



MEMORANDUM

TO: Bob Klein, Chair, and Members of the Alcoholic Beverage Control Board DATE: February 19, 2019

FROM: Erika McConnell, Director RE: 822 Seasalt, Alaskan Bar & Grill

Requested Action: License renewal

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 04.11.480(a): “A local governing body may protest the issuance, renewal, relocation, or transfer to another person of a license by sending the board and the applicant a protest and the reasons for the protest within 60 days of receipt from the board of notice of filing of the application... The board shall consider a protest and testimony received at a hearing conducted under AS 04.11.510(b)(2) or (4) when it considers the application... If an application or continued operation is protested, the board shall deny the application or continued operation unless the board finds that the protest is arbitrary, capricious, and unreasonable.”

AS 04.11.510(b)(2): “The board may review an application for the issuance, renewal, transfer of location, or transfer to another person of a license without affording the applicant notice or hearing, except... (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;”

Staff Recommendation: Hold a public hearing; deny the renewal with a 45 day abeyance

Background: The City of Seward has protested the renewal of this beverage dispensary license due to fire and life safety concerns found by the Seward Fire Department during inspection.

A temporary 2019-2020 license was issued on November 28, 2018.

Attachment: City of Seward protest
Renewal application

CITY OF SEWARD
P.O. BOX 167
SEWARD, ALASKA 99664-0167



- Main Office (907) 224-4050
- Police (907) 224-3338
- Harbor (907) 224-3138
- Fire (907) 224-3445
- City Clerk (907) 224-4046
- Community Development (907) 224-4049
- Utilities (907) 224-4050
- Fax (907) 224-4038

January 15, 2019

Sarah Oates-Daulton
Records & Licensing Supervisor
Alcohol & Marijuana Control Office
550 W. 7th Avenue, Suite 1600
Anchorage, AK 99501

Dear AMCO:

Please be advised that on Monday, January 14, 2019, the City Council of the City of Seward **PROTESTED** the renewal of liquor license for:

Name of Business: Seasalt Alaskan Bar & Grill
Licensee: Klondike Pizzeria II, LLC
Type of License: Beverage Dispensary
License Number: 822

The reason for the protest is because the Seward Fire Department reported many fire and life safety concerns during their inspection, and would not grant compliance for the renewal.

Please let me know if you have any questions or need further information.

Sincerely,

Brenda J. Ballou, MMC
City Clerk

cc: Applicant
File
KPB





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:	Seasalt, Alaskan Bar & Grill <i>Klondike Pizzeria II LLC</i>	License #:	822
License Type:	Beverage Dispensary	Legal Ref.:	AS 04.11.090
Doing Business As:	Christo's Palace <i>Seasalt, Alaskan Grill & Bar</i>		
Premises Address:	133 4th Avenue, Seward, AK 99664		
Local Governing Body:	City of Seward (Kenai Peninsula Borough)		
Community Council:	None		

Mailing Address:	<i>1120 E Huffman 24 PMB 416</i>		
City:	<i>Anchorage</i>	State:	<i>AK</i>
		ZIP:	<i>99515</i>

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:	<i>Toni Straus or Elliott Jackson</i>	Contact Phone:	<i>907 575 5354</i> <i>907 250 2541</i>
Contact Email:	<i>chattermark@yahoo.com</i>		

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:	<i>W. Sherman Ernout</i>	Contact Phone:	<i>907 274 3385</i>
Contact Email:	<i>sernout@eclawfirm.org</i>		





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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 #:	10038727
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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.



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.

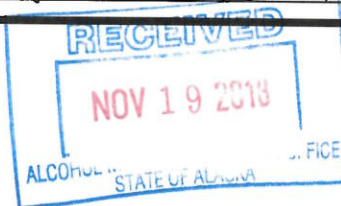
- If the applicant is a **corporation**, the following information must be completed for each **stockholder who owns 10% or more** of the stock in the corporation, and for each **president, vice-president, secretary, and managing officer**.
- If the applicant is a **limited liability organization**, 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:	ZPA LLC AK Ent: L # 10011858			
Title(s):	Phone:	907 250 2541	% Owned:	100
Mailing Address:	1120 E Huffman 24 PMB 416			
City:	Anchorage	State:	AK	ZIP: 99515

Name of Official:	Charles Elliott Jackson Jr			
Title(s):	Member ZPA LLC 50%	Phone:	907 250 2541	% Owned:
Mailing Address:	1120 E Huffman 24 PMB 416			
City:	Anchorage	State:	AK	ZIP: 99515

Name of Official:	Toni L. Strauss			
Title(s):	Member ZPA LLC 50%	Phone:	907 575 5354	% Owned:
Mailing Address:	1120 E Huffman 24 PMB 416			
City:	Anchorage	State:	AK	ZIP: 99515





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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.

B

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.

The license was regularly operated during a specific season each year.

The license was only operated to meet the minimum requirement of 240 total hours each calendar year. *If this box is checked, a complete copy of Form AB-30: Proof of Minimum Operation Checklist, and all necessary documentation must be provided with this application.*

The license was not operated at all or was not operated for at least the minimum requirement of 240 total hours each year, during one or both of the calendar years.

If this box is checked, a complete copy of Form AB-29: Waiver of Operation Application and corresponding fees must be submitted with this application for each calendar year during which the license was not operated for at least the minimum requirement, unless a complete copy of the form (including fees) has already been submitted for that year.





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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?

Yes No

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?

Yes No

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.

Yes No

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.

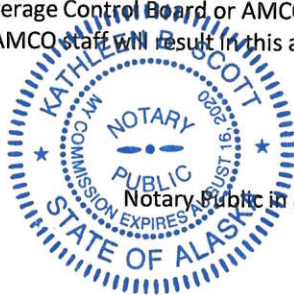
Yes No

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.

Yes No

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.

Toni L. Strauss
Signature of licensee



Kathleen B. Scott
Signature of Notary Public

Toni L. Strauss
Printed name of licensee

Notary Public in and for the State of Alaska

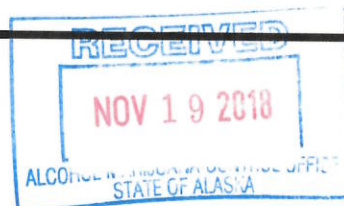
My commission expires: 8/16/2020

Subscribed and sworn to before me this 14 day of November, 20 18.

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):					



Department of Commerce, Community, and Economic Development
**CORPORATIONS, BUSINESS &
 PROFESSIONAL LICENSING**

[State of Alaska / Commerce / Corporations, Business, and Professional Licensing / Search & Database](#)
[Download / Corporations / Entity Details](#)

ENTITY DETAILS

Name(s)

Type	Name
Legal Name	Klondike Pizzeria II LLC

Entity Type: Limited Liability Company

Entity #: 10038727

Status: Good Standing

AK Formed Date: 5/24/2016

Duration/Expiration: Perpetual

Home State: ALASKA

Next Biennial Report Due: 1/2/2020

Entity Mailing Address: 1120 E HUFFMAN 24 PMB 416, ANCHORAGE, AK 99515

Entity Physical Address: 133 4TH AVENUE, SEWARD, AK 99664

Registered Agent

Agent Name: Toni Strauss

Registered Mailing Address: 1120 E HUFFMAN 24 PMB 416, ANCHORAGE, AK 99515

Registered Physical Address: 308 ASH STREET, SEWARD, AK 99664

Officials

Show Former (None on file)

AK Entity #	Name	Titles	Owned
	Charles E Jackson	Manager	
	Toni Strauss	Manager	
10011858	ZPA LLC	Member, Organizer	100