# **Notice of Violation**

License #/Type:

(3AAC 304.525)

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

Licensee:	Address:
DBA:	AMCO Case #:
This is a notice to you as licensee that an alleged violation has o against your license, under the provisions of AS 44.62.330 - AS Accusation and Notice of your right to an Administrative Hearing	44.62.630 (Administrative Procedures Act) you will receive an
Note: This is not an accusation or a criminal complaint.	
taken to prevent a re-occurrence of this violation. FAILURE	ation within 10 days of receipt to explain what action you have TO RESPOND TO THIS NOTICE OF VIOLATION WITHIN 10 DAYS ON OR TELEPHONICALLY, BEFORE THE ABC BOARD AT THEIR
*Please send your response to the address below and	include your alcohol license number in your response.
	licensee may request to appear before the Director and be heard regarding the eipt of the Notice and the Director must grant an appearance within ten days after 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:	Received by:
SIGNATURE: J.R. Hamilton	SIGNATURE:
Delivered VIA:	Date:

Date:

Date:

February 22, 2019

Ms. Erika McConnell, Director Alcoholic & Marijuana Control Office ATTN: Enforcement 550 W. 7th Ave, Suite 1600 Anchorage, AK 99501

Dear Ms. McConnell.

We received of a Notice of Violation #AM19-0298 (License #2267) on February 21, 2019. The Notice is about an incident at the Pizza Studio restaurant that occurred on February 13, 2019. This letter serves to provide you with the actions we have taken at our restaurant to cure the violation and to prevent this type of incident from occurring again.

After receiving the notice, we reviewed all the other employees that work at this location to verify that everyone that operates the cashier's station, which provides alcoholic beverages, to be 21 years or older, has a valid unexpired TAP card not only on their persons but also on file in the office area located in the back of the restaurant. As an extra precaution, we have calendared all of the expiration dates of the current TAP cards to our support office's Outlook calendar to provide a 2-week reminder of any upcoming expiration date for our staff.

The Team Member that was involved in this incident, Ms. Connie Khamlue, has been a very responsible member of our staff and has worked for us for almost 5 years now. She was very upset personally about this incident and immediately took action to renew her TAP card that was expired on the date of the incident. I've attached to this letter a copy of Ms. Khamlue TAP card, which was also provide to your office via email on 2/22/2019.

We hope and trust that the actions we have taken will not only satisfy the AMCO with respect to this incident, but that it will strengthen our procedures to prevent this type of incident from ever occurring again.

Thank you for your understanding and consideration.

Sincerely,

TPS Alaska LLC

John Fabiano Vice President

TAPIL	Courie Kh	
Training for Alcohol Professionals (not valid for use as identification)	Name 9/30//	1903
CHARR PROPERTY OF THE PROPERTY	Conniet Conniet	Khamelue
800-478-2427 or 907-274-8133 www.alaskacharr.com	Signature	EXPIRES ON
Chen C	your 2	2 115 12022

Instructor



[Master Checklist: Renewal] (rev 09/20/2018)

Alcohol and Marijuana Control Office 550 W 7<sup>th</sup> Avenue, Suite 1600 Anchorage, AK 99501 alcohol.licensing@alaska.gov

https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

Page 1 of 1

### Alaska Alcoholic Beverage Control Board

# Master Checklist: Renewal Liquor License Application

Doing Business As:	The	Pizza Studio		, 1	License Number:	2267	
License Type:	_	Beverage Dispensary					
Examiner:	(01	me			Transaction #:	1179867	
Document		Received	Completed	Notes			
AB-17: Renewal Applic	cation	11/15	11 15				
App and License Fees		11/15	11/15				
		Bessived	Completed	Notes			
Supplemental Docum		Received	Completed	Notes	1		
Tourism/Rec Site State	ement ———						
AB-25: Supplier Cert (	WS)						
AB-29: Waiver of Ope	ration						
AB-30: Minimum Ope	ration						
AB-33: Restaurant Aff	idavit						
COI / COC / 5 Star							
FP Cards & Fees / AB-	08a						
Late Fee							
Names on FP Cards:							
Nov						Yes No	
Selling alcohol in resp	Selling alcohol in response to written order (package stores)?						
Mailing address and contact information different than in database (if yes, update database)?							
In "Good Standing" with CBPL (skip this and next question for sole proprietor)?							
Officers and stockhol	Officers and stockholders match CBPL and database (if "No", determine if transfer necessary)?						
LGB 1 Response: LGB 2 Response:							
Waive	Protes	st Lapse	d Wa	ive Pro	otest Lapse	d	



Alcohol and Marijuana Control Office 550 W 7<sup>th</sup> 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: 2020/2021 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 are 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.

