



MEMORANDUM

TO: Alcoholic Beverage Control Board DATE: October 16, 2020

FROM: Glen Klinkhart, Interim Director RE: 102 Don Jose's Soldotna 2

Requested Action: Transfer Application

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 04.11.470: "A person may object to an application for issuance, renewal, transfer of location, or transfer to another person of a license, or for issuance of a permit, by serving upon the applicant and the board the reasons for the objection. The board shall consider the objections and testimony received at a hearing conducted under AS 04.11.510(b)(2) when it considers the application..."

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 Rec.: Hold a public hearing; consider the objection by the Department of Labor – Workers Compensation.

Background: This is a transfer of ownership from Ernesto Sanchez to Eduardo Sanchez-Ramos. The response from the City of Soldotna and Kenai peninsula Borough are pending..

Attachment: Objection
Transfer Application



THE STATE
of **ALASKA**
GOVERNOR MIKE DUNLEAVY

Department of Commerce, Community,
and Economic Development

ALCOHOL & MARIJUANA CONTROL OFFICE

550 West Seventh Avenue, Suite 1600
Anchorage, AK 99501
Main: 907.269.0350

October 5, 2020

Department of Revenue
Department of Labor, Employment Security
Department of Labor, Workers' Compensation

Via email: theresa.mitchell@alaska.gov
elizabeth.glooschenko@alaska.gov
rizalina.olde@alaska.gov
velma.thomas@alaska.gov
erwin.fariolan@alaska.gov
dor.tax.collections@alaska.gov

License Number:	102
License Type:	Beverage Dispensary
Applicant:	Eduardo Sanchez-Ramos
Doing Business As:	Don Jose's Soldotna 2
Transferee EIN:	83-4547781
Transferor EIN:	92-0134637

Transfer of Ownership Application

Transfer of Controlling Interest

AS 04.11.330(b) and AS 04.11.370(a)(6) require that an applicant for a liquor license operate in compliance with each applicable public health, fire, safety, and tax code and ordinance of the state and the local governing body in which the applicant's proposed licensed premises are located.

This letter serves to provide written notice and request for compliance status from the above referenced entities regarding the above application (see attached application documents for more information). **Please complete and return this form to the AMCO office at alcohol.licensing@alaska.gov.**

REVIEWER: Erwin Fariolan

DOR
 Employment Security
 Workers' Compensation

DATE: 10/6/2020 PHONE: (907) 465-6919

Compliant Non-compliant

COMMENTS: No workers' comp. insurance coverage.

If you have any questions, please send them to alcohol.licensing@alaska.gov.

Sincerely,

Glen Klinkhart
Interim-Director, ABC Board



Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

What is this form?

This transfer license application form is required for all individuals or entities seeking to apply for the transfer of ownership and/or location of an existing liquor license. Applicants should review **Title 04** of **Alaska Statutes** and **Chapter 304** of the **Alaska Administrative Code**. All fields of this form must be completed, per AS 04.11.260, AS 04.11.280, AS 04.11.290, and 3 AAC 304.105.

This form must be completed and submitted to AMCO's main office, along with all other required forms and documents, before any license application will be considered complete.

Section 1 – Transferor Information

Enter information for the **current** licensee and licensed establishment.

Licensee:	ERNESTO SANCHEZ	License #:	102
License Type:	BEVERAGE DISPENSARY	Statutory Reference:	AS 04.11.090
Doing Business As:	DON JOSE'S SOLDOTNA		
Premises Address:	44109 STERLING HWY, SUITE B		
City:	SOLDOTNA	State:	AK
		ZIP:	99669
Local Governing Body:	CITY OF SOLDOTNA / Kenai Peninsula Borough		

Transfer Type:

- Regular transfer
- Transfer with security interest
- Involuntary retransfer

OFFICE USE ONLY			
Complete Date:		Transaction #:	
Board Meeting Date:		License Years:	
Issue Date:		BRE:	



Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 2 – Transferee Information

Enter information for the *new* applicant and/or location seeking to be licensed.

Licensee:	EDUARDO SANCHEZ-RAMOS		
Doing Business As:	DON JOSE'S SOLDOTNA 2		
Premises Address:	44109 STERLING HWY, <i>SUITE B</i>		
City:	SOLDOTNA	State:	AK
		ZIP:	99669
Community Council:	CITY OF SOLDOTNA		

Mailing Address:	44109 STERLING HWY, SUITE B		
City:	SOLDOTNA	State:	AK
		ZIP:	99669

Designated Licensee:	EDUARDO SANCHEZ-RAMOS		
Contact Phone:	907-252-7611	Business Phone:	907-262-5700
Contact Email:	LINDA@HUTCHINGSTRUCKS.COM <i>and Sanchez061088@gmail.com</i>		

Seasonal License? Yes No If "Yes", write your six-month operating period: _____

Section 3 – Premises Information

Premises to be licensed is:

an existing facility a new building a proposed building

The next two questions must be completed by beverage dispensary (including tourism) and package store applicants only:

What is the distance of the shortest pedestrian route from the public entrance of the building of your proposed premises to the outer boundaries of the nearest school grounds? Include the unit of measurement in your answer.

ONE MILE

What is the distance of the shortest pedestrian route from the public entrance of the building of your proposed premises to the public entrance of the nearest church building? Include the unit of measurement in your answer.

ONE HALF MILE



Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 4 – Sole Proprietor Ownership Information

This section must be completed by any sole proprietor who is applying for a license. Entities should skip to Section 5.
 If more space is needed, please attach a separate sheet with the required information.
 The following information must be completed for each licensee and each affiliate (spouse).

