

## Waiver of Operation Application



AS 04.11.330(a)(3)

14085

<b>License Information</b>		<b>Fees*</b>	
Liquor License Number: <u>4350</u>		Waiver Fee	\$ <u>1,250.</u>
License Type: <u>Beverage Dispensary</u>		Penalty (If applicable)	\$ 1,000.00
Local Governing Body: (City, Borough or Unorganized) <u>Municipality of Anchorage</u>		Total Submitted	\$ <u>2,500.00</u> <u>1,250.</u>
Name of Licensee: <u>Coyote Santo, LLC</u>		*The fee is non-refundable	
Doing Business As (Business Name) <u>Coyote Santo</u>		Telephone Number: <u>907 229-9337</u>	
Mailing Address: <u>P.O. Box 111846</u> <u>Anchorage AK 99511</u>		Street Address or Location of Business <u>135 N. Diamond Blvd</u> City: <u>Anchorage</u>	

**Waiver Request Information**

This waiver application is the:  1<sup>st</sup> Request,  2<sup>nd</sup> Request,  3<sup>rd</sup> Request,  Other See Note Below

Waiver Request for Calendar Year: 2016      Is this license for sale?  Yes,  No

**Explanation of the circumstances for non-operation of license. Include relevant information as to why the license was not operated, any future plans for operating the license and projected timelines. Attach additional sheets if necessary.**

Note: This is Licensee's First Request for a Waiver. However, the previous licensee for this license requested (+ was granted) a waiver for 2015. In an abundance of caution, the undersigned licensee is submitting this as a 2nd request for waiver.

Response: License will be operated at new premises. Due to unexpected delays, the premises-to-be are still under construction. The licensed premises are expected to be completed + operating by sometime in spring or summer 2017.

**Signature of Licensee(s)**

Signature <u>Abraham Gallo</u>	Signature
Name (Please Print) <u>Abraham Gallo, Member</u>	Name (Please Print) <u>Coyote Santo, LLC</u>
Date <u>9/2/2016</u>	Date

REEVES AMODIO LLC  
ATTORNEYS AT LAW



September 1, 2016

**VIA EMAIL (Cynthia.franklin@alaska.gov) AND HAND-DELIVERY**

Ms. Cynthia Franklin  
Director, ABC Board  
550 W 7th Avenue #1600  
Anchorage, AK 99501

Re: Coyote Santo, LLC  
License Number 4350 (formerly Three Amigos Mexican Restaurant)  
Application for Waiver of Operation

Dear Cindy:

I am writing on behalf of Coyote Santo, LLC, the current owner of License Number 4350, which was formerly operated at Three Amigos Mexican Restaurant (now closed). As you may remember, the ABC Board approved the transfer of the License to Coyote Santo at its meeting in December, 2015.

The licensed premises where the License is to be operated are presently under construction. Unfortunately, owing to unforeseen delays, the premises will not be ready this year. We expect that the premises will be completed and ready to operate by sometime in the spring of 2017.

Accordingly, Coyote Santo is submitting an Application for Waiver of Operation, in accordance with AS 04.11.330(a)(3) and 3 AAC 304.170. This is Coyote Santo's first request for a waiver. However, the previous licensee (Victor Hurtado) sought and obtained a waiver of operations for this license in 2015. In an abundance of caution, we are therefore submitting this as a 2<sup>nd</sup> request, with the appropriate Application fee, \$2,500.00. See enclosed Application and two checks (each for \$1,250.00). If the Board considers waivers by licensee, rather than by license, please consider this a first request for waiver, cash one of the two checks, and return the other to me.

Please let me know if there is anything else you need to place the matter on the agenda for the next ABC Board meeting which, I understand, is scheduled for September, 2016. Thank you in advance for your assistance in this matter.

If you have any questions regarding this matter, please contact me.

