



## MEMORANDUM

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

DATE: July 11, 2017

FROM: Erika McConnell  
Director, ABC Board

RE: Bahay Kubo Restaurant  
#5087 Restaurant or Eating  
Place

A transfer application for this license was initiated in December of 2016. This license was also due to be renewed for the 2017-2018 license period, but the examiner missed implementing 3 AAC 304.175(e) which states, “[a]n application for the transfer of a liquor license received after October 1 of the year in which the license expires must be accompanied by an application to renew the liquor license” and the transfer was brought to the board without the renewal application. On February 1, 2017, the Board approved the transfer with delegation, pending action by the Municipality of Anchorage, review by the Department of Revenue, completion of background investigations, and lifting of an objection by the Department of Labor. Most of these issues were resolved in February. The Municipality of Anchorage sent notice of lifting their protest in early April, at which point we discovered that a renewal application had never been filed.

My office then accepted an application from the transferor, rather than the transferee, and informed the new owner that the renewal application was complete. This came to light in late May, and a proper renewal application and request for reinstatement was submitted by the new owner in mid-June.

A temporary license was issued to the new owner on June 1, 2017, as the Municipality of Anchorage does not protest.

Recommendation: Approve the reinstatement and renewal.

June 14, 2017

To whom it may concern:

I, Maricel Medina am writing this letter requesting ABC Board to reinstate my license renewal for used to be Kubo Restaurant and now its Bahay Kubo Restaurant license# 5087 located at 3020 Minnesota Dr. Ste. 13 Anchorage, Alaska 99503.

Should have any questions please contact me at (907)891-1278 or may email me at [mbm3dina@gmail.com](mailto:mbm3dina@gmail.com).

Sincerely,

Maricel Medina





**Alaska Alcoholic Beverage Control Board  
Renewal License Application  
Form AB-17a: Restaurant / Eating Place**

Alcohol and Marijuana Control Office  
550 W 7<sup>th</sup> 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 restaurant / eating place 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:	<del>Marica Medina</del> → MARICEL MEDINA	License #:	5087
License Type:	Restaurant/Eating Place	Statute:	AS 04.11.100
Doing Business As:	<del>Kubo Restaurant</del> BAHAY KUBO RESTAURANT		
Premises Address:	3020 Minnesota Dr Ste 13		
Local Governing Body:	Municipality of Anchorage		
Community Council:	Spenard		

Mailing Address:	3020 MINNESOTA DR. STE 13		
City:	ANCHORAGE	State:	AK
		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:	MARICEL MEDINA		
Contact Phone:	(907) 891-1278	Business Phone:	(907) 891-1278
Contact Email:	mbm3dina@gmail.com		

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





**Alaska Alcoholic Beverage Control Board  
 Renewal License Application  
 Form AB-17a: Restaurant / Eating Place**

**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:	MARICEL MEDINA				
Address:	3020 MINNESOTA DR. STE. B				
City:	ANCHORAGE	State:	AK	ZIP:	99503
Email:	mbm3dina@gmail.com				
Contact Phone:	(907) 830-1902				

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 #:	
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Alaska Division of Corporations: Yes No

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





## Alaska Alcoholic Beverage Control Board Renewal License Application Form AB-17a: Restaurant / Eating Place

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:				
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:		

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

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





**Alaska Alcoholic Beverage Control Board  
Renewal License Application  
Form AB-17a: Restaurant / Eating Place**

**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:

[Empty text box for disclosure]

**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?

If "Yes", list all convictions:

[Empty text box for listing convictions]





## Alaska Alcoholic Beverage Control Board Renewal License Application Form AB-17a: Restaurant / Eating Place

### 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.

mm

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.

mm

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.

mm

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.

mm

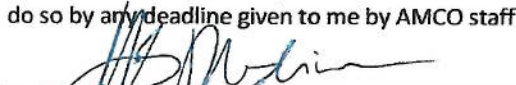
I certify that I have not violated any restrictions pertaining to this particular license type, and that this license has not been operated in violation of a condition or restriction imposed by the Alcoholic Beverage Control Board.


mm

I certify that the gross receipts for the sale of food at the restaurant equal at least 50% of the total gross receipts for calendar years 2015 and 2016.

mm

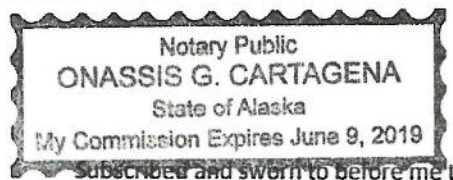
As an applicant for a liquor license renewal, I declare under penalty of perjury that I have read and am familiar with AS 04 and 3 AAC 304, and that this application, including all accompanying schedules and statements, is true, correct, and complete. I agree to provide all information required by the 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

MARICEL MEDINA  
 Printed name of licensee

Notary Public in and for the State of Alaska



My commission expires: June 9, 2019

subscribed and sworn to before me this 14<sup>th</sup> day of June, 2017.

License Fee:	\$ 600.00	Filing Fee:	\$ 200.00	TOTAL:	\$ 800.00
Late Fee of \$500.00 – if received or postmarked after 01/03/2017:					
Miscellaneous Fees:					
GRAND TOTAL (if different than TOTAL):					

