



THE STATE  
*of* **ALASKA**  
GOVERNOR BILL WALKER

**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

DATE: July 14, 2016,

FROM: Sarah D. Oates  
Program Coordinator

RE: Central Corner #4387

This is an application for the ownership transfer of a Beverage Dispensary – Tourism license that was first issued December 10, 2011.

AS 04.11.400(d)(1)(A) requires 10 rental rooms if the population is less than 1,501.

This license is located in an unorganized borough, outside of city limits.

The applicant offers 10 rooms and a full-service restaurant.

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

## Transfer Liquor License

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

License is: ☒ Full Year OR ☐ Seasonal List Dates of Operation: \_\_\_\_\_

SECTION A - LICENSE INFORMATION			FEES
License Year: 2016 - 2017	License Type: Beverage Dispensary - Tourism	Statute Reference Sec. 04.11.400(D)	Filing Fee: \$100.00
License #: 4387	Local Governing Body: (City, Borough or Unorganized) Outside City Limits Unorganized Borough	Community Council Name(s) & Mailing Address:	Rest. Desig. Permit Fee: (\$50.00) 1 \$ 50.00
Name of Applicant (Corp/LLC/LP/LLP/Individual/Partnership): Central Corner LLC	Doing Business As (Business Name): Central Corner	Business Telephone Number: 907-378 5427	Fingerprint: \$ (\$49.75 per person)
Mailing Address: PO Box 10594	Street Address or Location of Premises: Mile 128 Steese Highway	Email Address: N/A	TOTAL \$150
City, State, Zip: Fairbanks Alaska 99710			
Is any shareholder related to the current owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "yes" please state the relationship: Daughter			
SECTION B - TRANSFER INFORMATION			
<input checked="" type="checkbox"/> Regular Transfer <input type="checkbox"/> 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 involuntary transfer, must be filed with this Application. Real or personal property conveyed with this transfer must be described. Provide security interest documents. <input type="checkbox"/> Involuntary Transfer. Attach documents which evidence default under AS 04.11.670.		Name and Mailing Address of CURRENT Licensee: Central Corner LLC PO Box 10594 Fairbanks Alaska 99710 Business Name (if not REGULAR transfer): Central Corner Street Address or Location of Premises: Mile 128 Steese Highway	
SECTION C - PREMISES TO BE LICENSED			
Distance to closest school grounds: 35 miles	Distance measured under: <input checked="" type="checkbox"/> AS 04.11.410 OR <input type="checkbox"/> Local ordinance No.	<input checked="" type="checkbox"/> Premises is GREATER than 50 miles from the boundaries of an incorporated city, borough, or unified municipality.	
Distance to closest church: 2 miles	Distance measured under: <input checked="" type="checkbox"/> AS 04.11.410 OR <input type="checkbox"/> Local ordinance No.	<input type="checkbox"/> Premises is LESS than 50 miles from the boundaries of an incorporated city, borough, or unified municipality.	
Premises to be licensed is: <input type="checkbox"/> Proposed building <input checked="" type="checkbox"/> Existing facility <input type="checkbox"/> New building		<input type="checkbox"/> Plans submitted to Fire Marshall (required for new & proposed buildings) <input checked="" type="checkbox"/> Diagram of premises attached	

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### SECTION D - LICENSEE INFORMATION

1. Does any individual, corporate officer, director, limited liability organization member, manager or partner named in this application have any direct or indirect interest in any other alcoholic beverage business licensed in Alaska or any other state?

☒ Yes ☐ No If Yes, complete the following. Attach additional sheets if necessary.

Name	Name of Business	Type of License	Business Street Address	State
John R. Howard	Central Corner LLC	Package Store	1111 12th Street Hwy	Alaska
Randi L. Scott	Central Corner LLC	Package Store	1111 12th Street Hwy	Alaska

2. Has any individual, corporate officer, director, limited liability organization member, manager or partner named in this application been convicted of a felony, a violation of AS 04, or been convicted as a licensee or manager of licensed premises in another state of the liquor laws of that state?

