



MEMORANDUM

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

DATE: July 11, 2017

FROM: Erika McConnell
Director, ABC Board

RE: Salty Sal's Liquor Cabinet #3268

On the board's April 6, 2017, agenda, this license was categorized under the "Renewal Applications – Minimum Operating Requirements" section. Investigator Johnson found that the licensee did not provide sufficient information showing it met the minimum operating requirements found in 3 AAC 304.170(j), and my recommendation was to either deny the license renewal or require waiver of operations. The board voted to approve the renewal as long as waivers were filed within 30 days.

Due to my inexperience, I had not informed the board in my April 6 memo that this licensee has already been granted two waivers of operations, for 2014 and 2015. Knowing that the board is disinclined to grant third and fourth waivers, I was uncomfortable with requiring this licensee to file third and fourth waivers, knowing that the board assumed that they had directed the licensee to file for first and second waivers.

I shared this information (letter attached) with Ms. Reeder (the licensee), and I am bringing this matter back before the board to request the board's reconsideration. This licensee was provided a temporary license in December of 2016, and was inadvertently sent a "permanent" license in February of 2017.

The applicant has provided a great deal of information to show compliance with minimum operating requirements for 2016 (attached). They attest to being open for 31 days between September 20 and November 2. For 30 of those days they state they were open for eight hours (open less than eight hours on September 30). There are some discrepancies in the information.

- As noted by Investigator Johnson, the point of sale summaries state "House of Liquor" (another license owned by the same licensee) and "Salty Sal's" and the date of the summary is handwritten on the documents.
- Some of the register receipts are not dated—dates are missing for five of the days the licensee asserts they were open.
- Ms. Bails timecards indicate she worked at House of Liquor on September 27-31 (although there is no September 31) as the electronic punch clock is used on the timecard.
- Her records show that on October 17, she worked for two hours, not eight.

- They indicate she was working at Salty Sal's on Saturday, October 29 and Sunday, October 30 despite the statement that the store was closed on weekends and no sales summaries were provided for those days.
- She appears not to have worked at Salty Sal's on October 24 and 25, although sales summaries are provided for those days.
- Ms. Bails timecards additionally show that she worked at Salty Sal's on November 26-28 but the licensee does not mention being open on those days.

Despite these discrepancies, the information appears sufficient to indicate that Salty Sal's was operating in 2016.

Recommendation:

Reconsider the April 2017 action to approve pending applications for waivers.

Evaluate the information provided regarding minimum operations.

Should the Board determine that the licensee did not meet the standard of 3 AAC 304.170(j), evaluate the third waiver application against 3 AAC 304.170(e).

Attachments: April 6, 2017, Board memo and Investigator Johnson memo
May 9, 2017, Board action letter
Supplemental materials provided by licensee



MEMORANDUM

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

DATE: April 6, 2017

FROM: Erika McConnell
Director, ABC Board

RE: Salty Sal's Liquor Cabinet #3268

In its renewal application, Delta Sportsmen's Association did not provide information showing it met the minimum operating requirements found in 3 AAC 304.170(j)—see memo from Investigator Johnson.

Recommendation:

Deny the renewal application for lack of meeting minimum operational requirements per AS 04.11.330(a)(3) and 3 AAC 304.170(j) or require a waiver of operations application for 2016.



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

**Department of Commerce, Community,
and Economic Development**

ALCOHOL & MARIJUANA CONTROL OFFICE

550 West Seventh Avenue, Suite 1600
Anchorage, AK 99501
Main: 907.269.0350
Fax: 907.292.9412

MEMORANDUM

TO: Sarah Oates, Program Coordinator

DATE: Monday, April 03, 2017

FROM: Investigator Steven Johnson

RE: Salty Sal's #3268

In December 2016 Debbie Reeder, owner of salty Sal's Liquor Cabinet #3268 forwarded many documents attempting to show proof of operation after having been granted waivers in previous years. All documentation provided was either hand-written and/or did not have the DBA name on them. Ms. Reeder has attempted to provide proper documentation, but none of which can be verified. All of the documentation provided references another license/property owned and operated by Ms. Reeder, House of Liquor, #1366.

At this time I am unable to verify the documentation provided therefore said documentation provided by the licensee is not sufficient to prove they met minimum operating requirements under AS 04.11.330(a)(3). In looking at the totality of the documents submitted thus far compared to what is required, it does not appear they met the burden as required in 3AAC304.170(j).

A handwritten signature in blue ink, appearing to read "Steven Johnson".



