



## MEMORANDUM

TO: Bob Klein, Chair, and Members of the  
Alcoholic Beverage Control Board

DATE: October 15, 2018

FROM: Erika McConnell, Director

RE: #2935 ReHaru

**Requested Action:** License reinstatement and renewal; transfer of ownership and location

**Statutory and Regulatory 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 04.11.040(a): "A license issued under this title may not be transferred to another person except with the written consent of the board."

3 AAC 304.160(e): "For the purposes of AS 04.11.540, if a license has expired for failure to file a complete application for renewal by February 28 or for failure to pay the required fees and penalty fees by that date, the board will consider a written request to reinstate the license if the request is accompanied by

- (1) a complete application;
- (2) all required fees and penalty fees; and
- (3) proof of good cause for the failure to file and pay by February 28."

3 AAC 304.160(f): "The board will deny a request for reinstatement submitted under (e) of this section if the board finds that the failure to timely file or pay was caused by

- (1) the licensee's failure to notify the board of a change of the licensee's mailing address;
- (2) a transfer of ownership of the business for which the license was issued without written approval of the board in violation of AS 04.11.040;
- (3) a lease of the licensed business to another person in violation of AS 04.11.450(c); or
- (4) any other action of the licensee whether active or tacit that the board finds constitutes a failure to lawfully operate the business for which the license was issued."

**Staff Rec.:** Reinstate and renew; approve the transfer with delegation

**Background:** The licensee failed to file a complete renewal application, to include a complete transfer application, by the renewal deadline, so this license was expired. The owner has since submitted a complete renewal application, a request for reinstatement, and a complete transfer application.

The local government (Municipality of Anchorage) response is pending. Other reviewing entities have not objected.

Attachment: Request for reinstatement  
Renewal application  
Transfer application

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

Reharu — License # 2935  
1231 E Dimond Blvd  
Anchorage, AK 99515

To whom it may concern,

I, Hi Chun Kang, owner of the old Haru restaurant (720 E Dimond Blvd) am reopening Haru but renaming it Reharu. I am writing in regards to reinstating my license for my restaurant. I owned Haru from 2009 up until December 12, 2016. It was damaged in a fire and was considered total damage. I was initially searching for a building near the old Haru, however, it was difficult to find. I came upon the old Denny's building on 1231 E Dimond Blvd and bought it and am in the process of rebuilding it. The system is the same as the previous restaurant, and nothing has changed. I haven't had any penalties with the ABC Board and followed all updated rules. As of today, I am asking ABC to help to reinstate the old plan and I plan to follow the same procedures as I did for Haru. Reharu will be run the same and have the same menu.

I, Hi Chun Kang (owner of Haru and now Reharu), will comply with the new policies.  
Thank you.

Sincerely,

Hi Chun Kang  
Owner of Reharu





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

Alaska Alcoholic Beverage Control Board

Restaurant or Eating Place License

**Form AB-17a: 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 restaurant or eating place 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:	Hi Chun Kang	License #:	2935
License Type:	Restaurant/Eating Place	Statute:	AS 04.11.100
Doing Business As:	Haru		
Premises Address:	729 E Dimond Blvd		
Local Governing Body:	Municipality of Anchorage		
Community Council:	Taku/Campbell		

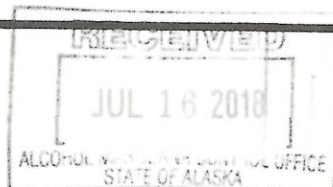
Mailing Address:	2030 Shore DR			
City:	9 Anchorage	State:	AK	ZIP: 99515

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:	Hi Chun Kang		
Contact Phone:	907-360-5845	Business Phone:	907-522-4444
Contact Email:	Benedict Chanxy@gmail.com		

Seasonal License?  Yes  No

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





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

Alaska Alcoholic Beverage Control Board  
**Restaurant or Eating Place License**  
**Form AB-17a: 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:

Ben Chaney, Young H. Offi

**Section 3 - Sole Proprietor Ownership Information**

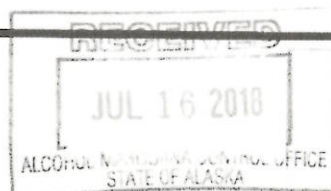
This section must be completed by any sole proprietorship who is applying for license renewal. Entities should skip to Section 4. If more space is needed, please attach a separate sheet with the required information. The following information must be completed for each licensee and each affiliate (spouse).