This individual is an: applicant affiliate

Name:	EDUARDO SANCHEZ-RAMOS				
Address:	44109 STERLING HWY, SUITE B				
City:	SOLDOTNA	State:	AK	ZIP:	99669

This individual is an: applicant affiliate

Name:					
Address:					
City:		State:		ZIP:	

Section 5 – Entity Ownership Information

This section must be completed by any entity, including a corporation, limited liability company (LLC), partnership, or limited partnership, that is applying for a license. Sole proprietors should skip to Section 6.
 If more space is needed, please attach a separate sheet with the required information.

- 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*.

Entity Official:					
Title(s):		Phone:		% Owned:	
Address:					
City:		State:		ZIP:	



Alaska Alcoholic Beverage Control Board

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Entity Official:					
Title(s):		Phone:		% Owned:	
Address:					
City:		State:		ZIP:	

Entity Official:					
Title(s):		Phone:		% Owned:	
Address:					
City:		State:		ZIP:	

Entity Official:					
Title(s):		Phone:		% Owned:	
Address:					
City:		State:		ZIP:	

This subsection must be completed by any applicant that is a corporation or LLC. Corporations and LLCs are required to be in good standing with the Alaska Division of Corporations (DOC) and have a registered agent who is an individual resident of the state of Alaska.

DOC Entity #:		AK Formed Date:		Home State:	
Registered Agent:			Agent's Phone:		
Agent's Mailing Address:					
City:		State:		ZIP:	

Residency of Agent: Yes No

Is your corporation or LLC's registered agent an individual resident of the state of Alaska?



Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 6 – Other Licenses

Ownership and financial interest in other alcoholic beverage businesses:

Yes No

Does any representative or owner named as a transferee in this application have any direct or indirect financial interest in any other alcoholic beverage business that does business in or is licensed in Alaska?

If "Yes", disclose which individual(s) has the financial interest, what the type of business is, and if licensed in Alaska, which license number(s) and license type(s):

[Empty text box for disclosure]

Section 7 – Authorization

Communication with AMCO staff:

Yes No

Does any person other than a licensee named in this application have authority to discuss this license with AMCO staff?

If "Yes", disclose the name of the individual and the reason for this authorization:

LINDA HUTCHINGS 907-252-6390 receipt and delivery of communication and correspondence to and from the Alaska Alcoholic Beverage Control Board to Eduardo and Ernesto Sanchez for clerical purposes.



Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 8 – Transferor Certifications

Additional copies of this page may be attached, as needed, for the controlling interest of the current licensee to be represented.

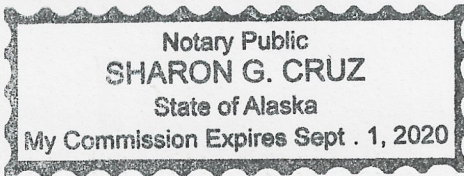
I declare under penalty of perjury that the undersigned represents a **controlling interest** of the current licensee. I additionally certify that I, as the current licensee (either the sole proprietor or the controlling interest of the currently licensed entity) have examined this application, approve of the transfer of this license, and find the information on this application to be true, correct, and complete.

Ernesto Sanchez By: Marisela Sanchez-Ramos POA
Signature of transferor

ERNESTO SANCHEZ

Printed name of transferor

Subscribed and sworn to before me this 14th day of JUNE, 2020.



Sharon G Cruz
Signature of Notary Public

Notary Public in and for the State of ALASKA

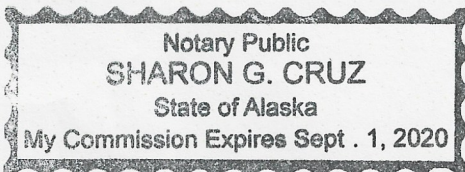
My commission expires: 09/01/2020

Ernesto Sanchez by: Marisela Sanchez-Ramos POA
Signature of transferor

Ernesto Sanchez

Printed name of transferor

Subscribed and sworn to before me this 14th day of JUNE, 2020.



Sharon G Cruz
Signature of Notary Public

Notary Public in and for the State of ALASKA

My commission expires: 09/01/2020



Alaska Alcoholic Beverage Control Board
Form AB-01: Transfer License Application

Section 9 – Transferee Certifications

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

Initials

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

E.S.

I certify that all proposed licensees have been listed with the Division of Corporations.

E.S.

I certify 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.

E.S.

I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check the identification of a patron will complete an approved alcohol server education course, if required by AS 04.21.025, and, while selling or serving alcoholic beverages, will carry or have available to show a current course card or a photocopy of the card certifying completion of approved alcohol server education course, if required by 3 AAC 304.465.

E.S.

I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application.

E.S.

As an applicant for a liquor license, 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.

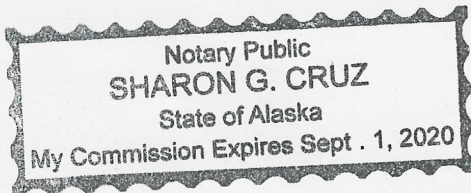
Signature of transferee

Eduardo Sanchez-Ramos

Printed name

Subscribed and sworn to before me this 14th day of JUNE, 2020.

