



MEMORANDUM

TO: Robert Klein, Chair, and
Members of the Board

DATE: July 11, 2017

FROM: Erika McConnell
Director, ABC Board

RE: Unwined #5045 Package
Store

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 complete renewal application for this package store license on April 11, 2017. The licensee is seeking reinstatement and renewal.

Recommendation:

Denial in accordance with 3 AAC 304.160(f)(1) which states "The board will deny a request for reinstatement...if the board finds that the failure to timely file or pay was caused by (1) the licensee's failure to notify the board of a change of the licensee's mailing address;"

WE ARE RENEWING OUR LICENSE LATE BECAUSE
THE RENEWAL NOTICE NEVER REACHED MY BUSINESS
PARTNER, MY GUESS IS SINCE HE SOLD HIS HOUSE
IN 2016 AND HIS PREVIOUS ADDRESS IS THE ADDRESS
THAT IS ON FILE WITH THE ARC BOARD, THE RENEWAL
WENT TO THE WRONG ADDRESS, WE WILL NOT HAVE
THIS PROBLEM IN THE FUTURE SINCE WE WILL HAVE
THE NEXT RENEWAL AND ALL FUTURE LETTERS SENT TO OUR
BUSINESS LOCATION



JACK NIMS



Alaska Alcoholic Beverage Control Board
Renewal License Application
Form AB-17b: Package Store

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

What is this form?

This renewal license application form is required for all individuals or entities seeking to apply for renewal of an existing package store 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:	NW Alaska Properties LLC	License #:	5045
License Type:	Package Store	Statute:	AS 04.11.150
Doing Business As:	Unwined		
Premises Address:	751 E 36th Ave #113		
Local Governing Body:	Municipality of Anchorage		
Community Council:	Midtown		

Mailing Address:	751 E 36TH AVE # 113		
City:	ANCHORAGE	State:	ALASKA
		ZIP:	99503

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

Designated Licensee:	JACK NIMS		
Contact Phone:	907-229-3246	Business Phone:	907-644-8463
Contact Email:	JACKNIMS@GCI.NET		

Seasonal License? Yes No If "Yes", write your six-month operating period: _____

APR 11 '17 PM 2:40



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Section 2 – Sole Proprietor Ownership Information

This section must be completed by any sole proprietor who is applying for a license. Entities should skip to Section 3.
If more space is needed, please attach a separate sheet with the required information.
The following information must be completed for each licensee and each affiliate (spouse).

This individual is an: applicant affiliate

Name:					
Address:					
City:		State:		ZIP:	
Email:					
Contact Phone:					

This individual is an: applicant 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 #:	124996
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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 entity, 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 corporation, 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 limited liability organization, 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 partnership, including a limited partnership, the following information must be completed for each *partner with an interest of 10% or more*, and for each *general partner*.

Entity Official:	JACIR NIMS			
Title(s):	PRESIDENT	Phone:	907-229-3246	% Owned: 50
Address:	24723 TEAL LOOP			
City:	CHUGIAK	State:	ALASKA	ZIP: 99567

Entity Official:	DERRELL WEBB			
Title(s):	C.F.O.	Phone:	907-301-5566	% Owned: 50
Address:	12855 OLD SEWARD HIGHWAY UNIT E			
City:	ANCHORAGE	State:	ALASKA	ZIP: 99515

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

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?

Form with two checkboxes: Yes (unchecked) and No (checked)

If "Yes", disclose the name of the individual and the reason for this authorization:

Empty text box for providing details of authorization

Section 5 - License Operation

Written Orders:

Yes No

Did you sell alcoholic beverages in response to a written order in calendar years 2015 or 2016?

Form with two checkboxes: Yes (unchecked) and No (checked)

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.

Checked checkbox

The license was regularly operated during a specific season each year, for 8 or more hours each day.

Unchecked checkbox

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.

Unchecked checkbox

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.

Unchecked checkbox

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?

Form with two checkboxes: Yes (unchecked) and No (checked)

If "Yes", list all convictions:

Empty text box for listing convictions



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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:

Initials

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.

J.N.

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.

J.N.

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.

J.N.

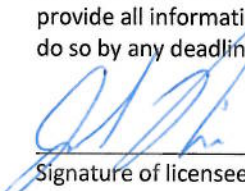
I certify that I have not altered the functional floor plan or reduced or expanded the area of the licensed premises, and I have not changed the business name or the ownership (including officers or stakeholders) from what is currently on file with the Alcoholic Beverage Control Board.

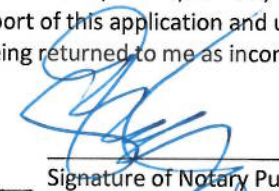
J.N.

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.

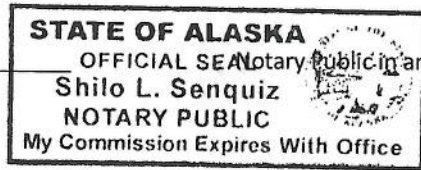
J.N.

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.


Signature of licensee


Signature of Notary Public

JACIE NIMS
Printed name of licensee



Alaska
for the State of

My commission expires: in office

Subscribed and sworn to before me this 9th day of April, 2017.

License Fee:	\$ 1500.00	Filing Fee:	\$ 200.00	TOTAL:	\$ 1700.00
Late Fee of \$500.00 – if received or postmarked after 01/03/2017:					500.00
Miscellaneous Fees:					J.N. 2500.00
GRAND TOTAL (if different than TOTAL):					172200.00