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

**Department of Commerce, Community,
and Economic Development**

ALCOHOL & MARIJUANA CONTROL OFFICE
550 West 7th Avenue, Suite 1600
Anchorage, AK 99501
Main: 907.269.0350

May 9, 2017

House of Liquors, Inc.
DBA Salty Sal's Liquor Cabinet
705 Halibut Point Road, Suite D
Sitka, AK 99835

Re: Salty Sal's Liquor Cabinet, License #3268

Dear House of Liquors, Inc.:

At the April 6, 2017, meeting of the Alcoholic Beverage Control Board in Anchorage, Alaska, the board found that you did not provide proof that you met minimum operating requirements for 2015 and 2016 sufficient to meet 3 AAC 304.170(j). The board was not provided with the information that you have received first and second waivers in the past, and they voted to approve your package store license renewal, on the condition that you apply for waivers of operation for 2015 and 2016 within 30 days of the date of this letter. However, given that the board rarely approves third waivers and almost never approves fourth waivers, I feel it is important for the board to revisit your situation. I plan to bring your renewal application back to the board at their July 11 meeting in Fairbanks. I highly recommend that you plan to attend, either in person or telephonically, to discuss your situation with the board. In the meantime, you may continue operating.

The agenda for the July 11 meeting will be posted on our website approximately a week before the meeting.

Please contact me at erika.mcconnell@alaska.gov with any questions.

Sincerely,

A handwritten signature in cursive script that reads "Erika McConnell".

Erika McConnell
Director

cc: License File



SEATTLE OFFICE
eighteenth floor
second & seneca building
1191 second avenue
seattle, washington 98101-2939
TEL 206 464 3939 FAX 206 464 0125

anchorage, alaska
beijing, china
new york, new york
portland, oregon
washington, d.c.
GSBLAW.COM

GARVEY SCHUBERT BARER

A PARTNERSHIP OF PROFESSIONAL CORPORATIONS

Please reply to EMILY HARRIS GANT
egant@gsblaw.com
TEL EXT 1454

June 23, 2017

EMAIL AND OVERNIGHT COURIER

Erika McConnell, Director
Alcohol & Marijuana Control Office
550 W. 7th Ave., Suite 1600
Anchorage, AK 99501

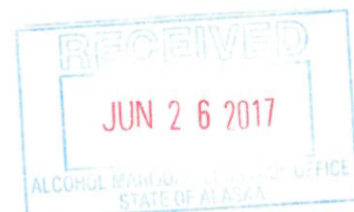
Re: House of Liquors, Inc., d/b/a Salty Sal's Liquor Cabinet
Renewal of Package Store License No. 3268

Dear Ms. McConnell:

This firm represents House of Liquors, Inc., d/b/a Salty Sal's Liquor Cabinet with respect to renewal of the above-noted package store license.

Salty Sal's respectfully submits the following materials for the Board's review:

1. Letter from Steven J. Reeder
2. Affidavit of James A. Gould, plus exhibits attached thereto
3. Affidavit of Jamie A. Bails, plus exhibits attached thereto
4. Affidavit of Fred E. Reeder, plus the exhibit attached thereto
5. Affidavit of Steven J. Reeder, plus exhibits attached thereto
6. Waiver of Operations Application
7. Check made payable to the State of Alaska in the amount of \$2,500.00





GARVEY SCHUBERT BARER

Erika McConnell
Alcohol & Marijuana Control Office
June 23, 2017
Page 2

We appreciate your attention to this matter.

Sincerely,

GARVEY SCHUBERT BARER

By

Emily Harris Gant

EHG:kmm

Enclosures



House of Liquors, Inc.
Dba Salty Sal's Liquor Cabinet
705 Halibut Point Rd., Ste D
Sitka, AK 99835

June 23, 2017

VIA EMAIL AND FEDERAL EXPRESS

Erica McConnell, Director
Alcohol & Marijuana Control Office
550 West 7th Ave., Suite 1600
Anchorage, AK 99501



Re: House of Liquors, Inc.
Renewal of Package Store License No. 3268

Dear Ms. McConnell:

I am the President of House of Liquors, Inc., dba Salty Sal's Liquor Cabinet ("Salty Sal's"), and write to respectfully request renewal of its package store license.

A. Request for Renewal

We previously provided information demonstrating that Salty Sal's operated in a similar fashion to other licensed premises of the same type. In advance of the Board's July 11, 2017 meeting, we now supplement with the following materials:

1. Operation For At Least Thirty (30) Days, with Eight (8) Hours Per Day (AS § 04.11.330)

Salty Sal's has been in operation since the 1930s (approx.). My wife and I acquired the business in 2005. House of Liquors, Inc. also has a second licensed premises, doing business as "House of Liquors."

Salty Sal's is a seasonal package store license, and is substantially dependent upon the tourist trade.

Salty Sal's timely applied to transfer its location in March 2016. The City & Borough of Sitka approved the transfer application in May 2016. For reasons beyond its control, Salty Sal's did not receive the license until mid-September 2016. As the Board is aware, the prime tourist season in Sitka spans from approximately May through September. Salty Sal's was unable to operate before September 20, 2016, as it did not have the license in hand.

