

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

Tourism Statement Form

- A new, transfer, or renewal application for a Tourism Site License must be accompanied by this form which explains how the establishment satisfies the requirements listed under AS 04.11.400 (d), 3 AAC 304.325.
 - You must provide complete responses to all questions or your application will be returned and will not be scheduled for the next ABC board meeting until the application is deemed complete by AMCO staff.
- All questions must be answered on this form. Do not attach other documents, or they will be returned.
- Do not provide documents and/or statements not requested.

Mandatory Points to be Included

1. Explain how issuance of a liquor license at your establishment has/will keep encouraging tourism:

We are located inside the airport. We promote lots of products made in Alaska (ie, beers). When tovists come and sit at the bar, the conversation is aften about what there is to do and where to go if journe visiting Alaska. Our employees being long time ere Ataskaus makes it easy to encourage tour isom regularly.

2. Explain how the facility was or will be improved in accordance with this application: (this includes planned renovations, repairs, updates to the facility/grounds)

Dre to COVID-19, we've spaced out secting throughout our whole establishment to adhere to new rules.

3.	Who operates the Liquor License?
	JSJ Group LLC dba Sushi on the Fly. We are a restourant and bar inside the airport.
	and bar inside the airport.
4.	Do you offer room rentals to the traveling public? Yes No (if no, skip to question 5)
	a. If so, how many of these rooms are available?
	b. Do any of the rental rooms have kitchen facilities (such as: a separate sink for food preparation and refrigeration/cooking appliance devices, including a microwave)? Yes No
	i. If yes, how many of the rental rooms have kitchen facilities that meet this definition?
	c. Do you stock alcoholic beverages in guest rooms? Yes No
5.	Is your facility located within an airport terminal? Yes No
5.	Does your establishment include a dining facility? Yes No No
7.	Are additional amenities available to your guests through your establishment? Yes No
	a. If Yes, list your available amenities that directly pertain to this license type:

AMCO

STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD FORM CONTROL

LICENSE NUMBER

5397

XXXX

ISSUED 4/14/2021

ABC BOARD

LIQUOR LICENSE 2021 - 2022

LICENSE RENEWAL APPLICATION DUE DECEMBER 31, 2022 (AS 04.11.270(b))

THIS LICENSE EXPIRES MIDNIGHT FEBRUARY 28, 2023 UNLESS DATED BELOW

TYPE OF LICENSE: Beverage Dispen

LICENSE FEE: \$2,500.00

1106

D/B/A: Sushi on the Fly

5000 W. International Airport 1

ISSUED

4/14/2021 **ABC BOARD**

Mail Address:

JSJ Group, LLC 9430 Musketball PI Anchorage, AK 99507 CITY / BOROUGH: Anchorage, Muni. of

Anchorage

This license cannot be transferred without permission of the Alcoholic Beverage Control Board

[] Special restriction - see reverse side

ISSUED BY ORDER OF THE ALCOHOLIC BEVERAGE CONTROL BOARD

04-900 (REV 9/09)

THIS LICENSE MUST BE POSTED IN A VISIBLE PLACE ON THE PREMISES

STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD FORM CONTROL

LICENSE NUMBER

XXXX

LIQUOR LICENSE

2021 - 2022

5397

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ISSUED BY ORDER OF THE ALCOHOLIC BEVERAGE CONTROL BOARD

THIS LICENSE MUST BE POSTED IN A VISIBLE PLACE ON THE PREMISES 04-900 (REV 9/09)

D/B/A:

Sushi on the Fly

5000 W. International Airport Road C2781

Mailing Address:

JSJ Group, LLC

9430 Musketball Pl

Anchorage, AK 99507



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Alaska Alcoholic Beverage Control Board