☐ Yes ☒ No If Yes, attach written explanation.

### SECTION E - OWNERSHIP INFORMATION - CORPORATION

Corporations, LLCs, LLPs and LPs must be registered with the Dept. of Community and Economic Development.

Name of Entity (Corporation/LLC/LLP/LP) (or N/A if an individual ownership): <b>Central Corner LLC</b>		Telephone Number: <b>1-907-378-5427</b>	Fax Number: <b>N/A</b>
Corporate Mailing Address: <b>P.O. Box 10594</b>	City: <b>Fairbanks</b>	State: <b>Alaska</b>	Zip Code: <b>99710</b>
Name, Mailing Address and Telephone Number of Registered Agent: <b>John R. Howard P.O. Box 10594 Fairbanks Alaska 99710</b>		Date of Incorporation OR Certification with DCED: <b>12-03-2010</b>	State of Incorporation: <b>AK</b>

Is the Entity in "Good Standing" with the Alaska Division of Corporations? ☒ Yes ☐ No

If no, attach written explanation. Your entity must be in compliance with Title 10 of the Alaska Statutes to be a valid liquor licensee.

### Entity Members (Must include President, Secretary, Treasurer, Vice-President, Manager and Shareholder/Member with at least 10%)

Name	Title	%	Home Address & Telephone Number	Work Telephone Number	Date of Birth
John R. Howard	member	50%	P.O. Box 10594 Fairbanks Alaska 99710	907-378-5427	10/16/56
Randi L. Scott	member	50%	2998 Hall Rd Boyne City Michigan 49718	231-675-2848	05/30/85

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

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

### SECTION F - OWNERSHIP INFORMATION - SOLE PROPRIETORSHIP (INDIVIDUAL OWNER & SPOUSE)

Individual Licensees/Affiliates (The ABC Board defines an "Affiliate" as the spouse or significant other of a licensee. Each Affiliate must be listed.)

Name: Address:	Applicant <input type="checkbox"/> Affiliate <input type="checkbox"/>	Name: Address:	Applicant <input type="checkbox"/> Affiliate <input type="checkbox"/>
Home Phone: Work Phone:	Date of Birth:	Home Phone: Work Phone:	Date of Birth:
Name: Address:	Applicant <input type="checkbox"/> Affiliate <input type="checkbox"/>	Name: Address:	Applicant <input type="checkbox"/> Affiliate <input type="checkbox"/>
Home Phone: Work Phone:	Date of Birth:	Home Phone: Work Phone:	Date of Birth:

#### Declaration

- I declare under penalty of perjury that I have examined this application, including the accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete, and this application is not in violation of any security interest or other contracted obligations.
- I hereby certify that there have been no changes in officers or stockholders that have not been reported to the Alcoholic Beverage Control Board. The undersigned certifies on behalf of the organized entity, it is understood that a misrepresentation of fact is cause for rejection of this application or revocation of any license issued.
- I further certify that I have read and am familiar with Title 4 of the Alaska statutes and its regulations, and that in accordance with AS 04.11.450, no person other than the licensee(s) has any direct or indirect financial interest in the licensed business.
- I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application.

Signature of Current Licensee(s) Signature: <i>[Signature]</i>	Signature of Transferce(s) Signature: <i>[Signature]</i>
Signature: <i>[Signature]</i>	Signature: <i>[Signature]</i>
Name & Title (Please Print) John Howard 50% member, Randi Scott 50% member	Name & Title (Please Print) John Howard 50% member, Randi Scott 50% member
Subscribed and sworn to before me this 10 day of Feb, 2016.	Subscribed and sworn to before me this 10 day of Feb, 2016.
Notary Public in and for the State of Alaska <i>[Signature]</i>	Notary Public in and for the State of Alaska <i>[Signature]</i>
My commission expires: 12-14-19	My commission expires: 12-14-19

