



ALCOHOL AND MARIJUANA CONTROL OFFICE

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

MEMORANDUM

TO:	Robert Klein, Chair, and Members of the Board	DATE:	April 6, 2017
FROM:	Erika McConnell Director, ABC Board	RE:	Ginger #4958

Renewal applications were due on January 1, 2017, in accordance with AS 04.11.270(b)(2). AS 04.11.540 states that if a complete application for renewal has not been filed by February 28 [2017], the license expires on midnight of February 28.

The AMCO office received a renewal application for this theatre license on March 8, 2017. The licensee is seeking reinstatement and renewal.

Recommendation:

Evaluate the request for reinstatement and renewal.

Ginger, LLC 425 West 5th Avenue Anchorage, Alaska 99501 907-929-3680

March 20, 2017

To:

State of Alaska

Alcohol & Marijuana Control Office

RE: Incomplete renewal Application for License #4958 DBA Ginger/Written Request for Reinstatement

I am writing this letter as written request for reinstatement of License #4958 DBA Ginger. At the time our renewal application was due, we had a change in administration and our Theatre License Application was not appropriately delegated during the transition. I sincerely apologize for the oversight and have taken steps to ensure that such an error will not occur when reapplying for municipal licenses in the future. Please feel free to contact me directly if you have any questions. I appreciate your time and understanding on the matter.

Sincerely,

Matthew E. Gill Owner/ anaging Partner Ginger, LLC 907-830-7766 ginger@gci.net



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.

Section 1 – Establishment and Contact Information

Enter information for the business seeking to have its license renewed.

Licensee:	Ginger LLC	License #:	4958	
License Type:	Theatre Statute: 3 AAG		3 AAC 304.695	
Doing Business As:	Ginger			
Premises Address:	621 West 6th Avenue			
Local Governing Body:	Municipality of Anchorage			
Community Council:	Downtown			

Mailing Address:	P. C. Box 200808				
City:	Anchorage	State:	AK	ZIP:	99520-0808

Enter information for the licensee who will be designated as the primary point of contact regarding this application and the license.

Designated Licensee:	Matthew E. Gill		
Contact Phone:	907-830-7766	Business Phone:	907-929-3680
Contact Email:	gillcope @ qmail-	Com	

Seasonal	License?
000001101	

If "Yes", write your six-month operating period: _

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Yes

No



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Section 2 – Sole Proprietor Ownership Information					
If more space is needed, ple The following information m	eted by any <u>sole proprietor</u> who is app ase attach a separate sheet with the r ust be completed for each licensee and applicant a ffiliate	equired infor	mation.	to Sectio	n 3.
Name:					
Address:					
City:		State:		ZIP:	
Email:					
Contact Phone:					
This individual is an: 🔲 a	ipplicant 🔲 affiliate				
Name:					
Address:					
City:		State:		ZIP:	
Email:					
Contact Phone:					

Section 3 – Entity Ownership Information

This subsection must be completed by any licensee that is a corporation or LLC. Corporations and LLCs are required to be in good standing with the Alaska Division of Corporations (DOC). Partnerships may skip to Page 3. Sole proprietors should skip to Section 4.

Alaska DOC Entity #:	104355		
Alaska Division of Corporations:		Yes	No

Is your entity in good standing with the Alaska Division of Corporations?

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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 with an interest of 10% or more, and for each general partner.

Entity Official:	Matthew E. Gill and	Tessa J.	Copeland		
Title(s):	Managing Member	Phone:	901-830-7766	% Owi	ned: 11.49%
Address:	1820 Alder Drive				
City:	Anchorage	State:	AK	ZIP:	99508
	3				

Entity Official:	Colleen M. Handel an	d Rober	t E. Gill, Jr.		47.20%
Title(s):	Managing Member	Phone:	907-632-1305	% Own	ed: 41.20 %
Address:	3014 Knik Ave				
City:	Anchorage	State:	AK	ZIP:	99517

Entity Official:	Robert A. Bain-				
Title(s):	Managing Member	Phone:	702-553-6511	% Own	ed: 2,06%
Address:	5503 E. 34th Ave				
City:	Anchorage	State:	AIC	-zip:	99504

Entity Official:			
Title(s):	Phone:	% Owned:	
Address:			
City:	State:	ZIP:	

Entity Official:		
Title(s):	Phone:	% Owned:
Address:		
City:	State:	ZIP:

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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?		V

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:

		1	
	The license was regularly operated continuously throughout each year, for 8 or more hours each day.	v	\leq
	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		
\ppli	cant 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?		\checkmark

If "Yes", list all convictions:

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Alcohol and Marijuana Control Office 550 W 7th Avenue, Suite 1600 Anchorage, AK 99501 <u>alcohol.licensing@alaska.gov</u> <u>https://www.commerce.alaska.gov/web/amco</u> Phone: 907.269.0350

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Section 7 – Certifications

Read each line below, and then sign your initials in the box to the right of each statement:

I certify that all current licensees (as defined in AS 04.11.260) and affiliates have been listed on this application, and if the licensee is an organized entity, that all current entity officials and stakeholders are listed with the Alaska Division of Corporations.

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.

I certify 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 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 or the ownership (including officers or stakeholders) from what is currently on file with the Alcoholic Beverage Control Board.

I certify that I have not violated any restrictions pertaining to this particular license type, and that this license has not been operated in violation of a condition or restriction imposed by the Alcoholic Beverage Control Board.

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, is true, correct, and complete. I agree to provide all information required by the Alcoholic Beverage Control Board 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 to me as incomplete.

Mathew E. Gill State OF ALASKA Signature of Votary Jublic Mathew E. Gill OFFICIAL SEAL Signature of Votary Jublic Notary Public Notary Public And the state of Mathematical State of State of Mathematical State of Mathematical State of State of Mathematical State of State of State of State of State of State of Mathematical State of State of Mathematical State of S								
Subscribed and sworn to before me this $\mathcal{B}^{\mathcal{H}}_{\mathcal{A}}$ day of $\mathcal{M}^{\mathcal{H}}_{\mathcal{A}}$, 20_17.								
License Fee:	\$ 600.00	Filing Fee:	\$ 200.00	TOTAL:	\$ 800.00			
Late Fee of \$500.00 – if received or postmarked after 01/03/2017:					500.00			
Miscellaneous Fees:								
GRAND TOTAL (i	\$1300.00							

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Initials