Signature of Notary Public



Notary Public in and for the State of ALASKA

My commission expires: 09/01/2020

Power of Attorney

This booklet contains the Alaska form for a Power of Attorney. Alaska Legal Services Corporation provides this as a service to you and does not take responsibility for how you fill it out. The law allows you to fill out this form on your own. This booklet contains general information to assist you. However, if you have questions, please contact an attorney. The Alaska Bar Association's Lawyer Referral Service can provide you with a list of attorneys (272-0352 or 1-800-770-9999 outside Anchorage). If you cannot afford an attorney or if you are 60 years or older, Alaska Legal Services may be able to assist you. Please call: Anchorage 272-9431 or (888) 478-2572; Bethel 543-2237 or (800) 478-2230; Dillingham 842-1452 or (888) 383-2448; Fairbanks 452- 5181 or (800) 478-5401; Juneau 586-6425 or (800) 789- 6426; Kenai 395-0352 or (855)-395-0352; Ketchikan 225- 6420 or (877) 525-6420; Kotzebue 442-7737 or (877) 622- 9797; Nome 443-2230 or (888) 495-6663; Palmer (746- 4636) or (855) 996-4636; or Utqiagvik (Barrow) (855-8998) or (855) 755-8998.

This booklet is provided by Alaska Legal Services Corporation, a statewide private nonprofit organization. Nothing contained in this publication is to be considered as the rendering of legal advice for specific cases and readers are responsible for obtaining such advice from an attorney.

Funding for this brochure came from the State of Alaska, Department of Health and Social Services, Division of Senior and Disabilities Services.

For information regarding many other legal topics, see www.alaskalawhelp.org

January 2017

DIRECTIONS

This booklet reflects changes in the law that became effective in January 2017.

What is a Power of Attorney?

You make a variety of decisions every day. If you sign a *Power of Attorney*, you give another person (your agent) the right to make decisions for you and you give them the authority to carry the decisions out. The form provided here is based upon the Alaska Statutes (AS 13.26.600-965) and it can be tailored to meet your specific needs. For instance, you can grant your agent broad powers to do almost anything you could do for yourself (general power of attorney) or you can pick and choose the powers you want to give an agent (specific power of attorney). You can choose to appoint an agent immediately or you can make the appointment effective only if you become disabled. You can limit the time your agent will have power to act on your behalf or you can make the appointment "durable," which means your agent will have powers even if you become disabled. You can also indicate that the appointment will be revoked upon your incapacity.

Please note, Alaska now has a separate law addressing health care advance directives. Issues addressed include the designation of a health care agent, end-of-life treatment decisions (living wills), mental health care treatment options, and organ donation (see AS 13.52). There is a separate booklet and form titled the *Alaska Advance Health Care Directive* that should be used for all health care related issues.

Section 1. Naming your agent.

In this section, you name the person who you wish to appoint as your agent. There is also a space where you can name a second person as a co-agent, but you don't have to. **It is critically important that you trust the person you name in your *Power of Attorney*.** The authority you give as the "principal" can have a major impact on you. For instance, your agent may sell your house or withdraw money from your accounts. There will be no oversight of your agent by a judge regarding the decisions he or she makes. In addition, it is very important to make sure the agent understands what your wishes are. Therefore, it is highly recommended that you discuss your wishes and desires with the person you name in your *Power of Attorney*. However, as long as you are mentally competent, you always have the right to revoke a *Power of Attorney*.

Section 2. If you name more than one agent, you have a couple options.

As mentioned above, you can name more than one person to act on your behalf. If you name more than one agent in Section 1, you must mark the first or second statement in Section 2. Mark the first statement if you want to allow each agent to make decisions without getting approval from the other. If you want both agents to act together, jointly, mark the second sentence.

It's probably not a good idea to require both agents to act together if one of them lives outside Alaska. For instance, if you name two people as your agents and they are trying to sell your house, both of them would need to sign all the paperwork. In general, appointing only one agent is simpler. In Section 10, you can name a second person as an alternate agent in case your first agent is unable or unwilling to serve.

Section 3. Choosing which powers to grant on *Power of Attorney* form.

You do not have to give your agent authority for all of the powers listed in Section 3 of the *Power of Attorney* form. In fact, any power (A-N) that is NOT marked "Yes" by you will NOT be granted to your agent. You can find more detailed information about what powers each provision grants by asking an attorney or reading Alaska Statute Section 13.26.665. NOTE: the authority to make health care decisions for you is not covered by this power of attorney form. There is a separate form called the Alaska Advance Health Care Directive that covers all health care issues. It is highly recommended that you complete BOTH a Power of Attorney form and an Alaska Advance Health Care Directive.

Section 4. Grant of Specific Authority.

This section addresses some special situations that may apply. The form is structured so that the principal must mark the special power if he or she wishes the agent to have that power. If the power is not marked by the principal the agent will NOT have the power.

Section 5. Sections 5, 6, and 7 let you decide when and for how long you want the *Power of Attorney* to be effective. If you mark the first sentence in Section 5, the document will become effective immediately and the person you name as your agent will have the power to act on your behalf. Some people do not want this. Instead, you may want to designate an agent only in the event you cannot act on your own behalf. Marking the second sentence makes the appointment of an agent effective only when you become incapacitated. This is what is meant as a "springing" power of attorney.

Section 6.

If you choose to make your Power of Attorney effective immediately, then in Section 6 you must decide whether it will be "durable." A durable power of attorney remains effective in the event you become incapacitated. If you want your agent to continue to have authority under such circumstances, mark the first sentence in Section 6. If not, mark the second sentence in Section 6.

Section 7.

If you want to appoint someone as your agent to accomplish a specific task or only for a limited period of time, you should complete this section. This section allows you to pick a date on which the *Power of Attorney* will no longer be valid. Do not complete this section if you want your power of attorney to be "durable" or to become effective only if you become disabled.

Section 8.