Notary Public  
**REBECCA MILLER**  
State of Alaska  
My Commission Expires Dec. 14, 2019

JENNIFER GOTHROP  
Notary Public, State of Michigan  
County of Antrim

My Commission Expires 03-30-2019

Transfer Application

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Notary Public  
**REBECCA MILLER**  
State of Alaska  
My Commission Expires Dec. 14, 2019

Notary for Randi Scott on 2/16/16

*[Signature]*

CATHY M. GOFORTH  
NOTARY PUBLIC - MICHIGAN  
EMMET COUNTY  
MY COMMISSION EXPIRES MAR. 27, 2019  
ACTING IN CHARLEVOIX COUNTY

Rev.08/11/15

MAR 3 15 PM 1:25

Central Corner encourages tourism by being located in a gold mining town and 35 miles before the Yukon River. We have a restaurant, bar, gas, grocery store, showers, laundry facility, internet and 10 rental rooms. Our website blog and Facebook displays upcoming events in the area.

Central Corner is the check point for the Yukon Quest that draws crowds from all over the world. We accommodate the media an area to setup for as long as they need.

The restaurant and bar usually has gold miners that like to share their life as being a gold miner with the tourist that inquires. Central also has a museum that the staff recommends the tourist to go through.

Our rooms do not have any kitchenettes but our restaurant is open seven days a week at 8am.

Central Corner has made improvements to the kitchen, exterior new paint, larger storage room and a new more efficient furnace.

STATE OF ALASKA  
ALCOHOLIC BEVERAGE CONTROL BOARD  
APPLICATION FOR RESTAURANT DESIGNATION PERMIT  
AS 04.16.049 & 3 AAC 304.715 - 794

The granting of this permit allows access of persons under 21 years of age to designated licensed premises for purposes of dining, and persons between the ages of 16 - 20 for employment. If for employment, please indicate in detail what the employment duties will be in question #3.

License Number: 4387 Type: Beverage Dispensary - Tourism

This application is for designation of premises where: (Please check the appropriate items below)

1. ☒ Bona fide restaurant pursuant to 3 AAC 304.305 & 3 AAC 304.715-794.
2. ☐ Persons 18 - 20 years of age may dine unaccompanied.
3. ☐ Persons under 16 may dine accompanied by a person 21 years of age or older.
4. ☐ Persons between 16 - 20 years of age may be employed. \*(See note below)

Licensee's Name: Central Corner LLC

Name of Business: Central Corner

Business Address: Mile 128 Steese Highway City: Central

1. Hours of operation: 8:00 AM to 11:00 PM Telephone Number: 907-520-5800

2. Have police been called to your premises for any reason? ☐ Yes ☒ No  
(If you answered yes, please explain below).

3. \* Duties of employment: waitress / bus / cook

4. Are video games available to the public on your premises? ☐ Yes ☒ No

5. Do you provide live entertainment, such as live music, pool tables, karaoke, dancing, sports or pin-ball?  
☐ Yes ☒ No

6. How is food served? ☒ Table Service ☐ Buffet Service ☐ Counter Service ☐ Other \_\_\_\_\_

7. Is an owner, manager or supervisor 21 years of age or older always present during business hours? ☒ Yes ☐ No

\*\*\* A MENU AND DETAILED PREMISES DIAGRAM MUST ACCOMPANY THIS APPLICATION \*\*\*

\*Employees 16 and 17 years of age must have a valid work permit and a letter maintained in your files from a parent or guardian authorizing employment at your establishment.

\*\*Please attach additional sheets of paper if more space is needed to describe food service, entertainment, etc.

