Notice of Violation

Date: 2/15/19

AMCO Case # : AM19-0296

AMCO NOV 1 4 2019

# 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:

Licensee:

DBA:

License #/Type: Address: 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 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.R. Hamilton

SIGNATURE:

Received by:

Date:

SIGNATURE:

Delivered VIA:

updated 11/01/18

7017 0530 0000 9548 8719

From:	Laile Fairbairn
То:	CED AMCO Enforcement (CED sponsored)
Cc:	Katherine Cooper
Subject:	South Restaurant + Coffeehouse #4923 Response to NOV
Date:	Monday, February 25, 2019 3:29:09 PM
Attachments:	South Restaurant AMCO Letter.pdf
	AMCO Notice of Violation Response STH 022119.pdf

Hello -- Please find attached the response to Notice of Violation, AM19-0296, for South Restaurant + Coffeehouse. Also please find a letter from Anchorage Daily News, the promoter for the event that we participated in.

We apologize for our failure to do due diligence on the proper permit for this type of event and we better understand what we would do differently.

Please let me know if any further follow up is needed.

LAILE FAIRBAIRN
President | Locally Grown Restaurants
General Manager | South Restaurant + Coffeehouse
907.770.9222 | laile@snowcitycafe.com
340 G Street Suite 200, Anchorage AK 99501

Image: Image:



February 21, 2019

Alcohol & Marijuana Control Office ATTN: Enforcement 550 W. 7th Avenue, Suite 1600 Anchorage, AK 99501

Re: Notice of Violation, AM19-0296, license # 4923

Dear Investigator Hamilton,

On January 26, 2019, we participated in *Anchorage Daily News* event, The Best of Alaska, at the Dena'ina Center. As the winner of Best Cocktail Menu, we were invited to serve samples of our cocktails. We served 2 oz. portions of our Ginger Pear Punch, which features vodka.

ADN asked for our staff TAM card numbers and seemed to have the event details thought out and we assumed that they had obtained the proper permit for the event.

After the event, we were notified by you that we, in fact, violated our license because the type of permit obtained was a special event caterers' permit for a non-profit. Only beer and wine can be served with this type of permit and the product needed to be donated to the non-profit for service at the event.

Now we understand that we should have obtained our own caterer's permit for this type of event.

We take full responsibility for not doing our due diligence before participating and will make sure that we have the correct permit in place for any future events.

If you or Director Erika McConnell would like to discuss in person, I would be happy to do so.

Sincerely,

Laile Fairbairn Managing Member 907.632.4343 cell

11124 old seward hwy | anchorage ak | 99515 | 907.770.9200 | fax 907.770.2999 www.southak.com

# **ANCHORAGE DAILY NEWS**

Anchorage Daily News 300 W. 31<sup>st</sup> Ave Anchorage, AK 99503

South Restaurant + Coffee House 11124 Old Seward Highway Anchorage, AK 99515

RE: Best of Alaska

February 22<sup>nd</sup>, 2019

To Whom It May Concern:

It was brought to our attention that your establishment was issued a Notice of Violation for your participation in the Best of Alaska event. We do understand the seriousness of the situation and I apologize for putting your license at risk. We understand that this honest mistake carries massive implications for our vendors. This was in no way our intention and I hope you know that we do understand the severity of the situation and that we are working on processes so that this does *NOT* happen in the future.

Here is what happened, and the plan we have put into motion to prevent this from happening in the future:

ADN obtained a special event permit with our charity partner. When the permit was approved, we filed it and continued planning the event. It wasn't until after the event, that we realized the oversight on our part, that it was a 'beer/wine' only event permit.

After conversations with AMCO we have a better understanding on how this permit works, and which type of permit we need to use for events when serving spirits in addition to beer/wine. We know who to contact for questions and plan on having a meeting with an AMCO representative, our licensee partner with all vendors (either collectively or individually, if needed) prior to the event. In future years, we will share the permit with all vendors, and in the event they need something additional, we can work together to assure everyone is operating within the correct regulations.

On behalf of the Best of Alaska Event and ADN, I would like to apologize that this mistake happened. Please let us know if there is anything that we can do to assist in this process.