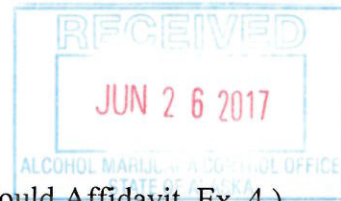
By the time Salty Sal's opened its doors, the cruise ships were no longer stopping in Sitka, meaning that we had very modest sales. As such, we operated for the minimum number of days.

Salty Sal's was open for business from September 20, 2016 to November 2, 2016 (generally Monday through Friday). It was open at least eight (8) hours per day, except for September 30, 2016. (Affidavit of James A. Gould ("Gould Affidavit"), ¶ 4; Affidavit of Jamie Bails ("Bails Affidavit"), ¶ 4.)

On September 30, 2016, store clerk Jamie Bails fell ill, and only worked two (2) hours. To ensure that it was open for the requisite thirty (30) days, with at least eight (8) hours per day, Salty Sal's stayed open one (one) extra eight (8) hour day, for a total of thirty-one (31) days. (Gould Affidavit, ¶ 4; Bails Affidavit, ¶ 4.)

Attached are affidavits from store manager Jim Gould and store clerk Jamie Bails, authenticating work schedules, time cards, cash register receipts and inventory records attributable to Salty Sal's, all maintained in the normal course of business. (Gould Affidavit, ¶ 7 and Exs. 1 – 3, 5; Bails Affidavit, ¶¶ 5 – 6, Exs. 1 – 2.)

2. Signage
(3 AAC 304.170(j)(1))



Attached is a photograph of the exterior signage of Salty Sal's. (Gould Affidavit, Ex. 4.)

Although this is a recent picture, multiple witnesses have testified by affidavit that the picture accurately depicts the exterior signage for Salty Sal's between September 20, 2016 and November 2, 2016. (Gould Affidavit, ¶ 7; Affidavit of Jamie Bails, ¶ 7.) I can confirm the same.

The exterior sign is approximately twelve (12) inches by thirty-six (36) inches, and is of sufficient size and visibility to show the premises was open for business. It also states the business name and hours of operation. (Gould Affidavit, Ex. 4.)

3. Offering and Visibly Displaying an Appropriate Variety of Malt Beverages, Wines and Distilled Spirits
(3 AAC 304.170(j)(2) and (3))

Attached is a photograph of the interior of Salty Sal's, taken on or about September 22, 2016. (Affidavit of Fred E. Reeder ("F. Reeder Affidavit"), Ex. 1.)

As seen in the photograph, Salty Sal's stocked, visibly displayed and offered for sale an appropriate variety of malt beverages, wine and distilled spirits. (*See also* Gould Affidavit, ¶¶ 4, 5 and Ex. 5 (Gould ordered and maintained an inventory of alcoholic beverages).)

**4. Compliance with State and Municipal Health, Fire and Zoning Laws
(3 AAC 304.170(j)(5)¹)**

As confirmed by Investigator Steven M. Johnson on February 28, 2017, Salty Sal's previously provided proof of compliance in its application. (Affidavit of Steven J. Reeder ("S. Reeder Affidavit"), Ex. 2.)

**5. Record of All Purchases and Sales of Alcoholic Beverages
(3 AAC 304.170(j)(6) and 7))**



As discussed above, House of Liquors, Inc. holds two package store licenses, doing business as House of Liquors and Salty Sal's.

Although certain records are maintained under the umbrella of House of Liquors, Inc., Salty Sal's and House of Liquors have different cash registers, different credit card readers and different merchant processing accounts (for processing credit card sales). (Gould Affidavit, ¶ 6; S. Reeder Affidavit, ¶ 3 and Ex. 1.)

Mr. Gould was responsible for depositing daily receipts, printing cash register receipts and overseeing inventory for both Salty Sal's and House of Liquors. (Gould Affidavit, ¶ 3.)

Attached are cash register receipts from Salty Sal's, dated from September 20, 2016 through November 20, 2016, reflecting thirty-one (31) days of operation. (Gould Affidavit, Ex. 1.) As stated in his affidavit, Mr. Gould made the handwritten notations on these documents in the normal course of business. Those handwritten references to "Salty's" identify those cash register receipts attributable to sales at Salty Sal's.

Also attached are inventory records for alcoholic beverage and other products purchased for both Salty Sal's and House of Liquors. Again, Mr. Gould made the handwritten notations on these documents. Pursuant to standard practice and contemporaneous documents, he calculated the daily sales volume for this inventory attributable to Salty Sal's. (*See* Gould Affidavit, Ex. 5, p.4.)

