

Department of Commerce, Community, and Economic Development

ALCOHOL AND MARIJUANA CONTROL OFFICE

550 West 7th Ave, Suite 1600 Anchorage, AK 99501 Main: 907.269.0350 Fax: 907.272.9412

MEMORANDUM

TO: Robert Klein, Chair, and

Members of the ABC Board

FROM: Erika McConnell RE: Lone Star Steakhouse &

DATE:

Director, ABC Board Saloon #3494

The Municipality of Anchorage is protesting the renewal of this license in accordance with AS 04.11.480(a), for pending payment of taxes.

Date Notification sent to Anchorage: December 20, 2017

Date Protest received: February 16, 2017

Basis for Protest: Taxes owed.

3 AAC 304.145(d) met? The matter was on the consent agenda of the

Anchorage Assembly at their meeting held February 14,

April 6, 2017

2017.

Recommendation: Delegation to await a lift protest letter within 30 days

from the Anchorage Assembly. Should the protest not be lifted within 30 days, expire the temporary license

and return to the board.

PO. Box 196650 • Anchorage, Alaska 99519-6650 • Telephone: (907) 343-4316 • Fax: (907) 249-7533 http://www.muni.org/assembly/license

February 16, 2017

Office of the Municipal Clerk Licensing

Ms. Sarah Oates Alaska Alcohol and Marijuana Control Office 550 W 7th Ave. Ste. 1600 Anchorage, Alaska 99501

RE: Anchorage Assembly Action on Liquor Licenses

Dear Ms. Oates:

The Anchorage Municipal Assembly at its regular meeting on **February 14, 2017** took the following final action:

NON-OBJECTION

Renewal Liquor License - AM 89-2017

Beverage Dispensary License:

El Rodeo Mexican Restaurant LL#4367 Texas Roadhouse LL#4200 Jalapenos Mexican Restaurant LL#3518 Carpentier's Cocktail Lounge LL#201 Fu Do Restaurant LL#4109 Club 210 East (No Premises) LL#2159 Spenard Roadhouse LL#4825

Beverage Dispensary-Tourism Duplicate:

The Pond Café LL#5211 Sakura Asian Bistro LL#5210

Beverage Dispensary-Public Convenience:

Double Musky Inn LL#1551

Restaurant/Eating Place License:

Peter's Sushi Spot LL#4517
Pho Lena East LL#5050
Campobello LL#3545
Aladdin Fine Mediterranean & American Cuisine LL#2520
Muldoon Pizza LL#761

Package Store:

2 Go Mart 55 LL#1596

2 Go Mart 73 LL#3991

2 Go Mart 071 LL#3732

2 Go Mart 62 LL#1568

2 Go Mart 54 LL#664

2 Go Mart 15 LL#4054

2 Go Mart 10 LL#2614

2 Go Mart 007 LL#2553

2 Go Mart 003 LL#2278

2 Go Mart 002 LL#2803

Alaska Liquor LL#4919

Brown Jug - College Mall LL#4069

Brown Jug – Eagle River LL#162
Brown Jug – Whaler LL#686
Brown Jug LL#322
Brown Jug – Northern Lights & Spenard LL#4520
Brown Jug (No Premises) LL#1198
Hotel Alyeska – LL#3449

Renewal Liquor License - AM 90-2017

Beverage Dispensary License:

Whale's Tail LL#1224

Beverage Dispensary-Duplicate License:

Crow's Nest LL#290 The Quarterdeck LL#932 Fletcher's LL#2290

Beverage Dispensary-Tourism License:

Voyager Inn LL#742

Restaurant/Eating Place License:

Kumagoro LL#2276

PROTEST

Renewal Liquor License

Beverage Dispensary

Lone Star Steakhouse LL#3494 – AR 2017-38
-Pending payment of taxes owed to the Municipality in the amount of \$1,856.40.

Any prior conditions placed on any license are to continue until specifically removed or amended. If you require additional information or if I can be of any assistance please call me.

Cordially,

Mandy Honest

Business License Official

CC: Lone Star Steakhouse

Concur.

Amanda K. Moser Deputy Municipal Clerk



alcohol.licensing@alaska.gov

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

Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Form AB-17: Renewal License Application

What is this form?

This renewal license application form is required for all individuals or entities seeking to apply for renewal of an existing liquor license that will expire on December 31, 2016. All fields of this form must be complete and correct, or the application will be returned to you in the manner in which it was received, per AS 04.11.270 and 3 AAC 304.105. The Community Council field only needs to be verified/completed by licensees whose establishments are located within the Municipality of Anchorage or outside of city limits within the Matanuska-Susitna Borough.