Best, Sarah Boice Director of Events, ADN



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

Alaska Alcoholic Beverage Control Board

# Master Checklist: Renewal Liquor License Application

Doing Business As:	Sout	h Restaurar	nt & Coffeeho	License Number:	4923	
License Type:	Beve	erage Dispe	nsary			
Examiner:	C	an			Transaction #:	1179068
Document		Received	Completed	Notes		R. Ja
AB-17: Renewal Appli	cation	11/14	12/16			
App and License Fees		11/14	11/14			

Supplemental Document	Received	Completed	Notes
Tourism/Rec Site Statement			
AB-25: Supplier Cert (WS)			
AB-29: Waiver of Operation			
AB-30: Minimum Operation			
AB-33: Restaurant Affidavit			
COI / COC / 5 Star			
FP Cards & Fees / AB-08a			
Late Fee			

Names on FP Cards:		
* NOV	Yes	No
Selling alcohol in response to written order (package stores)?		Z
Mailing address and contact information different than in database (if yes, update database)?		Z
In "Good Standing" with CBPL (skip this and next question for sole proprietor)?		
Officers and stockholders match CBPL and database (if "No", determine if transfer necessary)?	Z	
LGB 1 Response: Muni LGB 2 Response: Bayshore [ Klad	*	
Waive Protest Lapsed Waive Protest Lapsed		

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



#### 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.

#### **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:	South Restaurant + Coffeehouse,	LLC		License #:	4923
License Type:	Beverage Dispensary				
Doing Business As:	South Restaurant and Coffee Hous	se			
Premises Address:	11124 Old Seward Hwy. Ste. A				
Local Governing Body:	Municipality of Anchorage				
Community Council:	Bayshore/Klatt				
Mailing Address:	340 G St. Ste	200			
City:	Anchorage	State:	AK	ZIP:	99501

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:	Laile Fairbairo	Contact Phone:	907-770-9222
Contact Email:	laile @ spowertycaf	i com	

**Optional:** If you wish for AMCO staff to communicate with an individual who is <u>not a licensee</u> 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:	Clody Lyons	Contact Phone:	907-334-9700
Contact Email:	CINDU @ locallyonown	ak, com	

[Form AB-17] (rev 09/17/2019)



#### 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: <u>https://www.commerce.alaska.gov/cbp/main/search/entities</u>

Alaska CBPL Entity #:	10015581		
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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:

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 <u>community</u> or <u>entity</u>, 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 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 <u>ALL of your qualifying officials, additional copies of this page or a separate sheet of paper may be submitted if necessary.</u>

Name of Official:	Laile Fairbal	ico, a Ac	drew Lebo		
Title(s):	Member	Phone:	907-632-4343	% Own	ned: 18,03
Mailing Address:	2346 Lous	Soc Dr.			
City:	Auchoma	State:	HK	ZIP:	99517
Name of Official:	Laile Fairbo				
Title(s):	Manager	Phone:	907-630-4943	% Own	ned: Ø
Mailing Address:	2346 6000	Soc. Dr	Ler w.B (252)		
City:	Anchorage	State:	AK	ZIP:	99517
Name of Official:	Joseph Du	200			
Title(s):	Member	> Phone:	907-360-05EA	% Own	ned: 11,07
Mailing Address:	~	v Lo	12.500050		<u>III I VI</u>
City:	Anchema	State:	AB	ZIP:	99501
orm AB-17] (rev 09/17/2019) cense # 4923 DBA South Rest			DEC 1 6 2019		Page 2 of 4
		AL	COHOL MARIJUANA CONTROL OF STATE OF ALASKA	1.35	



### 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>LICs</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: <u>https://www.commerce.alaska.gov/cbp/main/search/entities</u>

Alaska CBPL Entity #:	
	100   558

You must ensure that you are able to certify the following statement before signing your initials in the box to the right:

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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- 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 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. 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:	Ethon Bret	milton and man	Killing of Submittee in Necessary.	Γ,
Title(s):	member	Phone:	% Owned:	JUNY
Mailing Address:	-1957 Wild.		<u>5.0a</u>	Ym
City:	Anchorage	Chaba	ZIP: 00-1-1	ſ

Name of Official:	- Ferrifer 6h					٦
Title(s):	member	Phone:	1250	% Owr	ned:	
Mailing Address:	4110 Tozla	0.			180: 18-64	-11) 11
City:	Acchange	State:	ALL	ZIP:	905 17	12

Name of Official:	Trail Cuchar	P.I.B.		
Title(s):	member	Phone:	% Owned:	
Mailing Address:	2110 11	Particle Do		S.C.S. MMK
City:	Andrena	State:	ZIP: DO	y.