B. Request for Waiver

We operated Salty Sal's for at least thirty (30), eight (8) hour days in a similar fashion to other seasonal package stores, as demonstrated by the attached materials. In the alternative, however, we respectfully ask that the Board approve a waiver.² Attached please find a Waiver of Operation Application.

As noted, Salty Sal's timely applied for a license transfer in March 2016. For reasons beyond its control, Salty Sal's did not receive the license until mid-September 2016. This had a substantial

¹ We have not submitted documentation pursuant to 3 AAC 304.170(j)(4), as Salty Sal's does not hold a beverage dispensary license.

² Although we acknowledge that the Board grants minimal requests for third waivers, we respectfully ask the Board to exercise its discretion to approve a waiver under the present circumstances.

impact on Salty Sal's financial situation and business operation, as it missed the prime tourism season.

We are a family-owned liquor licensed entity with a history of compliance with the rules. Pursuant to long-standing practice, many of our records segregate sales and inventory for Salty Sal's and House of Liquors by handwritten notations. Mr. Gould and Ms. Bails have authenticated the relevant records, confirming that they pertain to Salty Sal's.

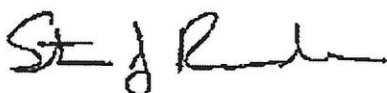
With the benefit of hindsight, however, we appreciate that there is room for improvement. During the current license period, then, we have taken or agree to take the following actions:

- We opened a separate business checking account for Salty Sal's.
- Credit card receipts now contain the name "Salty Sal's."
- Store manager Jim Gould is now using an invoicing system to track all inventory moved between House of Liquor and Salty Sal's, and will keep copies of all such invoices.
- Employees are initialing the cash register "Z" tape at the start and close of each shift, thereby documenting the hours of operation.
- Our bookkeeper added accounts to the general ledger specific to Salty Sal's, such that we can isolate all of Salty Sal's transactions.
- We will improve signage at the facility.

I am planning to attend the July 11, 2017 meeting in Fairbanks, and would like the opportunity to address the Board at that time.

We appreciate your assistance, and look forward to moving forward in a constructive manner.

Warm regards,



Steven J. Reeder, President
House of Liquors, Inc.



ENCLOSURES

1. Affidavit of James A. Gould, plus exhibits attached thereto.
2. Affidavit of Jamie J. Bails, plus exhibits attached thereto.
3. Affidavit of Fred E. Reeder, plus the exhibit attached thereto.
4. Affidavit of Steven J. Reeder, plus the exhibits attached thereto.
5. Waiver of Operation Application, plus a check in the sum of \$2,500.³



³ In 2015, Salty Sal's paid \$750 in waiver application fees, plus a \$1,000 penalty. We doubled the \$750 waiver fee, and added \$1,000. Please advise if we miscalculated the figure in any way. To the extent that the Board grants our renewal request, we respectfully seek the return of these sums.

Affidavit of James A. Gould

State of Alaska

Sitka Borough

I, James A. Gould, hereby declare and state as follows:

1. I am over eighteen years of age, and am otherwise competent to testify herein. This affidavit is based upon my personal knowledge.

2. I am the manager of House of Liquors Inc. (the "Liquor License Holder"). I have served in this capacity for thirty-three (3) years.

3. The Liquor License Holder holds two package store liquor licenses, one for a premises located at 705 Halibut Point Road Street, Suite D, Sitka, Alaska, doing business as House of Liquors ("House of Liquors"), and another for a premises located at 321-B Lincoln Street, Sitka, Alaska, doing business as Salty Sal's Liquor Cabinet ("Salty Sal's"). I manage the day-to-day operations for both licensed premises. My job duties include, without limitation, managing employees, scheduling employee work shifts, ordering supplies of alcoholic and non-alcoholic beverage products, depositing daily receipts, printing cash register receipts and overseeing inventory.

4. In 2016, Salty Sal's was open for business from September 20, 2016 to November 2, 2016 (generally Monday through Friday). It was open at least eight (8) hours per day, except for September 30, 2016. On September 30, 2016, store clerk Jamie Bails fell ill, and only worked two (2) hours. To ensure that it was open for the requisite thirty (30) days, with at least eight (8) hours per day, Salty Sal's stayed open one extra eight (8) hour day, for a total of thirty-one (31) days. (See Exhibit 1 (cash register receipts); Exhibit 2 (Ms. Bails' work schedules at Salty Sal's); Exhibit 3 (Ms. Bails' time cards for Salty Sal's)).

5. Pursuant to the Liquor License Holder's standard operating procedure, I ordered a variety of malt beverages, wines and distilled spirits for both licensed premises. Given that the Liquor License Holder holds both licenses, I ordered and maintained an inventory of alcoholic beverages in its name. (See Exhibit 5.) At my direction, Salty Sal's staff stocked an appropriate variety of alcoholic beverage and non-



alcoholic beverages on the shelves, such that these materials were visibly displayed for sale between September 20, 2016 and November 2, 2016. (See photograph, attached to the Affidavit of Fred E. Reeder.)