Master Checklist: Renewal Liquor License Application

Doing Business As:	Sush	ni on the Fly			License Number:	5397	7
License Type:	Beve	erage Dispen	sary - Tourisr	n			
Examiner:	占	ristina	, S,		Transaction #:	10003	0918
Document	.,	Received	Completed	Notes			
AB-17: Renewal Applic	ation	12/29	4-14-2021				
App and License Fees	w ke w d	12/29	4-14-2021				
Supplemental Docum	ent	Received	Completed	Notes			
Tourism/Rec Site State	ement	12/29	4-14-2021				
AB-25: Supplier Cert (\	NS)			-			-
AB-29: Waiver of Oper	ation			 -	some six a		
AB-30: Minimum Oper	ation						
AB-33: Restaurant Affi	davit						
COI / COC / 5 Star							
FP Cards & Fees / AB-0)8a						
Late Fee			-				
Names on FP Cards:						*	
						Yes	No
Selling alcohol in respo	onse to	written order (pa	ackage stores)?				
Mailing address and co	Mailing address and contact information different than in database (if yes, update database)?						
In "Good Standing" with CBPL (skip this and next question for sole proprietor)?							
Officers and stockholders match CBPL and database (if "No", determine if transfer necessary)?							
LGB 1 Response: M.O.A. LGB 2 Response:							
Waive	Protes	t Lapse	d Wai	ve Pro	test Lapsed		



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Alaska Alcoholic Beverage Control Board

Form AB-17: 2021/2022 License Renewal Application

This form and any required supplemental forms must be completed, signed by the licensee, and postmarked no later than 12/31/2020 per

 Any complete application 04.11.540,3 AAC 304.16 All fields of this application required, or the application Receipt and/or processing 	.160, with all required fees paid in full, in for renewal or any fees for renewal the local part of	nat have not beer CO staff and must cessed, per AS 0- neither indicates r	n postmarked by 02/ t be accompanied by 4.11.270, 3 AAC 304 nor guarantees in an	/28/2021 will be e y the required fee I.105	es and all documents
	Establishment (Contact I	nformation		
Licensee (Owner):	JSJ Group U	LC		License #:	5397
License Type:	Beverage Dispensary	- Tourism	Duglicate	SESSONA	
Doing Business As:	Sushi on the Fl	4			A
Premises Address:	5000 W Internat	tional Airp	port Rd 1	CZ78	7
Local Governing Body:	Municipality of	Anchor	age		1
Community Council:	Sand Lake				
If your mailing address ha	s changed, write the NEW addr	ess below:			
Mailing Address:					
City:		State:		ZIP:	
must be listed on CBPL with th	Section 1 – License ividual listed below must be listed in the same name and title. The same name and title in the same name and title.	n Section 2 or 3	as an Official/Ow	ner/Shareholde	
Contact Licensee:	Jung Kim		Contact Phon	ie: 407	2-230-7096
Contact Email:	jungkim 554101@	gmail.co	M	1	
Optional: If you wish for AMCO	staff to communicate with anyone oth	J er than the Cont	act Licensee about y	your license, list t	hem below:
Name of Contact:	Shawn Kim	5	Contact Phon	ne: 40	7-444-3987
Contact Email:	2 shawn Kim Qgi	mail.cow	l		
Name of Contact:	0		Contact Phon	e:	
Contact Email:	. 3				

Contact Phone:

Name of Contact:

Contact Email:



Alaska Alcoholic Beverage Control Board

Form AB-17: 2021/2022 License Renewal Application

Section 2 – Entity or Community Ownership Information

Sole Proprietors should skip this Section.

Use the link from Corporations, Business and Professional Licensing (CBPL) below to assist you in finding the Entity #. https://www.commerce.alaska.gov/cbp/main/search/entities

Alaska CBPL Entity #: 10020976

READ BEFORE PROCEEDING: Any new or changes to Shareholders (10% or more), Managers, Corporate Officers, Board of Directors, Partners, Controlling Interest or Ownership of the business license must be reported to the ABC Board within 10 days of the change and must be accompanied by a full set of fingerprints on FBI-approved card stock, AB-08a's, payment of \$48.25 for each new officer with a date-stamped copy of the CBPL change per AS 04.11.045, 50 & 55, or a Notice of Violation will be issued to your establishment and your application will be returned.