You may revoke this *Power of Attorney* for any reason at any time, provided you are mentally competent to do so. There are a couple ways to do this. You may destroy the original and complete a new *Power of Attorney* if you wish to name another person. You can also sign a *Notice of Revocation* by writing a brief notarized statement revoking the old *Power of Attorney*. The new *Power of Attorney*, or the *Notice of Revocation*, should be distributed in the same manner as you distributed the old *Power of Attorney*. To be safe, you should also send the *Notice of Revocation* directly to the agent via first class mail, return receipt requested, so that you can prove that the agent was informed that he/she was no longer authorized to act on your behalf. You may also wish to record the *Notice of Revocation* with a state Recorder's office.

Section 9. Notice to Third Parties.

This section does not require any action. It describes some possible legal consequences if a third party refuses to honor a validly executed Power of Attorney.

Section 10 (optional). Naming an alternate agent.

It's possible that the person you name as your agent will not be able to perform his or her duties. For instance, your agent may move out of state, die, or otherwise become incapable of performing. To address this possibility, you may want to name a replacement just in case.

Section 11 (optional). Naming a guardian or conservator.

There are some circumstances in which a guardian or conservator will need to be appointed for you even if you have completed a Power of Attorney form. This section allows you to name the person you would want to serve as your guardian or conservator. You may name the same person you named as your agent.

Section 12 (optional). Health Care Power of Attorney.

As mentioned in section 3, there is a separate form called the Alaska Advance Health Care Directive that covers all health care issues. If you have a health care directive, you may want to indicate this fact by marking the appropriate statement in this section.

Section 13. Signatures.

The *Power of Attorney* must be signed in front of a notary and sealed by him or her. Once you have completed the *Power of Attorney*, you should give the original to whomever you named as the power of attorney, distribute copies to important people, and keep a copy for yourself. If you later revoke the *Power of Attorney*, you should distribute the revocation in the same manner as you distributed the original.

Section 8. Notice of revocation of the powers granted in this document.

You may revoke all of the powers granted in this document or just specific powers. Unless otherwise provided in this document, you may revoke all the powers granted in this power of attorney by completing a subsequent power of attorney. Or you may revoke a specific power granted in this power of attorney by completing a special power of attorney that includes the specific power in this document that you want to revoke.

Section 9. Notice to Third Parties

A third party who relies on the reasonable representations of an agent as to a matter relating to a power granted by a properly executed statutory form power of attorney does not incur any liability to the principal or to the principal's heirs, assigns, or estate as a result of permitting the agent to exercise the authority granted by the power of attorney. A third party who fails to honor a properly executed statutory form power of attorney may be liable to the principal, the agent, the principal's heirs, assigns, or estate for civil penalty plus damages, costs, and fees associated with the failure to comply with the statutory form power of attorney. If the power of attorney is one which becomes effective upon the incapacity of the principal, the incapacity of the principal is established by an affidavit, as required by law.

Optional Provisions

Section 10. You may designate an alternate agent. Any alternate you designate will be able to exercise the same powers as the agent(s) you named at the beginning of this document. If you wish to designate an alternate, complete the following:

If the agent(s) named at the beginning of this document is unable or unwilling to serve or continue to serve, then I appoint the following agent to serve with the same powers:

Alternate or successor agent: None
(Name and address of alternate)

Section 11. You may nominate a guardian or conservator. If you wish to nominate a guardian or conservator, complete the following:

In the event that a court decides that it is necessary to appoint a guardian or conservator for me, I hereby nominate the following person to be considered by the court for appointment to serve as my guardian or conservator, or in any similar representative capacity.

Person nominated as guardian or conservator: Marisela Sanchez-Ramos 12226 Breckenridge Dr. Eagle River
(Name and address of guardian or conservator)

Section 12. If you have given an agent authority regarding health care services, complete the following:

I have executed a separate declaration under AS 13.52 known as an "Alaska Advance Health Care Directive."

I have not executed an "Alaska Advance Health Care Directive."

Section 3. Mark the boxes below to indicate the powers you want to give your agent or agents. Mark the box for "yes" that is opposite a category below to give your agent or agents the power in that category. If you do not mark a box opposite a category, your agent or agents will not have the power in that category.

- | | <u>YES</u> |
|--|-------------------------------------|
| (A) Real estate transactions | <input checked="" type="checkbox"/> |
| (B) Transactions involving tangible personal property, chattels, and goods | <input checked="" type="checkbox"/> |
| (C) Bonds, shares, and commodities transactions | <input checked="" type="checkbox"/> |
| (D) Banking transactions | <input checked="" type="checkbox"/> |
| (E) Business operating transactions | <input checked="" type="checkbox"/> |
| (F) Insurance transactions | <input checked="" type="checkbox"/> |
| (G) Estate transactions | <input checked="" type="checkbox"/> |
| (H) Retirement plans | <input checked="" type="checkbox"/> |
| (I) Claims and litigation | <input checked="" type="checkbox"/> |
| (J) Personal relationships and affairs | <input checked="" type="checkbox"/> |
| (K) Benefits from government programs and civil or military service | <input checked="" type="checkbox"/> |
| (L) Records, reports, and statements | <input checked="" type="checkbox"/> |
| (M) Voter registration and absentee ballot requests | <input checked="" type="checkbox"/> |
| (N) All other matters | <input checked="" type="checkbox"/> |
| (O) Only these powers specified below: | <input type="checkbox"/> |

Section 4. Grant of Specific Authority (optional)

The agent or agents you have appointed WILL NOT have the power to do any of the following acts UNLESS you MARK the box opposite that category:

- create, amend, revoke, or terminate an inter vivos trust;
- make a gift, subject to the limitations of AS 13.26.665(q) and any special instructions in this power of attorney;
- create or change a beneficiary designation;
- revoke a transfer on death deed made under AS 13.48;
- create or change rights of survivorship;
- delegate authority granted under the power of attorney;
- waive the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan;
- exercise fiduciary powers that the principal has the authority to delegate.