Randy Scott  
Licensee Signature

\_\_\_\_\_  
Local Governing Body Approval

Subscribed and sworn to before me this 16 day of February 2016 Date: 2/16/16

Cathy M. Goforth  
Notary Public in and for Alaska Michigan

My Commission expires: March 27, 2019

\_\_\_\_\_  
Director, ABC Board

\_\_\_\_\_  
Date

CATHY M. GOFORTH  
NOTARY PUBLIC - MICHIGAN  
EMMET COUNTY  
MY COMMISSION EXPIRES MAR. 27, 2019  
ACTING IN CHARLEVOIX COUNTY



STATE OF ALASKA  
ALCOHOL BEVERAGE CONTROL BOARD  
Licensed Premises Diagram

**INSTRUCTIONS:** Draw a detailed floor plan of your present or proposed licensed premises on the graph below; show all entrances and exits, and all fixtures such as tables, booths, games, counters, bars, coolers, stages, etc.

DBA: Central Corner LLC

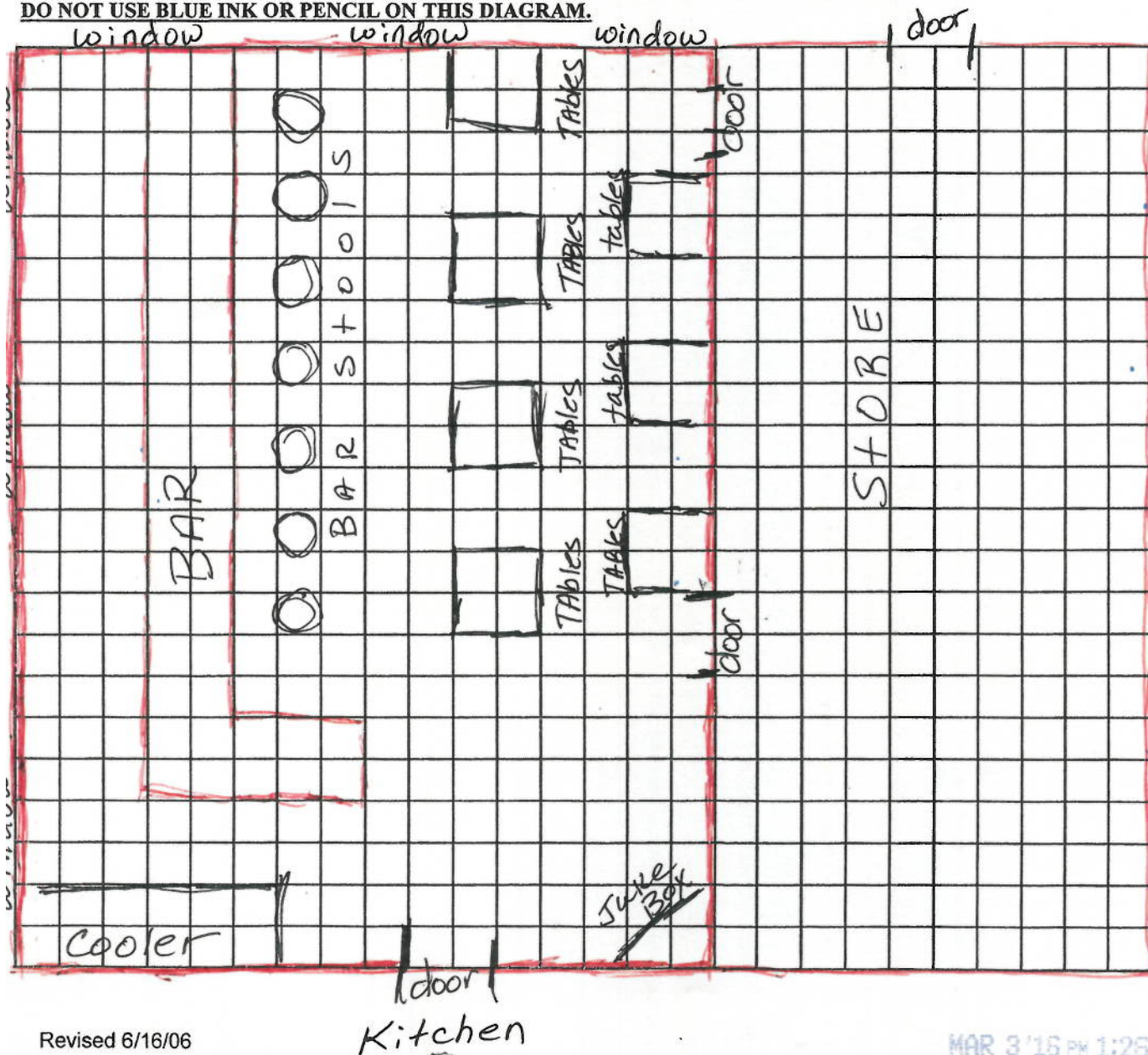
PREMISES LOCATION: Mile 128 Steese Highway