This form must be completed correctly and submitted to the Alcohol & Marijuana Control Office (AMCO)'s main office, along with all other required documents and fees, before any renewal license application will be considered complete.

Licensee:	Lone Star Steakhouse & Saloon	of Alaska Ind	;	License #:	3494
License Type:	Beverage Dispensary			Statute:	AS 04.11.090
Doing Business As:	Lone Star Steakhouse & Saloon				
Premises Address:	4801 C Street				
Local Governing Body:	Municipality of Anchorage				
Community Council:	Midtown				
Mailing Address:	SOSS W. PARKBIN	d Stl.	500		
City:	Plano	State:	TX	ZIP	75093
Enter information for the lice Designated Licensee:	ensee who will be designated as the pri		f contact regardi	ng this application	on and the license.
	972:295.8632	Business	Phone:	972.29	B-8400
Contact Phone:		1-00	An I		
Contact Phone: Contact Email:	raverich@Stal	CCO. U	<i>)/U</i> (





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

Form AB-17: Renewal License Application

Section 2 - Sole Proprietor Ownership Information

If more space is needed, plo	eted by any <u>sole proprietor</u> who is a ease attach a separate sheet with th nust be completed for each licensee	e required informatio	n.	n 3.	
This individual is an:	applicant affiliate				
Name:					
Address:					
City:		State:	ZIP:	T	
Email:				1	
Contact Phone:			THE PERSON NAMED IN THE PE		
Name:	applicant affiliate	7.6			
Name:		-			
Address:				7	
City:		State:	ZIP:		
Email:					
Contact Phone:					
	Section 3 – Entity (Impleted by any licensee that is a convision of Corporations (DOC). Partners (DOC)	rporation or LLC. Corpo	orations and LLCs are require		
Naska Division of Corporati	ons:			Yes	No
Is your entity in good	standing with the Alaska Division of		CEIVED	X	
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This subsection must be completed by any <u>entity</u>, including a corporation, limited liability company (LLC), partnership, or limited partnership, that is applying for renewal. If more space is needed, please attach additional completed copies of this page.

- If the applicant is a <u>corporation</u>, the following information must be completed for each stockholder who owns 10% 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 member with an ownership interest of 10% or more, and for each manager.

If the applicant is a <u>partnership</u>, including a <u>limited partnership</u>, the following information must be completed for each *partner*

### Entity Official:	with an interest of 10%	or more, and for each general partner					
Title(s):	Entity Official:	Timothy Dung	<i>lan</i>				
City: Plane State: TX ZIP: 750633	Title(s):	Nice President	Phone:		% Owi	ned:	
City: Plane State: TX ZIP: 750633	Address:	5055 W. Park B	IVA 91	SUIHE 500			
Title(s):	City:			TX	ZIP:	75	5093
Title(s):	Pata office to	C-TT Chaille					
Address:	Entity Official:	3011 Onth	,				,
City: Plano State: TX ZIP: State: State: ZIP: State: State: State: State: ZIP: State: State:	Title(s):	President-		972-25-8600	% Owi	ned:	
City: Plano State: TX ZIP: State: State: ZIP: State: State: State: State: ZIP: State: State:	Address:	5055 (1) Pare B	NA. S	vike 500			
Title(s):	City:	Plano		TX	ZIP:	6	B 750
Title(s):							
Address: ZIP: City: State: ZIP: Entity Official: Phone: % Owned: Address: ZIP: City: State: ZIP: Entity Official: Title(s): Phone: % Owned: Address: City: State: ZIP:	Entity Official:	LSF5 Cactus, LL	<u>.C</u>				
City: State: ZiP: Entity Official: Title(s): Phone: % Owned: Address: City: State: ZiP: Entity Official: Title(s): Phone: % Owned: Address: City: State: ZiP:	Title(s):				% Ow	ned:	100
Entity Official: Title(s): Phone: % Owned: Address: City: State: ZIP: Entity Official: Title(s): Phone: % Owned: Address: City: State: ZiP:	Address:						
Title(s):	City:		State:		ZIP:		
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Title(s): Phone: % Owned: Address: City: State: ZIP:							
Address: City: State: ZIP:	Entity Official:					12.00.000	
City: State: ZIP:	Title(s):		Phone:		% Ow	ned:	
TIMECEIWED !	Address:					W0411	
	City:		State:	TOPMIEM	ZIP:		
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ALCOHOL MARIJUANA CONTROL OFFICE STATE OF ALASKA