DURABLE POWER OF ATTORNEY OPTIONS

Sections 5, 6, and 7 allow you to choose when you want it to go into effect and whether or not you want this to be a durable power of attorney. *Note: If you want this to be a durable power of attorney, do not limit the term of this document in the sections below.*

Section 5. To indicate when this document shall become effective, mark one of the following:

- This document shall become effective upon the date of my signature.
- This document shall become effective upon the date of my incapacity and shall not otherwise be affected by my incapacity.

Section 6. If you have indicated that this document shall become effective on the date of your signature, mark one of the following:

- This document shall not be affected by my subsequent incapacity.
- This document shall be revoked by my subsequent incapacity.

Section 7. If you have indicated that this document shall become effective upon the date of your signature and want to limit the term of this document, complete the following:

This document shall only continue in effect until _____, 20____.
(Month/Day) (Year)

POWER OF ATTORNEY

The powers granted from the principal to the agent or agents in the following document are very broad. They may include the power to dispose, sell, convey, and encumber your real and personal property. Accordingly, the following document should only be used after careful consideration. If you have any questions about this document, you should seek competent advice. You may revoke this power of attorney at any time.

Section 1. Designation of Agent. Pursuant to A.S. 13.26.600, 13.26.625- 13.26.640, and 13.26.655 - 13.26.695

1. Ernesto H. Sanchez 44109 Sterling Hwy # B Soldotna AK 99669
(Name and address of principal)

hereby designate the following person as my agent to act as I have indicated below in any way which I myself could do, if I were personally present, with respect to the following matters, as each of them is defined in AS 13.26.665, to the full extent that I am permitted by law to act through an agent:

Name of individual you choose as your agent: Eduardo Ramos Sanchez

Address of agent: 44109 Sterling Hwy # B Soldotna, Ak 99669

Telephone contact of agent: (907) 252-7611

If you wish to name a second person to serve as your agent, please complete the section below:

Name of second individual you choose as your agent: Marisela Sanchez-Ramos

Address of second agent: 12226 Breckenridge Dr Eagle River Ak 99577

Telephone contact of second agent: (907) 252-5774

Section 2. If you have appointed more than one agent in Section 1 above, mark one of the following:

- ES Each agent may exercise the powers conferred separately, without the consent of any other agent.
- error All agents shall exercise the powers conferred jointly, with the consent of all other agents.
- ES

Section 13. Signatures.

In Witness Whereof, I have hereunto signed my name this 14th day of November, 2018.

[Signature]
(Signature of principal)



STATE OF ALASKA)
) ss.
3rd JUDICIAL DISTRICT)

Acknowledged before me at Eagle River UPS Store on the 14th day of November, 2018
Brenda Batzner 6/1/20
Signature of officer or notary. Serial number, if any; date commission expires.

OPTIONAL: If a person other than the principal executes the signature for the principal, the person may not be a person who is appointed an agent in the power of attorney, and the following signature line and notary verification must also be completed:

IN WITNESS WHEREOF, I have hereunto signed my name this 14th day of November, 2018

Name of the principal: Ernesto H. Sanchez
Signature of the person signing at the request of the principal: [Signature]
Printed name of person signing at the request of the principal: Ernesto Haro Sanchez
Form of identification of person signing: Drivers License

Acknowledged before me at Eagle River UPS Store on the 14th day of November, 2018
Brenda Batzner 6/1/20
Signature of officer or notary. Serial number, if any; date commission expires.

TRANSLATION CLAUSE (if needed)

I certify that I have translated the provisions of the foregoing *Power of Attorney* from the English language to the _____ language to the best of my ability.

Translator

Power of Attorney

This booklet contains the Alaska form for a Power of Attorney. Alaska Legal Services Corporation provides this as a service to you and does not take responsibility for how you fill it out. The law allows you to fill out this form on your own. This booklet contains general information to assist you. However, if you have questions, please contact an attorney. The Alaska Bar Association's Lawyer Referral Service can provide you with a list of attorneys (272-0352 or 1-800-770-9999 outside Anchorage). If you cannot afford an attorney or if you are 60 years or older, Alaska Legal Services may be able to assist you. Please call: Anchorage 272-9431 or (888) 478-2572; Bethel 543-2237 or (800) 478-2230; Dillingham 842-1452 or (888) 383-2448; Fairbanks 452- 5181 or (800) 478-5401; Juneau 586-6425 or (800) 789- 6426; Kenai 395-0352 or (855)-395-0352; Ketchikan 225- 6420 or (877) 525-6420; Kotzebue 442-7737 or (877) 622- 9797; Nome 443-2230 or (888) 495-6663; Palmer (746- 4636) or (855) 996-4636; or Utqiagvik (Barrow) (855-8998) or (855) 755-8998.

This booklet is provided by Alaska Legal Services Corporation, a statewide private nonprofit organization. Nothing contained in this publication is to be considered as the rendering of legal advice for specific cases and readers are responsible for obtaining such advice from an attorney.

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For information regarding many other legal topics, see www.alaskalawhelp.org

January 2017

DIRECTIONS

This booklet reflects changes in the law that became effective in January 2017.

What is a Power of Attorney?

You make a variety of decisions every day. If you sign a *Power of Attorney*, you give another person (your agent) the right to make decisions for you and you give them the authority to carry the decisions out. The form provided here is based upon the Alaska Statutes (AS 13.26.600-965) and it can be tailored to meet your specific needs. For instance, you can grant your agent broad powers to do almost anything you could do for yourself (general power of attorney) or you can pick and choose the powers you want to give an agent (specific power of attorney). You can choose to appoint an agent immediately or you can make the appointment effective only if you become disabled. You can limit the time your agent will have power to act on your behalf or you can make the appointment "durable," which means your agent will have powers even if you become disabled. You can also indicate that the appointment will be revoked upon your incapacity.