6. House of Liquors and Salty Sal's have different cash registers, different credit card readers and different merchant processing accounts (for processing credit cards). (See Exhibit 1 (cash register receipts); see also Merchant Processing Application and Agreement, attached to the Affidavit of Steven Reeder.)

7. Attached hereto are true and correct copies of the following documents:

- Exhibit 1 – Cash register receipts from Salty Sal's, dated from September 20, 2016 through November 20, 2016, reflecting thirty-one (31) days of operation. I made the handwritten notations on these documents in the normal course of business. Those handwritten references to "Salty's" identify those cash register receipts attributable to sales at Salty Sal's.
- Exhibit 2 – Work schedules, reflecting employee schedules for shifts at both House of Liquors and Salty Sal's between September 19, 2016 and November 6, 2016. I prepared these work schedules. Pursuant to standard practice, I differentiated between shifts at House of Liquors and Salty Sal's. Any shifts at Salty Sal's contain the notation "SAL." As seen by the materials attached as Exhibit 2, I assigned employee Jamie Bails to work at Salty Sal's in eight (8) hour shifts on the following dates: September 20 – 23, 2016, September 26 – 30, 2016, October 3 – 7, 2016, October 10 – 14, 2016, October 17 – 21, 2016, October 24 – 28, 2016, and November 1 – 2, 2016. All told, Ms. Bails worked a total of thirty-one (31) days at Salty Sal's in 2016.
- Exhibit 3 – Time cards for employee Jamie Bails. House of Liquors has a "punch clock," such that employees "punch in" and "punch out" of their shifts. Salty Sal's does not have a punch clock. As such, I instructed Ms. Bails to handwrite her time entries with the notation "Salty's" on those dates she worked at Salty Sal's. Time entries without a "punched" time also reflect her shifts at Salty Sal's.
- Exhibit 4 – Photograph of the exterior signage of the store. At the request of my employer, I took the photograph attached hereto as Exhibit 4 on or about June 23, 2017. Although this is a recent picture, it accurately depicts the exterior signage for Salty Sal's between September 20, 2016 and November 2, 2016. The exterior sign is approximately twelve (12) by thirty-six (36) inches, and is of sufficient size and visibility to show the premises was open for business. It also states the business name and hours of operation.
- Exhibit 5 – Inventory for alcoholic beverage and other products purchased on behalf of the Liquor License Holder, including inventory of alcoholic beverage products sold at Salty Sal's. I made the handwritten notations on these documents. Pursuant to standard practice and contemporaneous documents, I calculated the sales volume for this inventory attributable to Salty Sal's on a daily basis. (See Exhibit 5, p.4.)

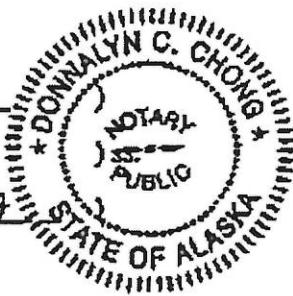


I declare under penalty of perjury that the above information is true and correct, to the best of my knowledge.

EXECUTED in Sitka, Alaska on this 23rd day of June, 2017.

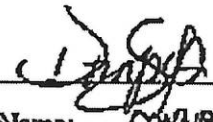

James A. Gould

STATE OF alaska
BOROUGH of Sitka



Upon being first duly sworn, JUNE, 23 of 2017, known to me to be the person whose name is subscribed to the within instrument, acknowledged that he/she executed the same for the purposes therein contained.

Subscribed and sworn to me this 23 day of JUNE, 2017.


Printed Name: DONNALYN C. CHONG

Notary Public in and for the State
of AK, residing at Sitka.

My commission expires 12-08-2020





EXHIBIT 1

9-20
SALTY'S

	STATION 1		STATION 2		TOTALS		
	%	WORK SPACE	AMOUNT	%	WORK SPACE	AMOUNT	% WORK SPACE
00-00-00	.22		1226.03	25.92		3375.61	35.99
13-31	.30		88.38	1.87		102.15	1.09
0007	.69		561.52	11.87		639.91	6.82
000 00022	.79		2853.83	60.34		5262.52	56.10
04 1							
-2-59							
05 5	.00		259.09	100.00		522.41	100.00
-51-97	.00		259.09	100.00		522.41	100.00
6							
-54-56 R			-10.21			-24.60	
			0.00			-24.15	
-54-561 R							
-3-271 R							
4 R							
-57-83M							
4 R							
-57-83M							
1 R							
-57-83M R							
•000000							
000102-35							

