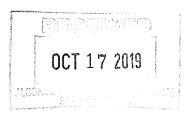
# Nickel and Dime Inc. COST SAVERS BIG AL'S PIZZERIA The Liquor Cabinet Inc

October 17, 2019

We had one former employee R. Mackenze was late renewing her tap card

Sincerely Alan & Barbara Large Owners



### **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: 04/09/2018

License #/Type: #4044 / Package Store

Licensee: Liquor Cabinet Inc.

Address: 2161 Mill Bay Rd., Kodiak, AK 99615

DBA: Liquor Cabinet/Cost Savers

AMCO Case #: AB18-0337

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.

On 04/02/2018 at approximately 1835 hrs., I was conducting a licensed premises inspection at the Liquor Cabinet/Cost Savers, package store license # 4044 when I contacted the on-duty manager/clerk in the package store, identified by her Alaska driver's license as Rachel MACKENZIE. When I asked to see MACKENZIE's alcohol server education card I discovered her card expired on 10/07/2017. MACKENZIE stated she was scheduled to take an alcohol server education course on 04/03/2018 and she has been working for the licensee for over 30 days. She stated she informed her employer of the expired status of her alcohol server education. This is a violation of AS 04.21.025 and 3 AAC 304.465.

#### AS 04.21.025(a) Alcohol Server Education:

- (a) As a condition of issuance or renewal of a license and selling alcoholic beverages under a license, the board shall require a licensee who sells or serves alcoholic beverages and a licensee's agents and employees who sell or serve alcoholic beverages or check the identification of a patron to complete an alcohol server education course approved by the board, if the license is for a
  - (4) package store;
- 3 AAC 304.465. Alcohol server education course
- (a) While selling or serving alcoholic beverages, a person required under AS 04.21.025 to complete an alcohol server education course and the person's on-duty supervisor shall carry or have available to show a current course card or a photocopy of the card certifying completion of an approved alcohol server education course.

As part of your mandatory response, include a copy of MACKENZIE's identification card and current server education card.

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 APPREARANCE, 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. 7<sup>th</sup> Ave, Suite 1600 Anchorage, Alaska 99501 amco.enforcement@alaska.gov

Issuing Investigator: M. Chiesa

Received by:

SIGNATURE:

0

SIGNATURE:

Delivered VIA: Mail

Date:

U.S.P.S. Article # 7016 0910 0000 9694 8543

### **Cost Savers**

### the Liquor Cabinet

### Nickel & Dime Inc

2161 Mill Bay Road

**Telephone 486-2408** 

Kodiak, AK 99615

Fax 486-7070

4/19/2018

Alcoholic & Marijuana Control Office Attn: Enforcement 550 W. 7<sup>th</sup> Ave Suite 1600 Anchorage, AK 99501

Rachel Mackenzie updated her alcohol server education card by taking the class on 4/3/18. We are aware of how important it that our employee be properly trained.

She knew before the violation that she needed to take the time to renew her card and made the appointment and attended the class the next day.

Sincerely

Alan D. Large

Liquor Cabinet Inc.

Zent Hunge

License number 4044

Kodiak, AK

AMCO # AB18-0337





**Package Store License** Form AB-17b: 2020/2021 Renewal License Application

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

# What is this form?

This renewal license application form is required for all individuals or entities seeking to apply for renewal of an existing package store liquor license that is due to renew by December 31, 2019. 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 and submitted to AMCO's main office before any license renewal application will be reviewed. 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.

| Licensee:  | Liquor Cabinet Inc   |                                  |                                    | L   | icense #:      | 4044                                     |
|--|--|----------------------------------|------------------------------------|---|----------------|--|
| License Type:  | Package Store  |                                  |                                    |   |                | .,                                       |
| Doing Business As:   | Liquor Cabinet/Cost S                                      | avers                            |                                    |   |                |  |
| Premises Address:  | 2161 Mill Bay Rd   |                                  |                                    |   |                |  |
| Local Governing Body:  | City of Kodiak (Kodiak                                     | Island Boro                      | ough)                              |   |                |  |
| Community Council:   | None   |                                  |                                    |   |                | <u> </u>                                 |
| Daritime Addition  |  |                                  |                                    |   |                |  |
| Mailing Address:   | 2161 Mill Ba   | y Road                           |                                    |   |                |  |
| City:  | 2161 Mill Ba<br>Kodiak                                     |                                  | State:                             | AK  | ZIP:           | 99615                                    |
| nter information for the indi<br>nust be a licensee who is req | vidual who will be designa<br>uired to be listed in and au | ted as the pri                   | mary point<br>gn this appli        | of contact regarding t                          | this applicati | on. This individual                      |
| Contact Licensee:  | Barbara M Large<br>Costsave @ Ptialaska. Ne                |                                  |                                    | 907   | 486-2408       |  |
| Contact Email:   | costsave @   | Hialas                           | ka.ne                              | t   |                | 7.00                                     |
| ptional: If you wish for AMCO                                  | O staff to communicate wit<br>er matters pertaining to the | h an individu<br>e license, plea | al who is <u>no</u><br>ase provide | ot a licensee named or<br>that person's contact | this form (e   | g: legal counsel)<br>in the fields below |
| Name of Contact:   |  |                                  |                                    | Contact Phone:                                  |                |  |
|  |  |                                  |                                    |   |                |  |