Please note, Alaska now has a separate law addressing health care advance directives. Issues addressed include the designation of a health care agent, end-of-life treatment decisions (living wills), mental health care treatment options, and organ donation (see AS 13.52). There is a separate booklet and form titled the *Alaska Advance Health Care Directive* that should be used for all health care related issues.

Section 1. Naming your agent.

In this section, you name the person who you wish to appoint as your agent. There is also a space where you can name a second person as a co-agent, but you don't have to. **It is critically important that you trust the person you name in your *Power of Attorney*.** The authority you give as the "principal" can have a major impact on you. For instance, your agent may sell your house or withdraw money from your accounts. There will be no oversight of your agent by a judge regarding the decisions he or she makes. In addition, it is very important to make sure the agent understands what your wishes are. Therefore, it is highly recommended that you discuss your wishes and desires with the person you name in your *Power of Attorney*. However, as long as you are mentally competent, you always have the right to revoke a *Power of Attorney*.

Section 2. If you name more than one agent, you have a couple options.

As mentioned above, you can name more than one person to act on your behalf. If you name more than one agent in Section 1, you must mark the first or second statement in Section 2. Mark the first statement if you want to allow each agent to make decisions without getting approval from the other. If you want both agents to act together, jointly, mark the second sentence.

It's probably not a good idea to require both agents to act together if one of them lives outside Alaska. For instance, if you name two people as your agents and they are trying to sell your house, both of them would need to sign all the paperwork. In general, appointing only one agent is simpler. In Section 10, you can name a second person as an alternate agent in case your first agent is unable or unwilling to serve.

Section 3. Choosing which powers to grant on *Power of Attorney* form.

You do not have to give your agent authority for all of the powers listed in Section 3 of the *Power of Attorney* form. In fact, any power (A-N) that is NOT marked "Yes" by you will NOT be granted to your agent. You can find more detailed information about what powers each provision grants by asking an attorney or reading Alaska Statute Section 13.26.665. NOTE: the authority to make health care decisions for you is not covered by this power of attorney form. There is a separate form called the Alaska Advance Health Care Directive that covers all health care issues. It is highly recommended that you complete BOTH a Power of Attorney form and an Alaska Advance Health Care Directive.

Section 4. Grant of Specific Authority.

This section addresses some special situations that may apply. The form is structured so that the principal must mark the special power if he or she wishes the agent to have that power. If the power is not marked by the principal the agent will NOT have the power.

Section 5. Sections 5, 6, and 7 let you decide when and for how long you want the *Power of Attorney* to be effective. If you mark the first sentence in Section 5, the document will become effective immediately and the person you name as your agent will have the power to act on your behalf. Some people do not want this. Instead, you may want to designate an agent only in the event you cannot act on your own behalf. Marking the second sentence makes the appointment of an agent effective only when you become incapacitated. This is what is meant as a "springing" power of attorney.

Section 6.

If you choose to make your Power of Attorney effective immediately, then in Section 6 you must decide whether it will be "durable." A durable power of attorney remains effective in the event you become incapacitated. If you want your agent to continue to have authority under such circumstances, mark the first sentence in Section 6. If not, mark the second sentence in Section 6.

Section 7.

If you want to appoint someone as your agent to accomplish a specific task or only for a limited period of time, you should complete this section. This section allows you to pick a date on which the *Power of Attorney* will no longer be valid. Do not complete this section if you want your power of attorney to be "durable" or to become effective only if you become disabled.

Section 8.

You may revoke this *Power of Attorney* for any reason at any time, provided you are mentally competent to do so. There are a couple ways to do this. You may destroy the original and complete a new *Power of Attorney* if you wish to name another person. You can also sign a *Notice of Revocation* by writing a brief notarized statement revoking the old *Power of Attorney*. The new *Power of Attorney*, or the *Notice of Revocation*, should be distributed in the same manner as you distributed the old *Power of Attorney*. To be safe, you should also send the *Notice of Revocation* directly to the agent via first class mail, return receipt requested, so that you can prove that the agent was informed that he/she was no longer authorized to act on your behalf. You may also wish to record the *Notice of Revocation* with a state Recorder's office.

Section 9. Notice to Third Parties.

This section does not require any action. It describes some possible legal consequences if a third party refuses to honor a validly executed Power of Attorney.

Section 10 (optional). Naming an alternate agent.

It's possible that the person you name as your agent will not be able to perform his or her duties. For instance, your agent may move out of state, die, or otherwise become incapable of performing. To address this possibility, you may want to name a replacement just in case.

Section 11 (optional). Naming a guardian or conservator.

There are some circumstances in which a guardian or conservator will need to be appointed for you even if you have completed a Power of Attorney form. This section allows you to name the person you would want to serve as your guardian or conservator. You may name the same person you named as your agent.

Section 12 (optional). Health Care Power of Attorney.

As mentioned in section 3, there is a separate form called the Alaska Advance Health Care Directive that covers all health care issues. If you have a health care directive, you may want to indicate this fact by marking the appropriate statement in this section.

Section 13. Signatures.

The *Power of Attorney* must be signed in front of a notary and sealed by him or her. Once you have completed the *Power of Attorney*, you should give the original to whomever you named as the power of attorney, distribute copies to important people, and keep a copy for yourself. If you later revoke the *Power of Attorney*, you should distribute the revocation in the same manner as you distributed the original.