nter information for the bus	iness seeking to have its license rene	wed. If any po	pulated information is	incorrect, p	lease contact AMC
Licensee:	TPS Alaska, LLC			cense #:	2267
License Type:	Beverage Dispensary				
Doing Business As:	The Pizza Studio				
Premises Address:	1254 Muldoon Road Unit B				
Local Governing Body:	Municipality of Anchorage				
Community Council:	Northeast				
Mailing Address:	4450 Cordova S	+ #200			
City:	4450 Cordova S Anchorage	State:	AK	ZIP:	99503
nter information for the indi ust be a licensee who is req	vidual who will be designated as the purified to be listed in and authorized to	sign this appli	ication.	his application	on. This individual
Contact Licensee:	John Fabian	D	Contact Phone:	56	1-5555
Contact Email:	John Pabian john Dralas	ska.co	m		, 000
ptional: If you wish for AMCo	O staff to communicate with an indivier matters pertaining to the license, p	dual who is no	t a licensee named on	this form (e	g: legal counsel)
Name of Contact:			Contact Phone:		are neras below
10 11 18 18 18 18 18 18 18 18 18 18 18 18					



#### Alaska Alcoholic Beverage Control Board

# Form AB-17: 2020/2021 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>

Alaska CBPL Entity #:	10015401	
	100101	

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 <u>corporation</u>, the following information must be completed for each *shareholder 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 <u>limited liability organization</u>, 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 <u>partnership</u>, 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. You must list ALL of your qualifying officials, additional copies of this page or a separate sheet of paper may be submitted if necessary.

Name of Official:	Govrmet Ventur	es, I	nc.			
Title(s):	Member	Phone:	561-5555	% Own	red:	100
Mailing Address:	4450 Cordova	8+#2		-1		
City:	Anchorage	State:	AK	ZIP:	99	503
P	9					
Name of Official:	Fred Rosenb	era				*
Title(s):	Manager	Phone:	561-5555	% Own	ed:	0
Mailing Address:	4450 Cordon	ra St	#200	•		
City:	Anchorage	State:	AK	ZIP:	99	503
•	9					
Name of Official:	John Fabiano	)				
Title(s).	112	Dhone	C	0/ 0		-

**Mailing Address:** 

City:

ZIP:



#### Alaska Alcoholic Beverage Control Board

# Form AB-17: 2020/2021 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: applicant affiliate					
Name:		Contact Phone:			
Mailing Address:					
City:	State:		ZIP:		
Email:	•				
This individual is an: applicant affiliate					
Name:		Contact Phone:			
Mailing Address:					
City:	State:		ZIP:		
Email:					
Read the line below, and then sign your initials in the box to the line below, and then sign your initials in the box to the line below, and then sign your initials in the box to the line below that all licensees, agents, and employees who sell or so have completed an alcohol server education course approved course completion cards on the licensed premises during all we section 5 —  Check a single box for each calendar year that best describes	erve alcoholic bevelop the ABC Board orking hours, as s	verages or check identifical and keep current, valid control of the forth in AS 04.21.025 and th	opies of the	eir	2019
The license was regularly operated continuously throughout ea	,			X	$\boxtimes$
The license was regularly operated during a specific season each of the license was only operated to meet the minimum requirem of this box is checked, a complete copy of Form AB-30: Proof of documentation must be provided with this application.  The license was not operated at all or was not operated for at leach year, during one or both of the calendar years. If this box is checked, a complete copy of Form AB-29: Waiver of	ent of 240 total ho Minimum Operat east the minimum	ion Checklist, and all nece	hours		
be submitted with this application for each calendar year during minimum requirement, unless a complete copy of the form (inc	g which the licens	se was not operated for at	least the		



