

## Department of Commerce, Community, and Economic Development

ALCOHOLIC BEVERAGE CONTROL BOARD

550 W. 7<sup>th</sup> Avenue, Ste 1600 Anchorage, Alaska 99501 Main: 907.269.0350

### **MEMORANDUM**

TO: Robert Klein, Chair and

Members of the Board

FROM: Cynthia Franklin

Director, ABC Board

DATE: July 14, 2016

RE: Central Corner; License #4388

This is an application for a transfer of a package store license in an area with no local government (Outside/unorganized). A creditor, Alaska Fuel Distributors, Inc., has objected to the transfer of the license based on an outstanding debt owed.

Date of application: March 21, 2016

Dates of Objection: April 7, 2016

Basis of Objection: "The debt owed by Central Corner arose from the scheduled

deliveries of heating oil, diesel, and gasoline products to the business's location in central Alaska. Typically owner would build up a balance and pay off the balance periodically through the year. As such, this balance (\$18,512.11) is not unusually high for

the account."

Recommendation: Delegate transfer of license and add payment of debt and lifting

of objection to list of approvals required before transfer is

completed.



### Department of Commerce, Community, and Economic Development

ALCOHOLIC BEVERAGE CONTROL BOARD

550 W 7th Avenue, Ste. 1600 Anchorage, Alaska 99501

Main: 907.269.0350 TDD: 907.465.5437 Fax: 907.334.2285

April 5, 2016

Fairbanks Fuel 1051 Van Horn Fairbanks, AK 99701

Liquor License #4388 Transfer of ownership. This transfer is a stock transfer/controlling interest transfer only. It is going from Michael J. Scott 50%/ John R. Howard 50% to Randi L. Scott 50%/ John R. Howard 50%. Owner, DBA, and location staying the same.

Central Corner, LLC. From: From: Central Corner, LLC. d/b/a: Central Corner d/b/a: Central Corner Location: Mile 128 Steese Hwy. Location: Mile 128 Steese Hwy. Mail: PO Box 10594 Mail: PO Box 10594 Fairbanks, AK 99710 Fairbanks, AK 99710

We have received an application for transfer of ownership of the above liquor license. For the purposes of AS 04.11.360 and in compliance with AS 04.11.280(b), we wish to notify you as you are listed as a creditor.

Is this information correct? Yes X No \_\_\_\_ The amount owing is: \$18,512.11 on account.

Do you have an objection to the transfer of this license? Yes 🔀

If yes, please substantiate your claim within 30 days by submitting a copy of contract(s), bill(s), invoices(s), or associated charges(s) and a statement that describes how the debt "arose" from the conduct of the business licensed. No "hold" may be placed until this office has received supporting documentation. If no response is received before final approval of the board, it is assumed you do not object to this transfer,

Authorized Signature

907-374-0505 Telephone

Date

If you have any questions, please call our office.

Shilo Senguiz

**Business Registration Examiner** 

# ALASKA FUEL DISTRIBUTORS, INC.

1051 VANHORN ROAD, FAIRBANKS, AK 99701 907-374-0505

User Name: mfrench

Cus排

85903 MIKE SCOTT CENTRAL PO BOX 30046

CENTRAL, AK 99730

Transaction Report

07-Apr-2016

2:26 pm

Date Type:

Accounting Date

Transactions from 01/01/2014

n H 12/01/2015

Current Balance:

18,512.11

	08/17/2015 4 UN	08/19/2015 4 UN	· #1	<u>ش</u> .		_	<u> </u>	09/10/2015 4 UN	_	0/31/2015 150 FIN	150	Event Date Code Des
Totals:	UNLEADED GAS	NLEADED GAS	HEATING OIL	HEATING OIL	HEATING OIL	#1 HEATING OIL	#1 ULS EQUIPMENT FUEL	UNLEADED GAS	FINANCE CHARGE	FINANCE CHARGE	FINANCE CHARGE	Description
Ún	512042		79003			79003	173	68167	5119006	5126942	5134622	Reference#
Units:	Tank 2	Tank 2	Tank 1	Fank 1	Tank 1	Tank 1	Location 1	Tank 2				TLS
6058,50	100.30	1,488.70	512.30	504.80	185.00	1,284.00	500.00	1,483.40				Units
Debits: Credits: Net:	3.010000	3.210000	2,610000	2.610000	2.610000	2.610000	3.110000	2.770000				Ppu
18,512,11 0.00 18,512,11	329.33	5,185.89	1,341.97	1,322.33	484.61	3,363.44	1,555.00	4,514.73	113.19	150.81	150.81	Amount
18,512.11 0.00 18,512.11	329.33	5,185.89	1,341.97	1,322.33	484.61	3,363.44	1,555.00	4,514.73	113.19	150.81	150.81	Open Amount
	329,33	5,515.22	10,705,24	12,027,57	5,999,83	9,363.27	13,582.57	18,097.30	18,210.49	18.361.30	18,512.11	*Balance

