

Notice of Violation

(3AAC 304.525)

This form, all information provided and responses are public documents per Alaska Public Records ACT AS 40.25

Date: License #/Type:
Licensee: Address:
DBA: AMCO Case #:

This is a notice to you as licensee that an alleged violation has occurred. If the Alcoholic Beverage Control Board decides to act against your license, under the provisions of AS 44.62.330 - AS 44.62.630 (Administrative Procedures Act) you will receive an Accusation and Notice of your right to an Administrative Hearing.

Note: This is not an accusation or a criminal complaint.

You are directed to respond in writing to this Notice of Violation within 10 days of receipt to explain what action you have taken to prevent a re-occurrence of this violation. FAILURE TO RESPOND TO THIS NOTICE OF VIOLATION WITHIN 10 DAYS WILL RESULT IN YOUR APPEARANCE, EITHER IN PERSON OR TELEPHONICALLY, BEFORE THE ABC BOARD AT THEIR NEXT REGULARLY SCHEDULED BOARD MEETING.

***Please send your response to the address below and include your alcohol license number in your response.**

3 AAC 304.525 (B) provides that upon receipt of a Notice of Violation, a licensee may request to appear before the Director and be heard regarding the Notice of Violation. The request must be made within ten days after receipt of the Notice and the Director must grant an appearance within ten days after receipt of a request. A Licensee shall respond, either orally or in writing, to the Notice.

Alcohol & Marijuana Control Office
ATTN: Enforcement
550 W. 7th Ave, Suite 1600
Anchorage, Alaska 99501
amco.enforcement@alaska.gov

Issuing Investigator:

Received by:

SIGNATURE:

JR Hamilton

SIGNATURE:

Delivered VIA:

Date:



Certificate of Completion

This Certificate of Completion of
eTIPS On Premise 3.0 - Alaska
For coursework completed on August 2, 2018
provided by Health Communications, Inc.

is hereby granted to:

Patricia McKenzie

Certification to be sent to:

**Hill Bar, Craig
503 Front Street
Craig AK, 99921 USA**

Certificate of Completion

This Certificate of Completion of
eTIPS On Premise 3.0 - Alaska
For coursework completed on August 3, 2018
provided by Health Communications, Inc.
is hereby granted to:

Daniel Mackie

Certification to be sent to:

Craig Bar & Liquor Store, Inc., Hill Bar
503 Front Street
Craig AK, 99921 USA

INC

Health Communications, Inc. is not providing TIPS certification. It certifies only that you have completed the course. Your certification documents will be forwarded to you.



Alaska Alcoholic Beverage Control Board

Form AB-17: 2019/2020 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, 2018. 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. Receipt and/or processing of renewal payments by AMCO staff neither indicates nor guarantees that an application will be considered complete, or that a license will be renewed.

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:	Craig Bar & Liquor Store, Inc.	License #:	1328
License Type:	Beverage Dispensary	Legal Ref.:	AS 04.11.090
Doing Business As:	Hill Bar		
Premises Address:	503 Front Street		
Local Governing Body:	City of Craig		
Community Council:	None		
Mailing Address:	PO Box 730		
City:	Craig	State:	AK
		ZIP:	99921

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.

Contact Licensee:	RALPH MACKIE	Contact Phone:	907-826-3423
Contact Email:	hillbar@aptalaska.net		

Optional: If you wish for AMCO staff to communicate with individual who is not a licensee named on this form (eg: legal counsel) about this application and other matters pertaining to the license, please provide that person's contact information in the fields below.

Name of Contact:		Contact Phone:	
Contact Email:			



Alaska Alcoholic Beverage Control Board
Form AB-17: 2019/2020 Renewal License Application

Section 2 – Entity or Community Ownership Information

This top 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). This number is neither your EIN/tax ID number, nor your business license number. 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>
 General partnerships and local governments should skip to the second half of this page. Licensees who directly hold a license as an individual or individuals should skip to Section 3.

Alaska CBPL Entity #:	17167 D
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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. RM

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.