## Alaska Alcoholic Beverage Control Board

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

Secti	on 6 – Violati	ons and Con	victions		
Applicant violations and convictions in caler	ndar years 2018 and	2019:		Yes	No
Have any notices of violation (NOVs) been iss	sued for <u>this license</u> i	n the calendar years	2018 or 2019?		
Has any person or entity named in this applic ordinance adopted under AS 04.21.010 in the			le 04, of 3 AAC 304, or a local		$\boxtimes$
If "Yes" to either of the previous two question	ons, attach a separat	e page to this appli	cation listing all NOVs and/o	r conviction	S.
	Section 7 -	Certification	S		
Read each line below, and then sign your ini	itials in the box to th	e right of each state	ment:		Initials
I certify that all current licensees (as defined in accordance with AS 04.11.450, no one oth licensed business.	er than the licensee(	s) has a direct or inc	lirect financial interest in the	nd that	14
I certify that I have not altered the functional and I have not changed the business name or stakeholders) from what is currently approve	r the ownership (inclu	iding officers, manag	gers, general partners, or		14
I certify on behalf of myself or of the organize any other form provided by AMCO is grounds	ed entity that I unders for rejection or deni	stand that providing al of this application	a false statement on this for or revocation of any license	m or issued.	14
As an applicant for a liquor license renewal, I 3 AAC 304, and that this application, including provide all information required by the Alcoholathat failure to do so by any deadline given to	g all accompanying so olic Beverage Contro	chedules and statem I Board or AMCO sta	ents, is true, correct, and con ff in support of this application	nplete. I agre	rstand
Signature of licensee		S	ignature of Notary Public		
John Fabiano		lotary Public in and f	for the State of Alas	Ka	
Printed name of licensee			My commission expires: $5$	-17-26	222
Subscr	ribed and sworn to b		day of October		
Seasonal License? Yes No If	"Yes", write your :	six-month operati	ng period:		
License Fee: \$ 2500.00	Application Fee:	\$ 300.00	TOTAL: \$	2800.00	
Miscellaneous Fees:					
GRAND TOTAL (if different than TOTAL): 2800.				1800.	00

[Form AB-17] (rev 09/17/2019) License # 2267 DBA The Pizza Studio

Page 4 of 4

## **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: 2/15/19

License #/Type: Beverage Dispensary / #2267

Licensee: TPS Alaska, LLC

Address: 1254 Muldoon Road, Anchorage, AK

DBA: The Pizza Studio

AMCO Case #: AM19-0298

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 2-13-19, an inspection was conducted at your establishment. On duty manager Connie Khamlue. and possibly the only over 21 employee working, was asked to provide proof of current server education. Kahmlue stated she wasn't aware that she was suppose to have it. A check of past server education courses revealed she did posses a TAP Card #133067, valid from 10-16-14 to 1-16-17. This is also a violation of Anchorage Municipal Code 10.50.015 which reads, "For a licensee to employ in the licensed business in any capacity which involves the sale or dispensing of alcoholic beverages to the public, any person who has not, prior to the commencement of employment, successfully completed a liquor server awareness training program approved by the state alcoholic beverage control board as provided by sections 2.30,125.B and 10,50,035.B,6."

Your attention is referred to AS04.025: Alcohol server education course, AS04.21.030: Responsibility of licensees, agents, and employees and AS04.16.150: Licensee responsible for violations.

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. 7th Ave, Suite 1600 Anchorage, Alaska 99501 amco.enforcement@alaska.gov

Issuing Investigator: J. Hamilton

Received by:

SIGNATURE:

J.R. Hamilton

SIGNATURE:

Delivered VIA: Mail

Date:

updated 11/01/18

NOV 1 5 2019

# 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

TPS Alaska LLC

Entity Type: Limited Liability Company

Entity #: 10015401

Status: Good Standing

AK Formed Date: 9/19/2013

**Duration/Expiration:** Perpetual

Home State: ALASKA

Next Biennial Report Due: 1/2/2021

Entity Mailing Address: 4450 CORDOVA STREET, SUITE 200, ANCHORAGE, AK

99503-7273

Entity Physical Address: 4450 CORDOVA STREET, SUITE 200, ANCHORAGE, AK

99503-7273

## **Registered Agent**

Agent Name: John Fabiano

Registered Mailing Address: 4450 CORDOVA STREET, STE 200, ANCHORAGE, AK 99503

Registered Physical Address: 4450 CORDOVA STREET, STE 200, ANCHORAGE, AK 99503

# **Officials**

			□Show Former	
AK Entity #	Name	Titles	Owned	
	Fred Rosenberg	Manager		
31316D	GOURMET VENTURES INC.	Member	100.00	
	John Fabiano	Manager		1

# **Filed Documents**

Date Filed	Туре	Filing	Certificate
9/19/2013	Creation Filing	Click to View	Click to View
10/09/2013	Initial Report	Click to View	
1/29/2014	Correction	Click to View	Click to View
12/04/2014	Biennial Report	Click to View	
1/14/2015	Agent Change	Click to View	
12/29/2016	Biennial Report	Click to View	ан — фактурган — нь у дугуу тандыруу тарчад Сиях оборуучу ангарчуу ангалдаг тэмжээ байларчуунын холт Сурга Ал-Тооссайнын Баг оборуучу ангарчуу ангалдаг тооссайнын байларчуу ангалдаг байлагчуу ангалдаг байлагчу
12/13/2018	Biennial Report	Click to View	

 $\begin{array}{c} \text{COPYRIGHT} @ \text{STATE OF ALASKA} \cdot \underline{\text{DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC}} \\ \underline{\text{DEVELOPMENT}} \cdot \underline{\text{EMAIL THE WEBMASTER}} \end{array}$