This individual is an:  applicant  affiliate

Name:	Hi C Kang			
Mailing Address:	2030 Shore Dr			
City:	Anchorage	State:	AK	ZIP: 99515
Email:	Benedict.Chaney@gmail.com			
Contact Phone:	907-360-5654			

This individual is an:  applicant  affiliate

Name:	Leanne Kang			
Mailing Address:	2030 Shore Dr			
City:	Anchorage	State:	AK	ZIP: 99515
Email:	Benedict.Chaney@gmail.com			
Contact Phone:	907-360-5654			





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Alaska Alcoholic Beverage Control Board

Restaurant or Eating Place License

**Form AB-17a: 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 using 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 #:	1063115
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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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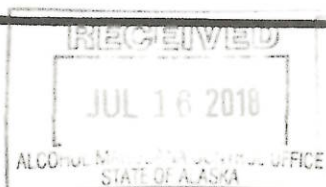
This subsection must be completed by any community or entity, including a corporation, limited liability company, partnership, or limited partnership, that is applying for renewal. If more space is needed, please attach additional completed copies of this page.

- 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:	Hi C Kang				
Title(s):	President	Phone:	360-5845	% Owned:	51%
Mailing Address:	2030 Shore Dr				
City:	Anchorage	State:	AK	ZIP:	99515

Entity Official Name:	Leanne Kang				
Title(s):	Vice President	Phone:		% Owned:	49%
Mailing Address:	2030 Shore Dr				
City:	Anchorage	State:	AK	ZIP:	99515

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





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Alaska Alcoholic Beverage Control Board  
**Restaurant or Eating Place License**  
**Form AB-17a: 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 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 checked="" 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"/>

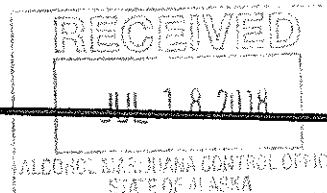
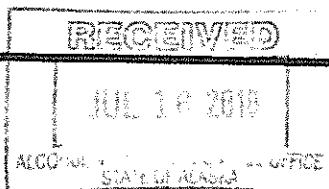
If "Yes" to either of the previous two questions, attach a separate page to this application listing all NOVs and/or convictions.

**Section 7 – Alcohol Server Education**

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 W





Alcohol and Marijuana Control Office  
 550 W 7<sup>th</sup> Avenue, Suite 1600  
 Anchorage, AK 99501  
[alcohol.licensing@alaska.gov](mailto:alcohol.licensing@alaska.gov)  
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**Alaska Alcoholic Beverage Control Board**  
**Restaurant or Eating Place License**  
**Form AB-17a: 2018/2019 Renewal License Application**

**Section 8 – Gross Receipts**

Enter the dollar amounts of the food and gross (food + alcohol) receipts on the licensed premises, and calculate the percentage of gross receipts that are from food sales on the licensed premises for each calendar year. (Food Receipts ÷ Gross Receipts x 100 = %)

2016 Food Receipts:	\$ 1,200,000	2016 Gross Receipts:	\$ 1,300,000	% From Food:	92%
2017 Food Receipts:	\$ 0	2017 Gross Receipts:	\$ 0	% From Food:	0%

**Section 9 – 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.

*ib*

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.

*kc*

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.

*lhc*

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.

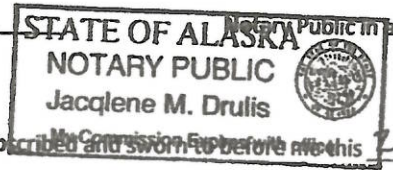
*n*

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]*  
 Signature of licensee

*Jacqueline Pruli*  
 Signature of Notary Public

*Hi C Kang*  
 Printed name of licensee



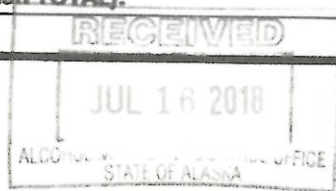
Notary Public in and for the State of Alaska

My commission expires: with office

Subscribed and sworn to before me this 26 day of December, 2017.

License Fee:	\$ 600.00	Application Fee:	\$ 200.00	TOTAL:	\$ 800.00
Late Fee of \$500.00 – if received or postmarked after 01/02/2018:					500 113437
Miscellaneous Fees:					
GRAND TOTAL (if different than TOTAL):					

12/26/17  
 1020703  
 7/16/18







Alaska Alcoholic Beverage Control Board

**Form AB-01: Transfer License Application**

**What is this form?**

This transfer license application form is required for all individuals or entities seeking to apply for the transfer of ownership and/or location of an existing liquor license. Applicants should review Title 04 of Alaska Statutes and Chapter 304 of the Alaska Administrative Code. All fields of this form must be completed, per AS 04.11.260, AS 04.11.280, AS 04.11.290, and 3 AAC 304.105.