\*\*\* INVOICE \*\*\*

MIKE SCOTT CENTRAL PO BOX 30046 CENTRAL, AK 99730

DATE	REF #	DESCRIPTION	AMOUNT
0/17/15	En odven	MATERIAL CAR 100 C CATOO DIO	000
UNLEAD	DIZUAZ ED/CENTR	UNLEADED GAS 100.3 GAL03.0100 AL STORE/./CENTRAL AK 9973	301.90
8/17/15	512042	With Oils	8.02
		FED RD - GAS	18.46
8/17/15	512042	HB158 FUEL SURCHARGE	0.95
		< INVOICE TOTAL >	329.33

\*\*\* INVOICE \*\*\*

MIKE SCOTT CENTRAL PO BOX 30046 CENTRAL, AK 99730

DATE	REF #	DESCRIPTION	AMOUNT
8/19/15	120394	UNLEADED GAS 1488.7 GAL03.2100	4778.73
8/19/15		AL STORE/./CENTRAL AK 9973 STATE ROAD TAX-GAS	119.10
8/19/15 8/19/15		FED RD - GAS HB158 FUEL SURCHARGE	273.92 14.14
0,10,10	12000 4:		
		< INVOICE TOTAL >	5185.89

\*\*\* INVOICE \*\*\*

MIKE SCOTT CENTRAL FO BOX 30046 CENTRAL, AK 99730

AMOUNT
100 3351.24
12.20
100 1337.10
4.87
4705.41

\*\*\* INVOICE \*\*\*

MIKE SCOTT CENTRAL PO BOX 30046 CENTRAL, AK 99730

DATE	REF #	DESCRIPTION	AMOUNT
8/20/15	79006	#1 HEATING OT 504.8 GAL@2.6100	1317.53
#1 H.O.	/CENTRAI	L STORE/./FAIRBANKS AK 997	
8/20/15	79006	HB158 FUEL SURCHARGE	4.80
		< INVOICE TOTAL >	1322.33

\*\*\* INVOICE \*\*\*

MIKE SCOTT CENTRAL PO BOX 30046 CENTRAL, AK 99730

DATE	REF #	DESCRIPTION	AMOUNT
		#1 HEATING OI 185.0 GAL@2.6100 STORE/./FAIRBANKS AK 997	482.85
		HB158 FUEL SURCHARGE	1.76
		< INVOICE TOTAL >	484.61

\*\*\* INVOICE \*\*\*

MIKE SCOTT CENTRAL PO BOX 30046 CENTRAL, AK 99730

DATE	RÉF #	DESCRIPTION	AMOUNT
9/10/15 UNLEADE		UNLEADED GAS 1483.4 GAL02.7700 AL STORE/./CENTRAL AK 9973	4109.02
9/10/15 9/10/15	68167	STATE ROAD TAX-GAS	118.67
9/10/15	68167 68167	and the second of the second o	272.95 $14.09$
		< INVOICE TOTAL >	4514.73