# Form AB-17b: 2020/2021 Package Store Renewal License Application

### Section 2 – Entity or Community Ownership Information

Licensees who directly hold a license as an individual or individuals should skip to Section 3. General partnerships and local governments should skip to the second half of this page. All licensees that are <u>corporations</u> or <u>LLCs</u> must complete this section. Corporations and LLCs are required to be in good standing with the Alaska Division of Corporations, Business & Professional Licensing (CBPL). The CBPL Entity # below 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 vising the following site: <a href="https://www.commerce.alaska.gov/cbp/main/search/entities">https://www.commerce.alaska.gov/cbp/main/search/entities</a>

| Alesla CDDI S   |   |   |  |  |  |                                       |
|---|---|---|--|--|--|---------------------------------------|
| Alaska CBPL Entity#   | 564   | 34D= 6  | 94707  | )  |  |                                       |
| You must ensure that you  | are able to certify   | the following state   | ment before  | igning your initials in the  |  |                                       |
| I certify that this entity is are also currently and acc                            | in good standing wit  | th CBPL and that a  |  |  |  |                                       |
| <ul> <li>If the applicant is a <u>lin</u></li> <li>ownership interest of</li> </ul> | rporation, the follow<br>ration, and for each<br>nited liability organi<br>10% or more, and for<br>rtnership, including | is in those space is<br>ving information in<br>president, vice-pro-<br>zation, the following<br>or each manager.<br>a limited partners! | needed, pleasinust be comple<br>esident, secretoring information | poration, limited liability e attach additional completed for each shareholder ary, and managing officed must be completed for each shareholder ary, and managing officed must be completed for each and information must be completed to the completed for each and information must be co | eted copies of<br>who owns 10;<br>r.<br>ach member v | this page.<br>% or more of<br>vith an |
| Important Note: The informatch that which is listed that individual on this appl    | ication and with CRP  | Failure to list of  | pie titles menti   | oned in the bullets above  | , all titles mus                                     | t be listed for                       |
| Name of Official:   | Alan D1   | arae  |  |  |  | at y.                                 |
| Title(s):   | President:  |   | Phone:   | 907 486-2408   | % Owned  | 1 (-2)                                |
| Mailing Address:  |   | sion Read   |  | 1 100 100  | 1  | : 50                                  |
| City:   | Kodiak  |   | State:   | AK   | ZIP;   | 99,615                                |
| Name of Official:   | Barbara   | M Lara  | <br>e,   |  |  |                                       |
| Títle(s):   |   | nt: Secretar  |  | 907186 4224  | % Owned  |                                       |
| Mailing Address:  | 1723 M  |   | Q  | 101706 1207  |  | 150                                   |
| City:   | Kodiak  |   | State:   | AK   | ZIP: C   | 19615                                 |
| Name of Official:   |   |   |  |  |  |                                       |
| Title(s):   |   |   | Phone:   |  | % Owned:   |                                       |
| Mailing Address:  |   |   | <del> </del>   |  |  |                                       |
| City:   |   |   | State  |  | ZIP:   |                                       |
| [Form AB-17b] (rev 9/17/2019)<br>License # 4044 DBA Liquor Cabi                     | net/Cost Savers   | OCT 1   | 7 2019   | C. C   |  | PARTOLA 2010                          |
|   |   | MCOTH STATE   | EUS Ammonia  | ay consider  | ij   | CT - 2 2019                           |



# Form AB-17b: 2020/2021 Package Store Renewal License Application

## Section 3 – Sole Proprietor Ownership Information

Entities, such as corporations or LLCs, should skip this section. This section must be completed by any licensee who directly holds the license as an <u>individual or multiple individuals</u> and is applying for license renewal. If more space is needed, please attach a separate sheet that includes all of the required information.