[Form AB-17] (rev 09/17/2019) License # 4923 DBA South Restaurant and Coffee House

RECEIVED DEC 16 2019 ALCOHOL MARIJUANA CONTROL OFFICE STATE OF ALASKA AMCO Page 2 of 4 NOV 1 4 2019 AMCO

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>LICs</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: <u>https://www.commerce.alaska.gov/cbp/main/search/entities</u>

Alaska CBPL Entity #:	10015581	

You must ensure that you are able to certify the following statement before signing your initials in the box to the right:

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 <u>community</u> or <u>entity</u>, 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 ilability 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.

Phone:	% Owned:
in Rd-	
Fandau	ZIP: 00 -
	ZIP: 9951
Phone:	% Owned:
	<u>-</u>
State:	ZIP:
Phone:	% Owned:
<u> </u>	
State:	ZIP:
	State: AK-

ALCOHOL MARIJUANA CONTROL OFFICE STATE OF ALASKA

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# 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.

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

Name:	Contact Ph	hone:
Mailing Address:		
City:	State:	ZIP:
Email:		No. 1 States

#### **Section 4 – Alcohol Server Education**

This section must be completed only by the holder of a <u>beverage dispensary</u>, <u>club</u>, or <u>pub</u> license or <u>conditional contractor's permit</u>. 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:

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

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Initials

Section 5 – License Operation		
Check a single box for each calendar year that best describes how this liquor license was operated:	2018	2019
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.		

[Form AB-17] (rev 09/17/2019) License # 4923 DBA South Restaurant and Coffee House Page 3 of 4

AMCO

NOV 1 4 2019



#### **Section 6 – Violations and Convictions**

Applicant violations and convictions in calendar years 2018 and 2019:

Have any notices of violation (NOVs) been issued for this license in the calendar years 2018 or 2019?

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 2018 or 2019?

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:

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.

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.

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.

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.

and the	).	Thinange
Signature of licensee		Signature of Notary Public
LATLE FAIRBA	1RN	d for the State of <u>Alaska</u> .
Printed name of licensee	Subscribed and sworn to before me this <u>Standard</u>	My commission expires: <u>AUG, 26, 2023</u> N _ day of <u>NOVEMBER</u> , 20 <u>19</u> .
Seasonal License?	If "Yes", write your six-month opera	iting period:

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

[Form AB-17] (rev 09/17/2019) License # 4923 DBA South Restaurant and Coffee House Yes

No

Initials

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)

Entity Type: Limited Liability Company

Entity #: 10015581

Status: Good Standing

AK Formed Date: 9/30/2013

**Duration/Expiration:** Perpetual

Home State: ALASKA

Next Biennial Report Due: 1/2/2021

Entity Mailing Address: 340 G ST STE 200, ANCHORAGE, AK 99501

Entity Physical Address: 11124 OLD SEWARD HWY UNIT A, ANCHORAGE, AK 99515

# **Registered Agent**

Agent Name: Laile Fairbairn

Registered Mailing Address: 340 G ST STE 200, ANCHORAGE, AK 99501

Registered Physical Address: 340 G ST STE 200, ANCHORAGE, AK 99501

# Officials

		<del>ا</del> ت	Show Former
AK Entity #	Name	Titles	Owned
	Ethan Berkowitz and Mara Kimmel, TBE	Member	5.32
	Jennifer Wagner and Timothy Seaver, TBE	Member	8.54
	Joseph Dugan	Member	16.07
	Josie Garton and Paul Barendregt, TBE	Member	5.69
n general en ser en	Laile Fairbairn	Manager	
a la serie de l La serie de la s	Laile Fairbairn and Andrew Lebo, TBE	Member	18.03
	Mark and Christine Flanum, TBE	Member	8.86

# **Filed Documents**

Date Filed	Туре	Filing	Certificate
9/30/2013	Creation Filing	Click to View	Click to View
8/12/2014	Initial Report	Click to View	
10/22/2014	Biennial Report	Click to View	
3/23/2015	Amendment	Click to View	Click to View
12/01/2015	Entity Address Change	Click to View	
12/01/2015	Agent Change	Click to View	
1/24/2017	Biennial Report	Click to View	
1/17/2019	Biennial Report	Click to View	

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