This form must be completed and submitted to AMCO's main office, along with all other required forms and documents, before any license application will be considered complete.

**Section 1 - Transferor Information**

Enter information for the *current* licensee and licensed establishment.

Licensee:	Hi Chun Kang	License #:	2935
License Type:	restaurant / eating place	Statutory Reference:	AS.04.11.100
Doing Business As:	iharu		
Premises Address:	729 E. Dimond Blvd		
City:	Anchorage	State:	AK
		ZIP:	99515
Local Governing Body:	Taku / Campbell		

**Transfer Type:**

- Regular transfer
- Transfer with security interest
- Involuntary retransfer

OFFICE USE ONLY			
Complete Date:	8/21/18	Transaction #:	115563
Board Meeting Date:	10/15/18	License Years:	10/19
Issue Date:		BRE:	CDC





Alaska Alcoholic Beverage Control Board

**Form AB-01: Transfer License Application**

**Section 2 - Transferee Information**

Enter information for the *new applicant and/or location* seeking to be licensed.

Licensee:	HK, INC.			
Doing Business As:	reharu			
Premises Address:	1231 E. Dimond Blvd			
City:	Anchorage	State:	AK	ZIP: 99515
Community Council:	Taku / Campbell			

Mailing Address:	1231 E. Dimond Blvd			
City:	Anchorage	State:	AK	ZIP: 99515

Designated Licensee:	Hi Chun Kang (907)		
Contact Phone:	(907)360-5845	Business Phone:	522-4444
Contact Email:	729 Haru @ gmail. com		

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

**Section 3 - Premises Information**

Premises to be licensed is:

an existing facility  a new building  a proposed building

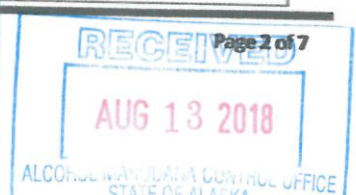
The next two questions must be completed by beverage dispensary (including tourism) and package store applicants only:

What is the distance of the shortest pedestrian route from the public entrance of the building of your proposed premises to the outer boundaries of the nearest school grounds? Include the unit of measurement in your answer.

\_\_\_\_\_

What is the distance of the shortest pedestrian route from the public entrance of the building of your proposed premises to the public entrance of the nearest church building? Include the unit of measurement in your answer.

\_\_\_\_\_





Alaska Alcoholic Beverage Control Board

**Form AB-01: Transfer License Application**

**Section 4 – Sole Proprietor Ownership Information**

This section must be completed by any sole proprietor who is applying for a license. Entities should skip to Section 5. If more space is needed, please attach a separate sheet with the required information. The following information must be completed for each licensee and each affiliate (spouse).

This individual is an:  applicant  affiliate

Name:				
Address:				
City:		State:		ZIP:

This individual is an:  applicant  affiliate

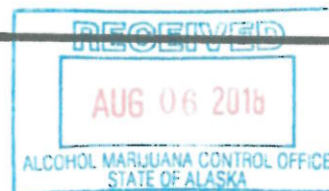
Name:				
Address:				
City:		State:		ZIP:

**Section 5 – Entity Ownership Information**

This section must be completed by any entity, including a corporation, limited liability company (LLC), partnership, or limited partnership, that is applying for a license. Sole proprietors should skip to Section 6. If more space is needed, please attach a separate sheet with the required information.

- 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:	Hi Chun Kang			
Title(s):	Director, President, Secretary, Shareholder, Treasurer, Vice President	Phone:	907-360-5845	% Owned: 100
Address:	2151 Casey Cusak LP			
City:	Anchorage	State:	AK	ZIP: 99515





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 550 W 7<sup>th</sup> Avenue, Suite 1600  
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 Phone: 907.269.0350

**Alaska Alcoholic Beverage Control Board**  
**Form AB-02: Premises Diagram**

**What is this form?**

A detailed diagram of the proposed licensed premises is required for all liquor license applications, per AS 04.11.260 and 3 AAC 304.185. Your diagram must include dimensions and must show all entrances and boundaries of the premises, walls, bars, fixtures, and areas of storage, service, consumption, and manufacturing. If your proposed premises is located within a building or building complex that contains multiple businesses and/or tenants, please provide an additional page that clearly shows the location of your proposed premises within the building or building complex, along with the addresses and/or suite numbers of the other businesses and/or tenants within the building or building complex.