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Section 4 – Authorization	
Communication 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?	
If "Yes", disclose the name of the individual and the reason for this authorization:	
Section 5 – License Operation	
Check the box that best describes your liquor license operations in calendar years 2015 and 2016:	
The license was regularly operated continuously throughout each year, for 8 or more hours each day.	
The license was regularly operated during a specific season each year, for 8 or more hours each day.	
The license was only operated to meet the minimum requirement of 30 days each year, 8 hours each day If this box is checked, an AMCO employee will contact you after reviewing your application.	
The license was not operated at all or was not operated for at least the minimum requirement of 30 days each year, 8 hours each day, during one or both of the calendar years. If this box is checked, an AMCO employee will contact you after reviewing your application.	
Section 6 - Convictions	
Applicant convictions in calendar years 2015 and 2016:	Yes No
Has any person named in this application been convicted of a violation of Title 04, of 3 AAC 304, or a local ordinance adopted under AS 04.21.010 in the calendar years 2015 or 2016?	口点
If "Yes", list all convictions: DEC 0 7 2016	
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Form AB-17: Renewal License Application

		Section 7 -	Certifications			
Read each line belov	w, and then sign your in	nitials in the box to the	e right of each stateme	ent:		Initials
	ent licensees (as defined organized entity, that al					
	myself or of the organized ded by AMCO is ground		and the second standards are a second state of the second			X
I certify that in accor in the licensed busin	dance with AS 04.11.45 ess.	0, no one other than t	:he licensee(s) has a dir	ect or indirect financial	l interest	
and I have not chang	ot altered the functiona ged the business name o holic Beverage Control E	or the ownership (inclu		76466		K
	ot violated any restriction of a condition or restriction				as not been	X
3 AAC 304, and that provide all information	liquor license renewal, this application, including on required by the Alco given to me by AMCO	ng all accompanying so holic Beverage Contro	chedules and statemen Il Board in support of th	its, is true, correct, and his application and und	complete. I ag erstand that fa	gree to
Signature of licensee			Sign	nature of Notary Public	73	
Timothy	Dungan	N	Notary Public in and for	the State of	: 08	
Printed name of licer		NATASHA TIPPS Notary Public, State of Comm. Expires 02-01- Notary ID 1305190	Texas 2020 27	commission expires: _		
	Subs	scribed and sworn to b	efore me this 17 da	ay of Novembe	·	20 16.
License Fee:	\$ 2500.00	Filing Fee:	\$ 200.00	TOTAL:	\$ 2700.00	
Late Fee of \$500	0.00 – if received or p	ostmarked after 01	/03/2017:			
Miscellaneous F	ees:					

[Form AB-17] (rev 10/25/2016)

GRAND TOTAL (if different than TOTAL):

ALCOHOL MARIA



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Section 7 - Certifications

	9000011			
ead each line below, and then sign your	initials in the box to 1	the right of each stal	ement:	Initials
certify that all current licensees (as define the licensee is an organized entity, that a orporations.				
certify on behalf of myself or of the organ ny other form provided by AMCO is groun				
ertify that in accordance with AS 04.11.4 the licensed business.	50, no one other than	n the licensee(s) has	a direct or indirect fin	ancial interest
certify that I have not altered the functior nd I have not changed the business name n file with the Alcoholic Beverage Control	or the ownership (in			
certify that I have not violated any restrict perated in violation of a condition or restrict perated in violation of a condition of the				nse has not been
AAC 304, and that this application, include rovide all information required by the Alcoroocoby any deadline given to me by AMC	ling all accompanying oholic Beverage Cont	schedules and state rol Board in support	ments, is true, correct of this application and returned to me as inc	t, and complete. I agree to d understand that failure to omplete.
AAC 304, and that this application, includer provide all information required by the Alcolors to so by any deadline given to me by AMC	ling all accompanying oholic Beverage Cont	schedules and state rol Board in support nis application being	ments, is true, correct of this application and returned to me as inco Signature of Notary	t, and complete. I agree to d understand that failure to omplete. Public
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License Fee: \$ 2500.00 Late Fee of \$500.00 - if received or	bscribed and sworn to	schedules and state rol Board in support nis application being Notary Public in an before me this \$ 200.00	ments, is true, correct of this application and returned to me as inco Signature of Notary d for the State of My commission explanation day of TOTAL:	t, and complete. I agree to d understand that failure to omplete. Public