\*\*\* INVOICE \*\*\*

MIKE SCOTT CENTRAL PO BOX 30046 CENTRAL, AK 99730

+ 1000/998080001+

DATE	REF #	DESCRIPTION	AMOUNT
8/31/15	173	#1 ULS EQUIPM 500.0 GAL@3.1100	155500
		< INVOICE TOTAL >	1555.00

### Transfer Liquor License

Alcoholic Beverage Control Board

(907) 269-0350 Fax: (907) 334-2285 http://commerce.alaska.gov/dnn/abe/Home.aspx

550 West 7th Ave. Suite 1600 Anchorage, AK 99501

☐ Seasonal List Dates of Operation: OR ☑ Full Year License is: FEES SECTION A - LICENSE INFORMATION Statute Reference License Type: \$100.00 Filing Fee: Package Store Sec. 04.11. 1.70 Rest. Desig. Permit License #: 4388 Local Governing Body: (City, Borough or Unorganized) Fee: (\$50.00) Community Council Name(s) & Mailing Address: butside City Limits Fingerprint: | \$ 4915 (\$49.75 per person) Unorganized Borough TOTAL Name of Applicant (Corp/LLC/LP/LLP/Individual/Partnership): Business Telephone Number: Doing Business As (Business Name): Central Corner LLC 907-378-5427 Central Corner Fax Number: NIA Email Address: Street Address or Location of Premises: Mailing Address: sblake 3106 each com P.O. BOX 10594 City, State, Zip: Mile 128 Steese Highway Certral, Alaska Is any shareholder related to the current owner? MYes No If "yes" please state the relationship Deucinter SECTION B - TRANSFER INFORMATION Name and Mailing Address of CURRENT Licensee: Regular Transfer ☐ Transfer with security interest: Any instrument executed under AS 04.11.670 for purposes of applying AS 04.11.360(4)(b) in a later Central Corner
Street Address or Location BEFORE transfer: involuntary transfer, must be filed with this Application. Real or personal property conveyed with this transfer must be described. Provide security Mile 128 Steese Highway prerest documents. ☐ Involuntary Transfer. Attach documents which evidence default under AS 04.11.670. SECTION C - PREMISES TO BE LICENSED Premises is GREATER than 50 miles from the boundaries of an Distance measured under: Distance to closest school grounds: incorporated city, borough, or unified municipality. AS 04.11.410 35 Mayes
Distance to closest church: Premises is LESS than 50 miles from the boundaries of an incorporated city, ☐ Local ordinance No. borough, or unified municipality. Distance measured under: ☐ Not applicable M AS 04.11.410 miles Local ordinance No. ☐ Plans submitted to Fire Marshall (required for new & proposed buildings) Diagram of premises attached

Premises to be licensed is: ☐ Proposed building M Existing facility New building

# Alcoholic Beverage Control Board 550 West 7th Ave. Suite 1600 Anchorage, AK 99501

### Transfer Liquor License

(907) 269-0350 Fax: (907) 334-2285 http://commerce.alaska.gov/dnn/abc

ame	Name of Business	Type of License	Business Street Address	State
den B. Hours	Central Corner 1	IC Beverago Dispers		
and L Scott	Central Come u	7 - 1		
	<u> </u>	d		1/
				<del></del>
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□ Yes 🔀	No If Yes, attach wr	itten explanation.	or, manager or pariner named in ad premises in another state of t	he tiquor laws of that state?
CTION E – OWNERS	No If Yes, attach wr SHIP INFORMATION - C LPs and LPs must be reg	itten explanation. ORPORATION istered with the Dept. of Col	anumity and Economic Des	
CTION E - OWNERS	No If Yes, attach we	itten explanation. ORPORATION istered with the Dept. of Col		
CTION E - OWNERS  TPORATIONS, LLCs, Line of Entity (Corporation/	No If Yes, attach we ship information - C  LPs and LPs must be regularly (or N/A if an Indian	itten explanation. ORPORATION istered with the Dept. of Col	anumity and Economic Dev	velopment. Fax Number:
CTION E - OWNERS  TPORATIONS, LLCs, Line of Entity (Corporation/	No If Yes, attach we ship information - C  LPs and LPs must be regularly (or N/A if an India)	ORPORATION  istered with the Dept. of Conviction of Conviction (Conviction)	Tolephone Number:	velopment. Fax Number:
CTION E - OWNERS  rporations, LLCs, Li  e of Entity (Corporation)  EXTENDED Mailing Address:  PO 1304	No If Yes, attach wr  THIP INFORMATION - C  LPs and LPs must be regulated the control of the con	ORPORATION  istered with the Dept. of Consideration in the Dept. o	Telephone Number:  907-378-542  State: Alaska	Pelopment.  Fax Number:  7
CTION E - OWNERS  rporations, LLCs, Li ne of Entity (Corporation/  LYTYAL (E)  PHENT Address:  PO BOY  No, Mailing Address and T	No If Yes, attach we ship information - C  LPs and LPs must be regularly (or N/A if an Indian	ORPORATION  istered with the Dept. of Con ividual ownership):  City: Fall banks	Telephone Number:  907-378-542  State: Alaska Date of Incorporation OR	Pelopment.  Fax Number:    Pax Number:   Pax
CTION E - OWNERS  rporations, LLCs, Li  ne of Entity (Corporation)  LYTYAL (Corporation)  WHITE Mailing Address:  PO BOX 1000  1000, Mailing Address and To R. Howa	No If Yes, attach wr  SHIP INFORMATION - C  LPs and LPs must be regulated to the second secon	ORPORATION  istered with the Dept. of Con ividual ownership):  City: Fair banks Hk 99	Telephone Number:  907-378-542  State: HOSKA  Date of Incorporation OR Certification with DCED:  10 12-03-2010	Pelopment.  Fax Number:    Pax Number:   Pax
CTION E - OWNERS  rporations, LLCs, Li  ne of Entiry (Corporation/ LYTYAL (C)  WHERE Mailing Address:  PO BOX  ne, Mailing Address and T  NR. HOWA  e Entiry in "Good Standing	No If Yes, attach wr  SHIP INFORMATION - C  LPs and LPs must be regional LCALP/LP) (or N/A if an Indi  COLY LLC  SOUL Clephone Number of Registered  LA POBOX LOSQU g" with the Alaska Division of C	ORPORATION  istered with the Dept. of Con ividual ownership):  City: Fair banks Hk 99 Corporations?  If Yes	Telephone Number:  907-378-542  State: Alaska Date of Incorporation OR	Pelopment.  Fax Number:    Phan   Pha

