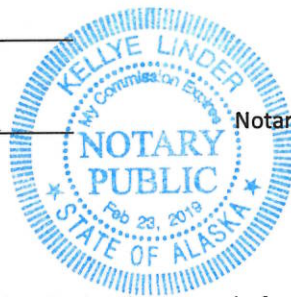
I **have been convicted** of one or more of the above offenses, and I **have attached a written explanation** that includes the type of offense and why it would be in the public interest for the ABC Board to approve me as a licensee.

I understand that by signing this form, I am providing written authorization for release of my conviction and arrest records to the Alaska Alcoholic Beverage Control Board through the Alaska Alcohol & Marijuana Control Office under AS 04.11.295 and 3 AAC 304.105. I understand that my fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation (FBI), and that I have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. *The procedures for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.*

I declare under penalty of perjury that this form, including all attachments and accompanying schedules and statements, is true, correct, and complete.

Signature of licensee/affiliate

OCTAVIO MOLINAR, JR.
 Printed name of licensee/affiliate



Signature of Notary Public

Notary Public in and for the State of Alaska.

My commission expires: Feb 23, 2019

Subscribed and sworn to before me this 25 day of June, 2018.



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The following individuals must complete this form:

- If the applicant is a sole proprietor, this form must be completed by the applicant and the applicant's spouse.
- If the applicant is a corporation, this form 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, this form 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, this form must be completed for each partner with an interest of 10% or more, and for each general partner.

This form must be completed and submitted to AMCO's main office before any license application will be considered complete.

Section 1 - Establishment Information

Enter information for licensed establishment.

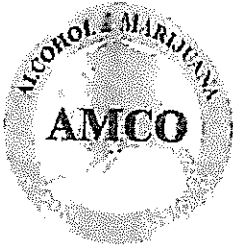
Licensee:	Fraternal Order of Eagles Area # 1971		
License Type:	Club	License Number:	335
Doing Business As:	Fraternal Order of Eagles # 1971 Fraternal Order of Eagles # 1971		
Premises Address:	121 Hazellet Ave		
City:	Valdez	State:	AK. ZIP: 99686

8.
7/6/18

Section 2 - Individual Information

Enter information for the individual licensee or affiliate.

Name:	Sophia M. Lancaster
Title:	President 8/7/5/18
Date of Birth:	02-10-1988



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Alaska Alcoholic Beverage Control Board

Form AB-08a: Authorization of Records Release

Section 3 – Certifications and Approvals

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

Initials

I certify that I have never been convicted of an act that constitutes a crime involving moral turpitude.



I certify that I have never been convicted of a violation of AS 04 or regulations adopted by the ABC Board.



I certify that I have never been convicted of a violation of the alcoholic beverage control laws of another state, as a licensee of that state.



I certify that I have not been convicted of a felony in this state, the United States, or another state or territory, including a suspended imposition of sentence, during the 10 years immediately preceding the date of this form.



Sign your initials to the following statement only if you are unable to certify one or more of the above statements:

Initials

I have been convicted of one or more of the above offenses, and I have attached a written explanation that includes the type of offense and why it would be in the public interest for the ABC Board to approve me as a licensee.



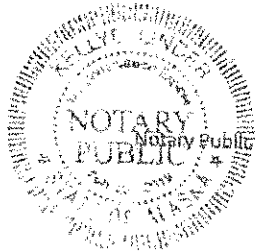
No I have NOT.
S.L. 7/6/18

I understand that by signing this form, I am providing written authorization for release of my conviction and arrest records to the Alaska Alcoholic Beverage Control Board through the Alaska Alcohol & Marijuana Control Office under AS 04.11.295 and 3 AAC 304.105. I understand that my fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation (FBI), and that I have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. *The procedures for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.*

I declare under penalty of perjury that this form, including all attachments and accompanying schedules and statements, is true, correct, and complete.

Sophia Langarica
Signature of licensee/affiliate

Sophia Langarica
Printed name of licensee/affiliate



Kelly Underwood
Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: Feb 21, 2019

Subscribed and sworn to before me this 26 day of June, 2018.



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-08a: Authorization of Records Release

What is this form?

This authorization of records release form is required for all liquor license applications. Each licensee and affiliate who is required to be listed on an application for a liquor license under AS 04.11.260 must provide written authorization for release of conviction and arrest records, as required by 3 AAC 304.105(a)(1).

The following individuals must complete this form:

- If the applicant is a sole proprietor, this form must be completed by the **applicant** and the applicant's **spouse**.
- If the applicant is a **corporation**, this form 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**, this form 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**, this form must be completed for each **partner with an interest of 10% or more**, and for each **general partner**.

This form must be completed and submitted to AMCO's main office before any license application will be considered complete.

Section 1 – Establishment Information

Enter information for licensed establishment.

Licensee:	Fraternal Order of Eagles Aerie #1971		
License Type:	Club	License Number:	335
Doing Business As:	Fraternal Order of Eagles #1971		
Premises Address:	121 Hazelet Ave.		
City:	Valdez	State:	AK. ZIP: 99686

Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	DEAN A WILLI
Title:	VICE PRESIDENT
Date of Birth:	4 OCT 1959



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Section 3 – Certifications and Approvals

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

Initials

I certify that I have never been convicted of an act that constitutes a crime involving moral turpitude.

DAW

I certify that I have never been convicted of a violation of AS 04 or regulations adopted by the ABC Board.

DAW

I certify that I have never been convicted of a violation of the alcoholic beverage control laws of another state, as a licensee of that state.

DAW

I certify that I have not been convicted of a felony in this state, the United States, or another state or territory, including a suspended imposition of sentence, during the 10 years immediately preceding the date of this form.

DAW

Sign your initials to the following statement only if you are unable to certify one or more of the above statements:

Initials

I have been convicted of one or more of the above offenses, and I have attached a written explanation that includes the type of offense and why it would be in the public interest for the ABC Board to approve me as a licensee.

I understand that by signing this form, I am providing written authorization for release of my conviction and arrest records to the Alaska Alcoholic Beverage Control Board through the Alaska Alcohol & Marijuana Control Office under AS 04.11.295 and 3 AAC 304.105. I understand that my fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation (FBI), and that I have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. *The procedures for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.*

I declare under penalty of perjury that this form, including all attachments and accompanying schedules and statements, is true, correct, and complete.

[Signature]
 Signature of licensee/affiliate

Signature of Notary Public

SEE ATTACHMENT

DEAN A WILLI
 Printed name of licensee/affiliate

Notary Public in and for the State of _____

My commission expires: _____

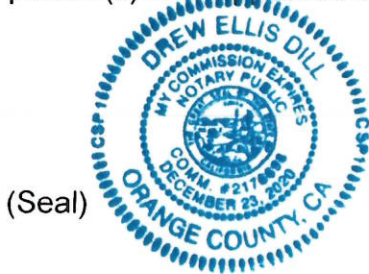
Subscribed and sworn to before me this _____ day of _____, 20____.

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California
County of Orange

Subscribed and sworn to (or affirmed) before me on this 13th
day of July, 2018, by Dean A. Willi

proved to me on the basis of satisfactory evidence to be the
person(s) who appeared before me.



Signature 