



MEMORANDUM

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

DATE: July 11, 2017

FROM: Erika McConnell
Director, ABC Board

RE: Jimmy Sushi Restaurant #5370
Restaurant or Eating Place

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 restaurant or eating place license on April 11, 2017. The licensee is seeking reinstatement and renewal.

Recommendation: Evaluate the request for reinstatement and renewal pursuant to 3 AAC 304.160(e) and (f).



Jimmy Restaurant Inc.
Db a Jimmy Sushi
11401 Old Glenn Highway Ste. 103
Eagle River, AK 99577

April 10, 2017

Alaska Department of Commerce, Community and
Economic Development
Alcohol & Marijuana Control Office
5500 West 7th Avenue, Suite 1600
Anchorage, AK 99501

RE: Restaurant and Eating Place License # 5370

Dear Sir/Madam,

Due to our oversight and the delay reading of my email (inbox), our
Restaurant/Earing Place license expired.

We have submitted our renewal application and paid the necessary fees. We would
like to request to reinstate the license.

Thank you for handling this matter and sorry for the inconvenience we caused for
your department due to our oversight and the rare usage of my email.

Sincerely,

Jimmy Zhou,
President

A handwritten signature in blue ink, appearing to be "Jimmy Zhou", followed by the date "04/11/17" written in blue ink.



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 Renewal License Application Form AB-17a: Restaurant / Eating Place

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:	Jimmy Restaurant, Inc.	License #:	5370
License Type:	Restaurant/Eating Place	Statute:	AS 04.11.100
Doing Business As:	Jimmy Sushi Restaurant		
Premises Address:	11401 Old Glenn Highway #103		
Local Governing Body:	Municipality of Anchorage		
Community Council:	Taku/Campbell		

Mailing Address:	1869 S. Heather Meadows Loop		
City:	Anchorage	State:	AK
		ZIP:	99507

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

Designated Licensee:	Jimmy Sushi Restaurant		JIMMY ZHOU ✓
Contact Phone:	907-887-6697	Business Phone:	907-696-3339
Contact Email:	jimmy@sushia@yahoo.com		

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





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

This individual is an: applicant affiliate

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

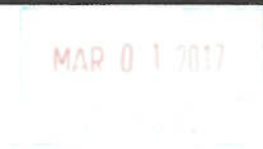
Section 3 – Entity Ownership Information

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 #:	10025105
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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
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Alcohol and Marijuana Control Office
 550 W 7th Avenue, Suite 1600
 Anchorage, AK 99501
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<https://www.commerce.alaska.gov/web/amco>
 Phone: 907.269.0350

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:	Jimmy Zhou				
Title(s):	President	Phone:	907-887-6697	% Owned:	100%
Address:	16930 Coronado Rd.				
City:	Eagle River	State:	AK	ZIP:	99577

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
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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?

If "Yes", list all convictions:





Alaska Alcoholic Beverage Control Board
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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.

JZ

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.

JZ

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.

JZ

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.

JZ

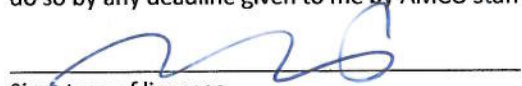
I certify that I have not violated any restrictions pertaining to this particular license type, and that this license has not been operated in violation of a condition or restriction imposed by the Alcoholic Beverage Control Board.

JZ

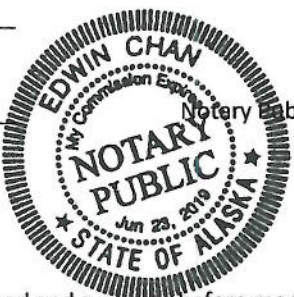
I certify that the gross receipts for the sale of food at the restaurant equal at least 50% of the total gross receipts for calendar years 2015 and 2016.

JZ

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

Jimmy Zhou
 Printed name of licensee




 Signature of Notary Public

Notary Public in and for the State of ALASKA

My commission expires: JUNE 23, 2019

Subscribed and sworn to before me this 1ST day of MARCH, 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):					