Indicate scale by x after appropriate statement or show length and width of premises.

SCALE A: \_\_\_\_\_ 1 SQ. = 4 FT. SCALE B: X 1 SQ. = 1 FT.

Length and width of premises in feet: 16 x 27

Outline the area to be designated for sale, service, storage, and consumption of alcoholic beverages in red.  
**DO NOT USE BLUE INK OR PENCIL ON THIS DIAGRAM.**



# MENU

## ~ Breakfast ~

Two eggs*, meat (bacon, ham, sausage)*, hashbrowns, toast.....	\$10.00
Omelet or scramble with choice of 3 fillings*, hashbrowns, toast....	\$11.00
Pancakes or French Toast.....	\$8.50
Pancakes or French toast with ham, bacon, or sausage.....	\$11.00
Cereal (hot or cold) with Milk.....	\$4.50

Omelet fillers: ham, bacon, sausage, tomatoes, bell peppers, onions, mushrooms, cheddar cheese, American cheese, Swiss cheese, 3-cheese mix

## ~ Breakfast Sides ~

Toast.....	\$3.00
English Muffin.....	\$3.50
Bagel.....	\$4.00
Bagel with cream cheese.....	\$4.50
Hashbrowns.....	\$4.00
1 Egg*.....	\$2.00
Yogurt.....	\$2.50
Meat (bacon, ham or sausage).....	\$4.00

## ~ Beverages ~

Coffee or Tea.....	\$1.50
Hot Chocolate.....	\$2.50
Milk (whole or 2%).....small..	\$1.50
.....large..	\$3.00
Soda Pop & Bottled Water.....	\$1.00
Juice.....small..	\$1.50
.....large..	\$3.00
Energy Drinks.....	\$3.00
Coffee Drinks.....	\$2.50

\*Consuming raw or undercooked eggs or meat may increase your risk of food-borne illness.



## ~ Lunch, Baskets, & Dinner ~

All items served with choice of fries, chips, or salad (potato, coleslaw, 3-bean)

Onion rings \$1 extra

All burgers come with lettuce, tomato, onion & pickle

Basic Burger*	\$11.00
Cheeseburger* (Swiss, American, cheddar)	\$11.50
Bacon Cheeseburger*	\$12.50
Bacon & Egg Cheeseburger*	\$13.50
Additional burger toppers: peppers, mushrooms, grilled onions	\$0.75 ea
Chicken Strips*	\$10.00
Clam Strips	\$10.00
Grilled Chicken Sandwich*	\$12.00
Chicken Strip Sandwich*	\$11.50
Grilled Ham & Cheese (Swiss, American, cheddar)	\$11.00
BLT	\$11.00
Cold sandwich (roast beef, turkey, ham, tuna)	\$9.50
Rib Eye Steak*	\$26.00
Steak is served with baked potato or fries, salad, vegetables and roll.	

## ~ Soup, Salad, & Sides ~

Soup	cup	\$4.00	bowl	\$6.00
Garden Salad				\$6.00
Chef Salad				\$12.00
French Fries				\$5.00
Onion Rings				\$6.00

## ~ Desserts ~

Ice cream sundae	\$4.00
Cheesecake	\$4.50

\*Consuming raw or undercooked eggs or meat may increase your risk of food-borne illness.