Section 8. Notice of revocation of the powers granted in this document.

You may revoke all of the powers granted in this document or just specific powers. Unless otherwise provided in this document, you may revoke all the powers granted in this power of attorney by completing a subsequent power of attorney. Or you may revoke a specific power granted in this power of attorney by completing a special power of attorney that includes the specific power in this document that you want to revoke.

Section 9. Notice to Third Parties

A third party who relies on the reasonable representations of an agent as to a matter relating to a power granted by a properly executed statutory form power of attorney does not incur any liability to the principal or to the principal's heirs, assigns, or estate as a result of permitting the agent to exercise the authority granted by the power of attorney. A third party who fails to honor a properly executed statutory form power of attorney may be liable to the principal, the agent, the principal's heirs, assigns, or estate for civil penalty plus damages, costs, and fees associated with the failure to comply with the statutory form power of attorney. If the power of attorney is one which becomes effective upon the incapacity of the principal, the incapacity of the principal is established by an affidavit, as required by law.

Optional Provisions

Section 10. You may designate an alternate agent. Any alternate you designate will be able to exercise the same powers as the agent(s) you named at the beginning of this document. If you wish to designate an alternate, complete the following:

If the agent(s) named at the beginning of this document is unable or unwilling to serve or continue to serve, then I appoint the following agent to serve with the same powers:

Alternate or successor agent: None
(Name and address of alternate)

Section 11. You may nominate a guardian or conservator. If you wish to nominate a guardian or conservator, complete the following:

In the event that a court decides that it is necessary to appoint a guardian or conservator for me, I hereby nominate the following person to be considered by the court for appointment to serve as my guardian or conservator, or in any similar representative capacity.

Person nominated as guardian or conservator: Marisela Sanchez-Ramos 12226 Breckenridge Dr. Eagle River
(Name and address of guardian or conservator)

Section 12. If you have given an agent authority regarding health care services, complete the following:

I have executed a separate declaration under AS 13.52 known as an "Alaska Advance Health Care Directive."

I have not executed an "Alaska Advance Health Care Directive."

Section 3. Mark the boxes below to indicate the powers you want to give your agent or agents. Mark the box for "yes" that is opposite a category below to give your agent or agents the power in that category. If you do not mark a box opposite a category, your agent or agents will not have the power in that category.

- | | <u>YES</u> |
|--|-------------------------------------|
| (A) Real estate transactions | <input checked="" type="checkbox"/> |
| (B) Transactions involving tangible personal property, chattels, and goods | <input checked="" type="checkbox"/> |
| (C) Bonds, shares, and commodities transactions | <input checked="" type="checkbox"/> |
| (D) Banking transactions | <input checked="" type="checkbox"/> |
| (E) Business operating transactions | <input checked="" type="checkbox"/> |
| (F) Insurance transactions | <input checked="" type="checkbox"/> |
| (G) Estate transactions | <input checked="" type="checkbox"/> |
| (H) Retirement plans | <input checked="" type="checkbox"/> |
| (I) Claims and litigation | <input checked="" type="checkbox"/> |
| (J) Personal relationships and affairs | <input checked="" type="checkbox"/> |
| (K) Benefits from government programs and civil or military service | <input checked="" type="checkbox"/> |
| (L) Records, reports, and statements | <input checked="" type="checkbox"/> |
| (M) Voter registration and absentee ballot requests | <input checked="" type="checkbox"/> |
| (N) All other matters | <input checked="" type="checkbox"/> |
| (O) Only these powers specified below: | <input type="checkbox"/> |

Section 4. Grant of Specific Authority (optional)

The agent or agents you have appointed WILL NOT have the power to do any of the following acts UNLESS you MARK the box opposite that category:

- create, amend, revoke, or terminate an inter vivos trust;
- make a gift, subject to the limitations of AS 13.26.665(q) and any special instructions in this power of attorney;
- create or change a beneficiary designation;
- revoke a transfer on death deed made under AS 13.48;
- create or change rights of survivorship;
- delegate authority granted under the power of attorney;
- waive the principal's right to be a beneficiary of a joint and survivor annuity, including a survivor benefit under a retirement plan;
- exercise fiduciary powers that the principal has the authority to delegate.

DURABLE POWER OF ATTORNEY OPTIONS

Sections 5, 6, and 7 allow you to choose when you want it to go into effect and whether or not you want this to be a durable power of attorney. *Note: If you want this to be a durable power of attorney, do not limit the term of this document in the sections below.*

Section 5. To indicate when this document shall become effective, mark one of the following:

- This document shall become effective upon the date of my signature.
- This document shall become effective upon the date of my incapacity and shall not otherwise be affected by my incapacity.

Section 6. If you have indicated that this document shall become effective on the date of your signature, mark one of the following:

- This document shall not be affected by my subsequent incapacity.
- This document shall be revoked by my subsequent incapacity.

Section 7. If you have indicated that this document shall become effective upon the date of your signature and want to limit the term of this document, complete the following:

This document shall only continue in effect until _____, 20____.
(Month/Day) (Year)

POWER OF ATTORNEY

The powers granted from the principal to the agent or agents in the following document are very broad. They may include the power to dispose, sell, convey, and encumber your real and personal property. Accordingly, the following document should only be used after careful consideration. If you have any questions about this document, you should seek competent advice. You may revoke this power of attorney at any time.