The following information must be completed for each licensee and each affiliate.

| This individual is an: ap  | oplicant affiliat   | te   |  |             |          |              |
|--|---|--|--|-------------|----------|--------------|
| Name:  |   |  | Contact Phone:   |             |          |              |
| Mailing Address:   |   |  |  |             |          |              |
| City:  | /   | State:   |  | ZIP:        |          |              |
| Email:   |   |  |  |             | <u> </u> |              |
| This individual is an: ap  | plicant affiliat  | e  |  |             |          |              |
| Name:  |   |  | Contact Phone:   |             |          |              |
| Mailing Address:   |   | •  |  |             |          |              |
| City:  |   | State:   |  | ZIP:        |          |              |
| Email:   |   |  |  |             |          |              |
| I certify that all licensees, agen<br>have completed an alcohol ser<br>course completion cards on the<br>Check a single box for each cale  | ver education course appre licensed premises during Section 5 | oved by the ABC Board as all working hours, as se  - License Ope | and keep current, valid on the forth in AS 04.21.025 and the forth | onies of th | air      | 2019         |
| The license was regularly opera  |   |  |  |             | 2010     | 2019         |
| The license was regularly opera  |   |  |  |             |          | $\checkmark$ |
| The license was only operated t<br>If this box is checked, a complet<br>documentation must be provide  | te copy of Form AB-30: Pro                                    | nirement of 240 total hou<br>of of Minimum Operation             | urs each calendar year.  | essary      |          |              |
| 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. |   |  |  |             |          |              |

[Form AB-17b] (rev 9/17/2019) License # 4044 DBA Liquor Cabinet/Cost Savers Page 3 of 4



# Form AB-17b: 2020/2021 Package Store Renewal License Application

|  | Section 6 –  | Written Order  | rs   |   |          |
|--|--|--|--|---|----------|
| Written orders in calendar years 2020 an   | rd 2021;   |  |  | Yes   | No       |
| Do you intend to sell alcoholic beverages calendar years 2020 and/or 2021?   | and ship them to anoti   | ner location in respons  | e to written solicitation                              |   | X        |
| Sec  | tion 7 – Violat  | ions and Conv  | victions   |   |          |
| Applicant violations and convictions in ca   | lendar years 2018 and  | 2019:  |  | Yes   | . N1     |
| Have any notices of violation (NOVs) been  |  |  |  | 8977)   | No.      |
| Has any person or entity named in this apport or dinance adopted under AS 04.21.010 in   | olication been convicte<br>the calendar years 201  | d of a violation of Title<br>8 or 2019?  | 04, of 3 AAC 304, or a lo                              | ocal  | Q        |
| If "Yes" to either of the previous two ques  | stions, attach a separa  | te page to this applica  | tion listing all NOVs and                              | d/or conviction   | s. ·     |
|  | Section 8 -  | Certifications   |  |   |          |
| Read each line below, and then sign your   | initials in the box to th  | e right of each statem   | ent:   |   | initials |
| I certify that all current licensees (as define<br>in accordance with AS 04.11.450, πο one o<br>licensed business.   | ed in AS 04.11.260) and<br>ther than the licensee  | d affiliates have been l<br>(s) has a direct or indir  | isted on this application<br>ect financial interest in |   | BL       |
| I certify that I have not altered the function<br>and I have not changed the business name<br>stakeholders) from what is currently appro-  | or the ownership (incided)  or the with the  | Iding officers, manage<br>Alcoholic Beverage C   | rs, general partners, or<br>ontrol (ABC) Board.        | 1   | BL       |
| I certify on behalf of myself or of the organiany other form provided by AMCO is ground  | zed entity that I under:<br>ds for rejection or deni   | stand that providing a<br>al of this application o   | false statement on this f<br>r revocation of any licen | form or se issued.  | BL       |
| As an applicant for a liquor license renewal, 3 AAC 304, and that this application, including provide all information required by the Alcothat failure to do so by any deadline given to Barbara M Lough Signature of licensee   | I declare under penalt<br>ng all accompanying so<br>holic Beverage Control<br>ome by AMCO staffwl  | y of perjury that I have<br>hedules and statemen<br>Board or AWCO staff<br>MANUAL THE STATE OF STATE<br>CONTROL OF STATE OF | read and am familiar w<br>ts, is true, correct, and c  | ith AS 04 and complete. I agreation and under the as incomplete than the astronomylete the astronomylete the astronomylete the astronomylete than the astronomylete | stand    |
| Seasonal License?  | f "Yes", write your s  |  |  |   |          |
| License Fee: \$ 1500.00  | Application Fee:   | \$ 300.00  | TOTAL:   | \$ 1800.00  |          |
| Wiscellaneous Fees:  |  |  | ·  |   |          |
| GRAND TOTAL (if different than TOTA  | \L):   |  |  |   |          |
| and the second s | Property and the second | Million Annabel (1985) - Million Annabel (1985             |  |   |          |
| [Form AB-17b] (rev 9/17/2019)<br>License # 4044 DBA Liquor Cabinet/Cost Savers   | The second secon | ICT 17 2019  |  | Page 4  | of 4     |
|  | MISOHULI   |  | , j  | C.T - 2.2019  |          |