2981 -
502.15
639.91
5251.84
9382.90

19070010
TOTAL 38.76

3483.15
SALTY'S DEP
38.76



These reports are run early mornings and reflect sales for previous day

9-21
SALTY'S

	STATION 1		STATION 2		TOTALS			
	%	WORK SPACE	AMOUNT	%	WORK SPACE	AMOUNT	%	WORK SPACE
	.79		1193.60	19.08		3685.90	31.83	
	.48		31.25	0.50		163.51	1.41	
	.73		5029.68	80.42		7732.10	66.76	
	---		-----	-----		-----	-----	
	.00		6254.53	100.00		11581.51	100.00	
00-00-00	.00		25.48	0.43		25.48	0.24	
13-26	.00		5876.42	99.57		10801.98	99.76	
0007	---		-----	-----		-----	-----	
	1.00		5901.90	100.00		10827.46	100.00	
000 0005Z								
	1.65		352.63	100.00		648.27	85.97	
09 7	1.35		0.00	0.00		105.78	14.03	
	---		-----	-----		-----	-----	
.49-23	1.00		352.63	100.00		754.05	100.00	

3677.
163.51
7732.10
11,571.96

- .49-23 n
- .49-23T n
- .2-961 n
- 5
- .52-19 n
- 2
- .5-40 n
- 5
- .46-79 n
- 1
- .5-40 n
- .46-79 n

TX

+ 20.00 from yesterday

000000
000154-54

3840.51

SALTY
 Cash 25.40
 CC 46.73

 72.13
 (20.00 from yesterday till -)
 SALTY Deposit 25.40



9-22
Salty's

00-00-00
13-38
0015

000 00042

05 16
-114-83

16
-114-83 R

-114-831 R

TX -6-331 R

11 R
-121-71H

9 R
-83-06H

2 R
-33-65H

2 #

-83-06H #

-33-65H #

000000
000276-25

STATION 1		STATION 2		TOTALS			
%	WORK SPACE	AMOUNT	%	WORK SPACE	AMOUNT	%	WORK SPACE
.62		1504.08	21.92		3342.92	28.76	3343.00
.00		75.72	1.10		75.72	0.65	75.72
.00		299.50	4.37		299.50	2.58	299.50
.38		4981.52	72.61		7903.95	68.01	7903.96
-----		-----		-----		-----	
1.00		6860.82	100.00		11622.09	100.00	11622.18
-----		-----		-----		-----	
1.00		3170.93	47.67		3170.93	28.46	
1.00		3480.97	52.33		7972.66	71.54	
-----		-----		-----		-----	
1.00		6651.90	100.00		11143.59	100.00	
-----		-----		-----		-----	
1.00		208.92	100.00		478.50	100.00	
-----		-----		-----		-----	
1.00		208.92	100.00		478.50	100.00	
-----		-----		-----		-----	
		-21.58			-22.57		
		-10.53			-10.53		

3418.72

SALTY'S
4300 Cash deposit
78.91 CC
121.91



9-23
Salty's

STATION 1		STATION 2		TOTALS			
%	WORK SPACE	AMOUNT	%	WORK SPACE	AMOUNT	%	WORK SPACE
.93		1335.76	25.67		3956.29	30.61	3,957
.34		25.42	0.49		51.91	0.40	51.91
.00		244.74	4.70		244.74	1.89	244.74
.73		3597.37	69.14		8673.49	67.10	8,673.49
-----		-----		-----		-----	
.00		5203.29	100.00		12926.43	100.00	12,927.14
-----		-----		-----		-----	
.00		321.03	6.52		321.03	2.63	
.00		4605.79	93.48		11891.67	97.37	
-----		-----		-----		-----	
.00		4926.82	100.00		12212.70	100.00	
-----		-----		-----		-----	
.00		276.47	100.00		713.73	100.00	
-----		-----		-----		-----	
.00		276.47	100.00		713.73	100.00	
-----		-----		-----		-----	
		-23.64			-60.73		

00-00-00
13-47
0016
000 00052

05 B
-71-25
10 1
-3-99

9
-75-22 H
-75-221 H
-4-521 H

TX

10 H
78.37 -79-74M
4 H
-37-37M
6 H
-42-37M
2 H
-21-28 H
1 H
-10-99* H
1 H
-11-65* H
4 H

000000
000555-99

4,008.91

SALTY'S
37.00 Cash Dep
42.37 CC
79.37 TOTAL



9-26
Salty's

STATION 1		STATION 2		TOTALS			
%	WORK SPACE	AMOUNT	%	WORK SPACE	AMOUNT	%	WORK SPACE
.06		918.96	22.34		2948.98	33.82	2949.00
.55		1392.39	33.85		1417.71	16.26	1417.71
.00		29.72	0.72		29.72	0.34	29.72
.39		1771.92	43.08		4324.38	49.59	4324.38
-----		-----		-----		-----	
.00		4112.99	100.00		8720.79	100.00	8720.81

