

Department of Commerce, Community, and Economic Development

ALCOHOL & MARIJUANA CONTROL OFFICE 550 West 7th Avenue, Suite 1600 Anchorage, AK 99501 Main: 907.269.0350

MEMORANDUM

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

FROM: Glen Klinkhart, Interim Director RE: 263 Coghill's General Store

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 – Employment Security.

Background:

This is a transfer of ownership from Coghills, Inc to All Alaskan Services LLC. The

response from the City of Nenana is pending.

Attachment:

Objection

Transfer Application



Department of Commerce, Community, and Economic Development

ALCOHOL & MARIJUANA CONTROL OFFICE

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

August 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

velma.thomas@alaska.gov erwin.fariolan@alaska.gov dor.tax.collections@alaska.gov

License Number:	263
License Type:	Package Store
Applicant:	Al Alaskan Services, LLC
Doing Business As:	Coghill's General Store
Transferee EIN:	92-0033178
Transferor EIN:	82-4903261
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☑ Transfer of Ownership Application	☐ Transfer of Controlling Interest
each applicable public health, fire, safety, and tax code which the applicant's proposed licensed premises are le	applicant for a liquor license operate in compliance with and ordinance of the state and the local governing body in ocated. for compliance status from the above referenced entities
regarding the above application (see attached application return this form to the AMCO office at alcohol.licensing	on documents for more information). Please complete and ng@alaska.gov.
REVIEWER:	□ DOR □ DOR □ Employment Security □ Workers' Compensation
☐ Compliant 🖈 Non-compliant	Workers compensation
COMMENTS:	y look

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

Sincerely,

Glen Klinkhart

Interim-Director, ABC Board



Alcohol and Marquana Control Office 550 W 7th Avenue, Suite 1600 Anchorage, AK 99501 sicohol.licensing@alcoha.gov

https://www.commens.alaska.gov/web/amco Phone: 907.369.0350

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 Ir	formation	,	
inter information for the ow	ment licensee and licensed es				
Licensee:	Coghill's INC		License #:		263
License Type:	Package Store		Statutory	Reference:	A5.4.11.2
Doing Business As:	Coghill's General Sto	ore			
Premises Address:	807 N A Street				
City:	Nenana	State:	AK	ZIP:	99760
Local Governing Body:	City of Nenana		0.755		30,00
✓ Regular transfer					
Regular transfer Transfer with securit Involuntary retransfer					
Transfer with securit	er .	OFFICE USE ONLY			
Transfer with securit	er .	OFFICE USE ONLY	action #:	1283703	
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Anchorage, AK 99501

Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

mer amprimation for the Ne	w applicant and/or location seek	ing to be licensed.	5		
Licensee:	All Alaskan Services LI	-C			
Doing Business As:	Coghill's General Store	9			
Premises Address:	807 North A Street				
City:	Nenana	State:	AK	ZIP:	99760
Community Council:	City of Nenana				
Mailing Address:	P.O. Box 100				
City:	Nenana	State:	AK	ZIP:	99760
Designated Licensee:	Tallon Shreeve				
			Business Phone: 1(907)832-5422		
Contact Phone:	1(907)347-5742	Business	Phone:	1(907)832-5	422
Contact Phone: Contact Email: Yes easonal License?	shreevet@gmail.com	Business your six-month o		100	422
Contact Email:	shreevet@gmail.com	rour six-month o	perating per	riod:	422



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

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Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 4 -	Sole Proprietor Ownership In	formation
If more space is ne eded, please attach a sep The following information must be complete	proprietor who is applying for a license. Entitionarate sheet with the required information. Indicate and each affiliate (spouse). affiliate	es should skip to Section 5.
Name:		
Address:		
City:	State:	ZIP:
This individual is an: applicant Name:	affiliate	
Address:		

Section 5 - Entity Ownership Information

This section must be completed by any <u>entity</u>, 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 <u>corporation</u>, the following information must be completed for each stockholder who owns 20% 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 <u>member with on</u> ownership interest of 10% or more, and for each <u>manager</u>.
- If the applican, is a <u>partnership</u>, including a <u>limited partnership</u>, the following information must be completed for each <u>partner</u> with an interest of 10% or more, and for each <u>general partner</u>.

Entity Official:	Tallon Shreeve					
Title(s):	Owner	Phone:	1(907)347-5742	% Ow	ned:	50
Address:	P.O. Box 539					
City:	Healy	State:	AK	ZIP:	99	743



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elcohol licensing@elohola.com com/utos/vota-vicels.commos www.l/usco

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Form AB-01: Transfer License Application

Owner P.O. Box 539 Healy							
		Phone	1(907)978	-2948	% Ow	ned:	25
Healy							
		State:	AK		ZIP:	997	743
Weston Shree	ve						
Owner		Phone	1(907)347	-5742	% Ow	ned:	25
P.O. Box 539							
Healy		State:	AK		ZIP:	997	743
		Phone	et .		% Ow	ned:	
		State:			ZIP:	$\overline{}$	
					ar.		
eleted by any applic sion of Corporation		a register		individua	ine requir		
	(DOC) and have	a register		Home	ire requir I resident		
	(DOC) and have	a register	red agent who is a	Home	ire requir I resident		
	Owner P.O. Box 539	Owner P.O. Box 539	Owner Phone P.O. Box 539 Healy State:	Owner Phone: 1(907)347 P.O. Box 539 Healy State: AK Phone:	Owner Phone: 1(907)347-5742 P.O. Box 539 Healy State: AK Phone:	Owner Phone: 1(907)347-5742 % Own P.O. Box 539 Healy State: AK ZIP: Phone: % Own	Owner Phone: 1(907)347-5742 % Owned: P.O. Box 539 State: AK ZIP: 997 Phone: % Owned:



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Form AB-01: Transfer License Application

Section 6 - Other Licenses		
wnership 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?		V
If "Yes", disclose which individual(s) has the financial interest, what the type of business is, and if licensed in A license number(s) and license type(s):	Alaska, wh	ich
Section 7 – Authorization	22.5	
mmunication 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?		V
If "Yes", disclose the name of the individual and the reason for this authorization:		



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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. Marilyn Duggar Printed name of transferor Subscribed and sworn to before me this Signature of Nobity Rubble

> Notary Public in and for the State of My commission expires:

Signature of transferor			
Printed name of transferor	Subscribed and sworn to before me this	day of	20
			Signature of Notary Publ

Notary Public in and for the State of

My commission expires:



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akubul Junning@slanka.gov https://www.commerce.alaska.gov/web/enco

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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. i certify that all proposed licensees have been listed with the Division of Corporations. 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. 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. I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application. As an applicant for a liquor liggree, 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. Significant of transferee Tallon Shreeve Printed name Subscribed and sworn to before me this, Notary Public in and for the State of



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attohol ficensing@alaska.gov https://www.commence.alaska.gov/web/arxso

Phone: 907,269,0350

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, flatures, 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	considered complete.
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Y w	15	No
have attached blueprints, CAD drawings, or other supporting documents in addition to, or in lieu of, the second page of this form.	7	

Section 1 - Establishment Information

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

Licensee:	All Alaskan Services LLC	License	Number:	10050	0915
License Type:	Package Store	170			
Doing Business As:	Coghill's General Store				
Premises Address:	807 North A Street		resource		101000000000000000000000000000000000000
City:	Nenana	State:	AK	ZIP:	99760

Form AB-02] [rev 06/24/2016]

GROCERIES
HARDWARE
GLOTHING
MAGAZINES

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PHONE 932-542

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BEER, WINE AND LIQUOR



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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.

[Form AB-02] (rev 06/24/2016)