Section 1. Designation of Agent. Pursuant to A.S. 13.26.600, 13.26.625- 13.26.640, and 13.26.655 - 13.26.695

1. Ernesto H. Sanchez 44109 Sterling Hwy #B Soldotna AK 99669
(Name and address of principal)

hereby designate the following person as my agent to act as I have indicated below in any way which I myself could do, if I were personally present, with respect to the following matters, as each of them is defined in AS 13.26.665, to the full extent that I am permitted by law to act through an agent:

Name of individual you choose as your agent: Eduardo Ramos Sanchez

Address of agent: 44109 Sterling Hwy # B Soldotna, Ak 99669

Telephone contact of agent: (907) 252-7611

If you wish to name a second person to serve as your agent, please complete the section below:

Name of second individual you choose as your agent: Marisela Sanchez-Ramos

Address of second agent: 12226 Breckenridge Dr Eagle River Ak 99577

Telephone contact of second agent: (907) 252-5774

Section 2. If you have appointed more than one agent in Section 1 above, mark one of the following:

- ES Each agent may exercise the powers conferred separately, without the consent of any other agent.
- error All agents shall exercise the powers conferred jointly, with the consent of all other agents.
- ES

Section 13. Signatures.

In Witness Whereof, I have hereunto signed my name this 14th day of November, 2018.

[Signature]
(Signature of principal)



STATE OF ALASKA)
) ss.
3rd JUDICIAL DISTRICT)

Acknowledged before me at Eagle River UPS Store on the 14th day of November, 2018
Brenda Batzner 6/1/20
Signature of officer or notary. Serial number, if any; date commission expires.

OPTIONAL: If a person other than the principal executes the signature for the principal, the person may not be a person who is appointed an agent in the power of attorney, and the following signature line and notary verification must also be completed:

IN WITNESS WHEREOF, I have hereunto signed my name this 14th day of November, 2018

Name of the principal: Ernesto H. Sanchez
Signature of the person signing at the request of the principal: [Signature]
Printed name of person signing at the request of the principal: Ernesto Haro Sanchez
Form of identification of person signing: Drivers License

Acknowledged before me at Eagle River UPS Store on the 14th day of November, 2018
Brenda Batzner 6/1/20
Signature of officer or notary. Serial number, if any; date commission expires.

TRANSLATION CLAUSE (if needed)

I certify that I have translated the provisions of the foregoing *Power of Attorney* from the English language to the _____ language to the best of my ability.

Translator



Alaska Alcoholic Beverage Control Board Form AB-02: Premises Diagram

What is this form?

A detailed diagram of the proposed licensed premises is required for all liquor license applications, per AS 04.11.260 and 3 AAC 304.185. Your diagram must include dimensions and must show all entrances and boundaries of the premises, walls, bars, fixtures, and areas of storage, service, consumption, and manufacturing. If your proposed premises is located within a building or building complex that contains multiple businesses and/or tenants, please provide an additional page that clearly shows the location of your proposed premises within the building or building complex, along with the addresses and/or suite numbers of the other businesses and/or tenants within the building or building complex.

The second page of this form is not required. Blueprints, CAD drawings, or other clearly drawn and marked diagrams may be submitted in lieu of the second page of this form. The first page must still be completed, attached to, and submitted with any supplemental diagrams. An AMCO employee may require you to complete the second page of this form if additional documentation for your premises diagram is needed.

This form must be completed and submitted to AMCO's main office before any license application will be considered complete.

Yes No

I have attached blueprints, CAD drawings, or other supporting documents in addition to, or in lieu of, the second page of this form.

Section 1 – Establishment Information

Enter information for the business seeking to be licensed, as identified on the license application.

Licensee:	EDUARDO SANCHEZ-RAMOS	License Number:	102		
License Type:	BEVERAGE DISPENSARY				
Doing Business As:	DON JOSE'S SOLDOTNA 2				
Premises Address:	44109 STERLING HWY, SUITE B				
City:	SOLDOTNA	State:	AK	ZIP:	99669



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

Alaska Alcoholic Beverage Control Board

Form AB-02: Premises Diagram

Section 2 – Detailed Premises Diagram

Clearly indicate the boundaries of the premises and the proposed licensed area within that property. Clearly indicate the interior layout of any enclosed areas on the proposed premises. Clearly identify all entrances and exits, walls, bars, and fixtures, and outline in red the perimeter of the areas designated for alcohol storage, service, consumption, and manufacturing. Include dimensions, cross-streets, and points of reference in your drawing. You may attach blueprints or other detailed drawings that meet the requirements of this form.

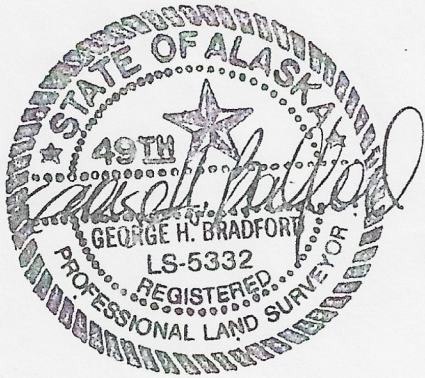
SEE ATTACHED

DON Joses

BAR & NEAR BY COUNTER

- RR Restrooms
- T Tables
- B Booths
- Alcohol Control/Storage





STERLING HIGHWAY

(425.86)

20' BLDG. SETBACK

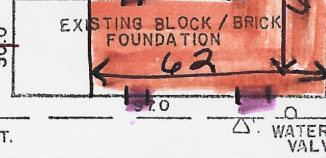
LOT - 1
29,227 S.F.

GRANTED
EMC
OFFICE

15' UTILITY EASMT.

(400.00)

UNSUBD.



Handwritten: Hutzeln
Auto Group

DOOR
DOOR JAMB
APPX
3000
SQUARE
FEET

AMCO
APR - 8 2019

AS-BUILT SURVEY

LEGEND AND NOTES
Found official monument.