00-00-00
13-31
0009

000 00062

05 8
-59-13

8
-59-13

-59-131
-3-541

6
-62-678

9
-51-020

1
-11-658

1
-1-40
2

-51-020
-11-658

-000000
000410-66

4366.71

SALE
Cash 51.- DEP
CC 11.65

6265 TOTAL



		STATION 1		STATION 2		TOTALS			
		%	WORK SPACE	AMOUNT	%	WORK SPACE	AMOUNT	%	WORK SPACE
		.47		732.52	23.90		2797.94	33.18	<u>1767.00</u>
		.76		70.97	2.32		219.28	2.60	<u>1219.28</u>
00-00-00		.89		46.62	1.52		201.61	2.39	<u>2016.1</u>
	13-23	.88		2214.25	72.26		5214.63	61.83	<u>5240.32</u>
	0011	--		-----	-----	-----	-----	-----	-----
	000	00		3064.36	100.00		8433.46	100.00	<u>8428.21</u>
	00072								
		34		0.00	0.00		424.51	5.32	
05	14	56		2890.85	100.00		7555.49	94.68	
	.51-.67	--		-----	-----	-----	-----	-----	-----
		10		2890.85	100.00		7980.00	100.00	
	14								
	.51-.67	0		173.51	100.00		453.46	100.00	
		-		-----	-----	-----	-----	-----	-----
	.51-.671	0		173.51	100.00		453.46	100.00	
	.5-101								
	9			-20.25			-25.87		
	.54-.77			0.00			-21.06		
	9								
	.54-.77								
	.54-.77								
	.000000								
	000473-43								

2986.28
SALTY'S
55.00 Cash Dep



		STATION 1		STATION 2		TOTALS			
		%	WORK SPACE	AMOUNT	%	WORK SPACE	AMOUNT	%	WORK SPACE
		.47		732.52	23.90		2797.94	33.18	1767.00
		.76		70.97	2.32		219.28	2.60	1219.28
00	00-00-00	.89		46.62	1.52		201.61	2.39	201.61
	13-23	.88		2214.25	72.26		5214.63	61.83	5240.32
	0011	--		-----	-----		-----	-----	-----
	000	00		3064.36	100.00		8433.46	100.00	8428.21
	0007Z								
		34		0.00	0.00		424.51	5.32	
05	14	56		2890.85	100.00		7555.49	94.68	
	.51-.67	--		-----	-----		-----	-----	-----
	14	10		2890.85	100.00		7980.00	100.00	
	.51-.67	0		173.51	100.00		453.46	100.00	
	.51-.671	0		173.51	100.00		453.46	100.00	
	.5-101								
	9			-20.25			-25.87		
	.54-.77			0.00			-21.06		
	9								
	.54-.77								
	.54-.77								
	.000000								
	000475-43								

2986.28
 SALTYS
 55.00 Cash Dep



		STATION 1		STATION 2		TOTALS			
		%	WORK SPACE	AMOUNT	%	WORK SPACE	AMOUNT	%	WORK SPACE
00	00-00-00	2.03		1058.53	30.72		3064.85	37.29	3063.00
	13-17	2.55		37.60	1.09		636.66	7.75	636.66
	0031	5.42		2349.89	68.19		4517.86	54.97	4520.86
000	00082	10.00		3446.02	100.00		8219.37	100.00	8220.52
05	50	2.36		0.00	0.00		560.41	7.20	
	•277-13	7.64		3250.82	100.00		7225.23	92.80	
	50	3.00		3250.82	100.00		7785.64	100.00	
	•277-13	1.00		195.20	100.00		433.73	100.00	
	•277-131	1.00		195.20	100.00		433.73	100.00	
	•16-631	0.00							
	26			-0.09			15.33		
	•225-76M			0.00			-151.08		
	20								
	•175-310								
	6								
	•120-453								
	1								
	•0-70								
	5								
	•34-86								
	4								
	•45-29*								
	5								
	•175-310								
	•120-453								
	•000000								
000	000737-19								