*Direct Phone*  
(907) 222-7104

*Facsimile*  
(907) 222-7199

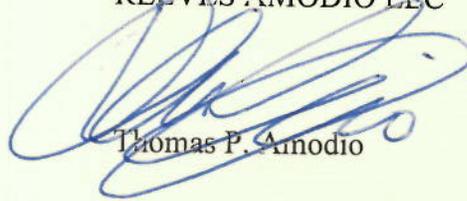
*E-Mail*  
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*Website*  
www.reevesamodio.com

Ms. Cynthia Franklin  
Director, ABC Board  
September 1, 2016  
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Sincerely,  
REEVES AMODIO LLC



Thomas P. Amodio

Enclosures

Cc: Client  
Alcohol.licensing@alaska.gov



Alcoholic Beverage Control Board  
 550 West 7<sup>th</sup> Ave. Ste. 1600  
 Anchorage, Alaska 99501  
 (907) 269-0350  
 FAX (907) 334-2285

### Waiver of Operation Application

AS 04.11.330(a)(3)

License Information		Fees*	
Liquor License Number: # 795	Local Governing Body: (City, Borough or Unorganized):  Anchorage	Waiver Fee	\$ 750 <sup>00</sup>
License Type: <del>Liquor License</del> Package Store		Penalty (If applicable)	\$ 1,000.00
Doing Business As (Business Name): Oaken Keg # 1800		Total Submitted	\$ 750 <sup>00</sup>
Name of Licensee: Carr's - Grotstein Foods Co	*The fee is non-refundable		# 14098
Mailing Address: P.O. Box 29096 MS 6631 Phoenix AZ 85038-0996	Telephone Number:		
Street Address or Location of Business: 600 E. Northern Lights Blvd. City: Anchorage			

Waiver Request Information	
This waiver application is the:	<input checked="" type="checkbox"/> 1 <sup>st</sup> Request <input type="checkbox"/> 2 <sup>nd</sup> Request <input type="checkbox"/> 3 <sup>rd</sup> Request <input type="checkbox"/> Other _____
Waiver Request for Calendar Year: 2016	Is this license for sale? <input type="checkbox"/> Yes <input type="checkbox"/> No

**Explanation of the circumstances for non-operation of license. Include relevant information as to why the license was not operated, any future plans for operating the license and projected timelines. Attach additional sheets if necessary.**

Carr's was operating a grocery/Oaken Keg location at Sears Mall, which closed on 9/12/2015. We continue to look for a suitable replacement store location and have identified several alternatives. Our grocery store would have an Oaken Keg component similar to other locations within the Anchorage area. We request a waiver such that we can continue to pursue an alternate location, negotiate our real estate deal, and begin construction. Though the project timeline is not final at this time, we expect that we will be in a position to open the grocery store/Oak Keg in late 2018.

COPY

Signature of Licensee(s)	
Signature 	Signature
Name (Please Print) ROBERT GARRISON	Name (Please Print)
Date 9/20/16	Date

## Waiver of Operation Application

14058

<b>License Information</b>		<b>Fees*</b>	
Liquor License Number: <b>828</b>		Waiver Fee	\$ <b>1500</b>
License Type: <b>Package store</b>		Penalty (If applicable)	\$ 1,000.00
Local Governing Body: (City, Borough or Unorganized) <b>Juneau City + Borough</b>		Total Submitted	\$ <b>1500</b>
Name of Licensee: <b>Thibodeaus market Inc</b>		*The fee is non-refundable	
Doing Business As (Business Name) <b>Thibodeaus LIQUOR</b>		Telephone Number: <b>907-780-4482</b> <span style="float: right;">209-4409</span>	
Mailing Address: <b>PO BOX 20290 Juneau AK 99802</b>	Street Address or Location of Business <b>no PREMISES</b>		
	City: <b>Juneau</b>		

**Waiver Request Information**

This waiver application is the:     1<sup>st</sup> Request     2<sup>nd</sup> Request     3<sup>rd</sup> Request     Other \_\_\_\_\_

Waiver Request for Calendar Year: **2016**    Is this license for sale?     Yes     No

**Explanation of the circumstances for non-operation of license. Include relevant information as to why the license was not operated, any future plans for operating the license and projected timelines. Attach additional sheets if necessary.**

We are still looking for a location. we have had a couple options but nothing has worked out yet.  
 Hoping to find something within the next year  
 Thank you



<b>Signature of Licensee(s)</b>	
Signature <i>Rosie Thibodeau</i>	Signature
Name (Please Print) <b>Rosie Thibodeau</b>	Name (Please Print)
Date <b>8/2/2016</b>	Date