Important Note: The information provided in the below fields (including spelling of names, specific titles, and percentages held) must match that which is listed with CBPL. If one individual holds multiple titles mentioned in the bullets above, all titles must be listed for that individual on this application and with CBPL. Failure to list all required titles constitutes an incomplete application.

Name of Official:	MARJORIE YOUNG			
Title(s):	PRESIDENT	Phone:	907-826-3423	% Owned: 100
Mailing Address:	PO BOX 73			
City:	CRAIG	State:	AK	ZIP: 99921

Name of Official:	RALPH MACKIE			
Title(s):	VICE PRESIDENT MANAGING OFFICER	Phone:	907-826-3423	% Owned: 0
Mailing Address:	PO BOX 252			
City:	CRAIG	State:	AK	ZIP: 99921

Name of Official:	R ^M JAMES MACKIE			
Title(s):	SECRETARY	Phone:	907-826-3423	% Owned: 0
Mailing Address:	PO BOX 295			
City:	CRAIG	State:	AK	ZIP: 99921

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Form AB-17: 2019/2020 Renewal License Application

Section 3 – Sole Proprietor Ownership Information

This section must be completed by any licensee who directly holds the license as an **individual or multiple individuals** and is applying for license renewal. If more space is needed, please attach a separate sheet that includes all of the required information. Entities should skip to Section 4. The following information must be completed for each licensee and each affiliate (spouse).

This individual is an: applicant affiliate (spouse)

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

This individual is an: applicant affiliate (spouse)

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

Section 4 – 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 5.

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 set forth in AS 04.21.025 and 3 AAC 304.465.

Section 5 – License Operation

Check a single box for each calendar year that best describes how this liquor license was operated:

	2017	2018
The license was regularly operated continuously throughout each year.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
The license was regularly operated during a specific season each year.	<input type="checkbox"/>	<input type="checkbox"/>
The license was only operated to meet the minimum requirement of 240 total hours each calendar year. <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 240 total hours each year, 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, unless a complete copy of the form (including fees) has already been submitted for that year.</i>	<input type="checkbox"/>	<input type="checkbox"/>



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Section 6 – Violations and Convictions

Applicant violations and convictions in calendar years 2017 and 2018:

Yes No

Have any notices of violation (NOVs) been issued to this licensee in the calendar years 2017 or 2018?

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 2017 or 2018?

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

Section 7 – Certifications

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

Initials

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

RM

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 approved and on file with the Alcoholic Beverage Control Board.

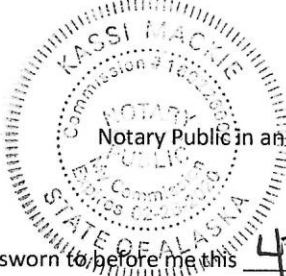
RM

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.

RM

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 or AMCO staff 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.

R Mackie
Signature of licensee



K Mackie
Signature of Notary Public

RALPH mackie
Printed name of licensee

Notary Public in and for the State of Alaska

My commission expires: 2/26/20

Subscribed and sworn to before me this 4th day of December, 2018.

Seasonal License? Yes No

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

License Fee:	\$ 2500.00	Application Fee:	\$ 300.00	TOTAL:	\$ 2800.00
Miscellaneous Fees:					
GRAND TOTAL (if different than TOTAL):					

Craig Bar & Liquor Inc. dba Hill Bar

407 Water St., PO Box 730, Craig, AK 99921 907-826-3423 fax 826-2901

hillbar@aptalaska.net

November 12, 2018

Alcohol and Marijuana Control Office
550 W. 7th Ave.
Anchorage, AK

Dear Sir or Madam,

As required by my YES response in Section 7 of our 2019/2020 Beverage Dispensary Renewal License Application, this is to inform you that during the summer of 2018 a State Enforcement Officer issued us a citation for the following: one employee with an expired server card, and another new employee who had not yet obtained her server card.

We immediately remedied the situation to the satisfaction of the State Enforcement Office.

Assuming that the one citation was issued to both our bar and our liquor store, which are in adjacent rooms within the same building, I have included this letter with both applications.

Sincerely,



Ralph Mackie, General Manager

AMCO

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