Manhor 50 2998 Hall Rd. Payno Chy MI 231-675-2844

Transfer Application

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Rev.08/11/15

### Transfer Liquor License

Alcoholic Beverage Control Board 550 West 7th Ave. Suite 1600 Anchorage, AK 99501

(907) 269-0350 Fax: (907) 334-2285

http://commerce.alaska.gov/dnn/abc/Home.aspx

NOTE: If you need additional apare, please attach a separate sheet.

Individual Licensess/Affiliates (The ABC Board Name:	defines an "Affiliate" as th		
		e spouse or significant other of a license	e. Each Affiliate must be listed.)
	Applicant D	Name:	Applicant □ Affiliate □
Address:	Affiliate []	Address:	Attinue D.
	Date of Brith:		Date of Birth:
lome Phone:	10,414 01 11-11-11	Home Phone:	und in Section 1
Vork Phone:		Work Phone:	Applicant 🖸
Vame:	Applicant []	Name:	Affiliate []
\ddress:	Attition C.	Address:	
	Date of Birth:		Date of Birth:
Home Phone:		Home Phone:	
Work Phone:		Work Phone:	
Declaration	<u></u>		
no person other than the needsee(s) has any di	LCCI OF HITH CCF INVENCION I	nterest in the licensed business.	
no person other than the licensee(s) has any di I agree to provide all information required b	ny the Alcoholic Beverage	Control Board in support of this appli	
I agree to provide all information required b	ny the Alcoholic Beverage	Control Board in support of this appli	
I agree to provide all information required by the signature of Querent Licenses(s)	ny the Alcoholic Beverage	Control Board in support of this appli	
I agree to provide all information required by signature of Current Licensec(s)	ny the Alcoholic Beverage	Signature of Transferee(s)	
I agree to provide all information required by signature of Current Licensec(s)	ny the Alcoholic Beverage	Control Board in support of this appli	
I agree to provide all information required by signature of Courrent Licensecial signature (Courrent Licensecial) signature (Courrent Licensecial)	the Alcoholic Beverage	Signature of Transferce(s) Signature	
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I agree to provide all information required by signature of Gurrent Licensecial signature of Gurren	ny the Alcoholic Beverage	Signature of Transferce(s) Signature Signature  And Name & Title (Please Print)  In In Howard 5th Meyabe	ication.
I agree to provide all information required by signature of Gurrent Licensecial signature of Gurren	ny the Alcoholic Beverage	Signature of Transferee(s) Signature Signature Name & Title (Please Print) Sibscribed and sworn to before me this	S. S. Sott 50% Men
I agree to provide all information required by signature of Current Licensec(s) signature (Current Licensec(s)) signature (Cur	und Scott member	Signature of Transferec(s) Signature Signature Name & Title (Please Print) Sinn Horizon & 50% meya be Subscribed and sworn to before me this	Scall Scott 50% men
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Signature of Current Licenseck) Signature Signature Command Advance Signature Command Advance Signature Command Advance Signature Command Advance Signature Command Solo Member Bo Subscribed and sworn to before me this	und Scott meabo	Signature of Transferce(s) Signature Signature Name & Title (Please Print) Sinn Hotican J 500 Meya be Subscribed and sworn to before me this day of Notary Public in and for the State of Alask	Scardi Scott 50% men

State of Alaska My Commission Expires Dec. 14, 2019

JENNIFER GOTHRUP

Notary Public, State of Michigan

County of Antrim

Commission Expires 03-30-2019

Transfer Application County of Action Page 3 of 3

State of Alaska My Commission Expires Dec. 14, 2019

Untary for Randi Scott on 2/16/16 Known by me and Driverse Cicruse as ID. CATHY M. GOFORTH Cathy M. GOOTHS NOTARY PUBLIC-MICHIGAN

CATHY M. GOFORTH NOTARY PUBLIC - MICHIGAN ENMET COUNTY

Rev.08/11/15

ALY COMMESSION EXPIRES MAR. 27, 2019
ACTING IN CHAPILEVOIX COUNTY