The second page of this form is not required. Blueprints, CAD drawings, or other clearly drawn and marked diagrams may be submitted in lieu of the second page of this form. The first page must still be completed, attached to, and submitted with any supplemental diagrams. An AMCO employee may require you to complete the second page of this form if additional documentation for your premises diagram is needed.

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

Yes No

I have attached blueprints, CAD drawings, or other supporting documents in addition to, or in lieu of, the second page of this form.

**Section 1 – Establishment Information**

Enter information for the business seeking to be licensed, as identified on the license application.

Licensee:	HK, Inc.	License Number:	2935
License Type:	restaurant/Eating Place		
Doing Business As:	reharu		
Premises Address:	1231 E Dimond Blvd		
City:	Anchorage	State:	AK ZIP: 99515





Alaska Alcoholic Beverage Control Board

**Form AB-01: Transfer License Application**

<b>Entity Official:</b>				
<b>Title(s):</b>		<b>Phone:</b>		<b>% Owned:</b>
<b>Address:</b>				
<b>City:</b>		<b>State:</b>		<b>ZIP:</b>

<b>Entity Official:</b>				
<b>Title(s):</b>		<b>Phone:</b>		<b>% Owned:</b>
<b>Address:</b>				
<b>City:</b>		<b>State:</b>		<b>ZIP:</b>

<b>Entity Official:</b>				
<b>Title(s):</b>		<b>Phone:</b>		<b>% Owned:</b>
<b>Address:</b>				
<b>City:</b>		<b>State:</b>		<b>ZIP:</b>

This subsection must be completed by any applicant that is a corporation or LLC. Corporations and LLCs are required to be in good standing with the Alaska Division of Corporations (DOC) and have a registered agent who is an individual resident of the state of Alaska.

<b>DOC Entity #:</b>	95456	<b>AK Formed Date:</b>	8/02/05	<b>Home State:</b>	AK
<b>Registered Agent:</b>	Han K Choe		<b>Agent's Phone:</b>	907-344-0025	
<b>Agent's Mailing Address:</b>	555 W Northern light Blvd. Suite 216				
<b>City:</b>	Anchorage	<b>State:</b>	AK	<b>ZIP:</b>	99515

Residency of Agent:

Yes No

Is your corporation or LLC's registered agent an individual resident of the state of Alaska?





Alaska Alcoholic Beverage Control Board

# Form AB-01: Transfer License Application

## Section 6 – Other Licenses

Ownership and financial interest in other alcoholic beverage businesses:

Yes No

Does any representative or owner named as a transferee in this application have any direct or indirect financial interest in any other alcoholic beverage business that does business in or is licensed in Alaska?

If "Yes", disclose which individual(s) has the financial interest, what the type of business is, and if licensed in Alaska, which license number(s) and license type(s):

## Section 7 – 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:





Alaska Alcoholic Beverage Control Board

**Form AB-01: Transfer License Application**

**Section 8 – Transferor Certifications**

Additional copies of this page may be attached, as needed, for the controlling interest of the current licensee to be represented.

I declare under penalty of perjury that the undersigned represents a controlling interest of the current licensee. I additionally certify that I, as the current licensee (either the sole proprietor or the controlling interest of the currently licensed entity) have examined this application, approve of the transfer of this license, and find the information on this application to be true, correct, and complete.

[Signature]  
Signature of transferor

Hi Chun Kang  
Printed name of transferor

Subscribed and sworn to before me this 23<sup>rd</sup> day of July, 2018.

[Signature]  
Signature of Notary Public



Notary Public in and for the State of Alaska

My commission expires: 12/01/2019

\_\_\_\_\_  
Signature of transferor

\_\_\_\_\_  
Printed name of transferor

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

Notary Public in and for the State of \_\_\_\_\_

My commission expires: \_\_\_\_\_





# Alaska Alcoholic Beverage Control Board Form AB-01: Transfer License Application

## Section 9 – Transferee Certifications

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

Initials

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



I certify that all proposed licensees have been listed with the Division of Corporations.



I certify 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.



I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check the identification of a patron will complete an approved alcohol server education course, if required by AS 04.21.025, and, while selling or serving alcoholic beverages, will carry or have available to show a current course card or a photocopy of the card certifying completion of approved alcohol server education course, if required by 3 AAC 304.465.



I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application.



As an applicant for a liquor license, 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.

Signature of transferee

Hi Chun Kang  
Printed name

Subscribed and sworn to before me this 23<sup>rd</sup> day of July, 2018.

Signature of Notary Public



Notary Public in and for the State of Alaska

My commission expires: 12/31/2018