The only exception to this is a Corporation who can meet the requirements set forth in AS 04.11.050(c).

DO NOT LIST OFFICERS OR TITLES THAT ARE NOT REQUIRED FOR YOUR ENTITY TYPE.

- Corporations of <u>any</u> type including non-profit must list ONLY the following:
 - o All shareholders who own 10% or more stock in the corporation
 - o Each President, Vice-President, Secretary, and Managing Officer regardless of percentage owned
- Limited Liability Corporations, of any type must list ONLY the following:
 - o All Members with an ownership interest of 10% or more
 - o All Managers (of the LLC, not the DBA) regardless of percentage owned
- Partnerships of any type, including Limited Partnerships must list ONLY the following:
 - o Each Partner with an interest of 10% or more
 - o All General Partners regardless of percentage owned

Important Note: All entries below must match our records, or your application will be returned per AS 04.11.270, 3 AAC 304.105. You must list full legal names, all required titles, phone number, percentage of shares owned (if applicable) and a full mailing address for each official of your entity whose information we require. If more space is needed: attach additional completed copies of this page. Additional information not on this page will be rejected. Name of Official: Title(s): Phone: 907-230-7096 % Owned: 100 30 Musketball **Mailing Address:** 99507 City: State: ZIP: Name of Official: Title(s): Phone: % Owned: **Mailing Address:** City: State: ZIP: Name of Official: Title(s): Phone: % Owned: Mailing Address:

State:

AMCO

ZIP:

City:

Section 3 – Sole Proprietor Ownership Information

Corporations, LLC's and Partnerships of ALL kinds should skip this section.

READ BEFORE PROCEEDING: Any new or changes to the ownership of the business license must be reported to the ABC Board within 10 days of the change and must be accompanied by a full set of fingerprints on FBI approved cardstock, AB-08a's, payment of \$48.25 for each new owner or officer and a date stamped copy of the CBPL change per AS 04.11.045, or a Notice of Violation will be issued to your establishment and your application will be returned.

Important Note: All entries below must match our records, or your application will be returned per AS 04.11.270, 3 AAC 304.105. You

This individual is an:	Applicant	Affiliate				
Name:				Contact Phone:		
Mailing Address:			-	-		
City:			State:		ZIP:	
Email:						
nis individual is an:	Applicant	Affiliate				
Name:				Contact Phone:		
Mailing Address:				-		
City:			State:		ZIP:	
Email:						
The license was only on the license was not o	pperated to meet for Minimum Operated at all or wing one or both ca	toto the minimum requirement ation Checklist, and all docur was not operated for at lea lendaryears. A complete F	nt of 240 total hours mentation must be pro list the minimum req form AB-29: Waiver of	vided with this form. uirement of 240 total Operation Application		
If you have not me	et the minimum plete AB-29 is re	number of hours of o	peration in 2020, marked "OTHER"	which the license was not operation you are not required to and COVID is listed as to convictions	pay the fees,	however a
						Yes No
ive ANY Notices of Vio	lation been issu	ed for this license OR h	as ANY person or	entity in this application b	oeen [
nvicted of a violation (of Title 04, 3AA0	304 or a local ordinan	ce adopted under	AS 04.21.010 in 2019 or	2020?	

If you are unsure if you have received any Notices of Violation, contact the office before submitting this form.



Alaska Alcoholic Beverage Control Board

Form AB-17: 2021/2022 License Renewal Application

Section 6 - Certifications

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, are true, correct, and complete.

- I agree to provide all information required by the Alcoholic Beverage Control Board or requested by 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 and potentially expired if I do not comply with statutory or regulatory requirements.
- 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 this entity is in good standing with Corporations, Business and Professional Licensing (CBPL) and that all entity officials and stakeholders are current and accurately listed, and I have provided AMCO with all required changes of Shareholders (10% or more), Managers, Corporate Officers/Board of Directors, Partners, Controlling Interest or Ownership of the business license, and have provided all required documents for any new or changes in officers.
- I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check identification of patrons
 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, if applicable for this license type as set forth
 in AS 04.21.025 and 3 AAC 304.465.
- 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 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.

Provided by Million is Broam	ids for rejection of defination this application of revocation of any license issued.
Signature of licensee	Signature of Notary Public
Jung Dae Kim	Notary Public in and for the State of: Haska
Notary Public NEIL PATRICK E. MANUEL	My commission expires: December 13, 2011
State of Aleska Sub	oscribed and sworn to before me this 17 day of 0
My Commission Expires Dec. 13, 2022	

Restaurant/Eating Place applications must include a completed AB-33: Restaurant Receipts Affidavit
Recreational Site applications must include a completed Recreational Site Statement
Tourism applications must include a completed Tourism Statement
Wholesale applications must include a completed AB-25: Supplier Certification

All renewal and supplemental forms are available online

Any application that is not complete or does not include ALL required completed forms and fees will not be processed and will be returned per AS 04.11.270, 3 AAC 304.105.

FOR OFFICE USE ONLY

License Fee:	\$ 2500	Application Fee:	\$ 300.00	Misc. Fee:	\$
		Total Fees Due:			\$ 2800

AMCO

Department of Commerce, Community, and Economic Development DIVISION OF CORPORATIONS, BUSINESS & PROFESSIONAL LICENSING

State of Alaska / Commerce / Corporations, Business, and Professional Licensing / Search & Database Download / Business License / License #1005543

LICENSE DETAILS

License #: 1005543

Print Business License

Business Name: SUSHI ON THE FLY

Status: Active

Issue Date: 05/16/2014

Expiration Date: 12/31/2021

Mailing Address: 9430 MUSKETBALL PL

ANCHORAGE, AK 99507

Physical Address: 5000 W INT'L AIRPORT RD

C2786, C2781

ANCHORAGE, AK 99502-2431

Owners

JSJ GROUP LLC

Activities

Line of Business 72 - Accommodation and Food Services	NAICS 722110 - FULL-SERVICE RESTAURANTS	Professional License #
72 - Accommodation and Food Services	722410 - DRINKING PLACES (ALCOHOLIC BEVERAGES)	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are

the unlicensed period between an expiration date and renewal date.

Start Date	End Date
1/1/2020	4/9/2020

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Department of Commerce, Community, and Economic Development CORPORATIONS, BUSINESS & PROFESSIONAL LICENSING

State of Alaska / Commerce / Corporations, Business, and Professional Licensing / Search & Database Download / Corporations / Entity Details

ENTITY DETAILS

Name(s)

Type

Name

Legal Name

JSJ Group LLC

Entity Type: Limited Liability Company

Entity #: 10020986

Status: Good Standing

AK Formed Date: 5/16/2014

Duration/Expiration: Perpetual

Home State: ALASKA

Next Biennial Report Due: 1/2/2022

Entity Mailing Address: 1700 ELCADORE DR UNIT C, ANCHORAGE, AK 99507

Entity Physical Address: 1700 ELCADORE DR UNIT C, ANCHORAGE, AK 99507

Registered Agent

Agent Name: JUNG KIM

Registered Mailing Address: 9430 MUSKETBALL PL, ANCHORAGE, AK 99507

Registered Physical Address: 9430 MUSKETBALL PL, ANCHORAGE, AK 99507

Officials

AK Entity # Name Titles Owned

Jung Kim Member 100.00

Filed Documents

Date Filed	Туре	Filing	Certificate
5/16/2014	Creation Filing	Click to View	Click to View
5/27/2014	Initial Report	Click to View	
1/07/2016	Biennial Report	Click to View	
3/13/2017	Correction	Click to View	Click to View
3/13/2017	Correction	Click to View	Click to View
9/21/2017	Change of Officials	Click to View	
11/03/2017	Biennial Report	Click to View	
2/21/2019	Agent Change	Click to View	
2/21/2019	Change of Officials	Click to View	
3/06/2020	Biennial Report	Click to View	
3/11/2020	Change of Officials	Click to View	
4/21/2020	Change of Officials	Click to View	

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