3699.66
 Cash 121. — Dep
 CC 120.45
 TOTAL 241.45



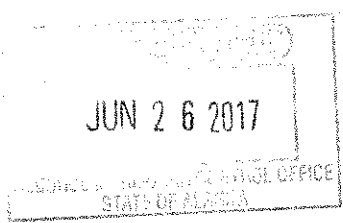
9:29
Salty's

		STATION 1		STATION 2		TOTALS			
		%	WORK SPACE	AMOUNT	%	WORK SPACE	AMOUNT	%	WORK SPACE
03-00-03		40.56		1272.28	26.65		3583.90	34.22	3584.00
13-21		12.62		60.34	1.26		779.79	7.45	779.79
0018		0.91		19.54	0.41		71.24	0.68	71.24
		45.91		3422.01	71.68		6039.05	57.66	6039.05
000	00094	0.00		4774.17	100.00		10473.98	100.00	10,474.08
05	14	1.19		764.10	16.93		1369.42	13.80	
	-81-90	3.81		3749.88	83.07		8555.92	86.20	
	14	0.00		4513.98	100.00		9925.34	100.00	
	-81-90	0.00		225.08	86.51		513.53	93.60	
	-81-901	0.00		35.11	13.49		35.11	6.40	
	-8-911	0.00		260.19	100.00		548.64	100.00	
	13								
	-88-310			-11.98			-22.21		
	11								
	-67-250								
	2								
	-22-850								
	3								
	-64-350								
	-22-860								
	-200000								
	0-0000-0								

436379

SALTY'S
65.00 (CASH DEBIT)
2246

87.46



	STATION 1		STATION 2		TOTALS		
	%	WORK SPACE	AMOUNT	%	WORK SPACE	AMOUNT	% WORK SPACE
	1.92		1740.53	24.92		4539.48	31.17
	1.00		119.68	1.71		119.68	0.82
	1.00		175.81	2.52		175.81	1.21
	1.08		4948.14	70.85		9729.30	66.80
			-----	-----		-----	-----
00-00-00	100.00		6984.16	100.00		14564.27	100.00
13-17							
0000							
	2.01		651.16	9.83		794.86	5.77
	7.99		5974.38	90.17		12989.77	94.23
000 0-110Z			-----	-----		-----	-----
	0.00		6625.54	100.00		13784.63	100.00
00 18							
-70-25	0.00		358.62	100.00		779.64	100.00
18	0.00		358.62	100.00		779.64	100.00
-70-25							
-70-551 n			-53.53			-98.25	
-4-721 n			0.00			-1.99	
6 n							
-50-283							
0 n							
-37-210							
1 n							
-20-070							
-37-210 n							
-20-070 n							
-000000							
0000000000							

4,659.66
253.70 (STOCK TRANSFER)

SALTY'S
56.00 Cash/Debit
26.07 CC
82.07 TOTAL

RECEIVED
JUN 26 2017
MICHAEL'S HOUSE OF LIQUOR
STATION 1

10-3rd
Salty's

STATION 1		STATION 2		TOTALS			
%	WORK SPACE	AMOUNT	%	WORK SPACE	AMOUNT	%	WORK SPACE
1.80		1132.68	37.17		2998.88	39.92	2998.88
3.32		159.50	5.23		307.68	4.10	307.68
1.88		1755.05	57.59		4205.02	55.98	4205.02
1.00		3047.23	100.00		7511.58	100.00	7511.58
3.25		178.58	6.37		317.08	4.49	317.08
3.75		2627.00	93.63		6746.82	95.51	6746.82
1.00		2805.58	100.00		7063.90	100.00	7063.90
1.00		131.46	54.40		337.49	75.39	337.49
1.00		110.19	45.60		110.19	24.61	110.19
1.00		241.65	100.00		447.68	100.00	447.68
		-0.20			-109.17		-109.17

00-00-00
13-13
0009

000 00112

05 12
-45-71

12
-45-71

-45-711
-2-741

8
-45-458

5
-27-258

1
-21-198

1
-27-258
-21-198

0000000
000935-75

2998.88
307.68
4205.02
7573.62

3306.68

S.S.
Cash 27.00 dep
CC 21.19
48.19



10-4
Salts

00-00-00
 - 13-35
 0017
 000 00122
 09 21
 -37-81
 21
 -87-81 H
 -87-811 H
 -4-861 H
 15 H
 -92-471
 10 H
 -50-531
 5 H
 -41-941
 1 H
 -2091-89 H
 1 H
 -1-054 H
 1 H
 -50-531 H
 -41-941 H
 -000000
 001075-20

STATION 1		STATION 2		TOTALS			
%	WORK SPACE	AMOUNT	%	WORK SPACE	AMOUNT	%	WORK SPACE
44.03		900.37	32.21		2932.27	39.57	2933.00
1.84		46.27	1.66		131.28	1.77	131.28
54.13		1848.92	66.14		4347.17	58.66	4347.27
10.00		2795.56	100.00		7410.72	100.00	7411.55
10.00		2654.30	100.00		7049.55	100.00	
10.00		2654.30	100.00		7049.55	100.00	
0.00		132.77	93.99		352.68	97.65	
0.00		8.49	6.01		8.49	2.35	
1.00		141.26	100.00		361.17	100.00	
		-0.10			-4.64		
		0.00			-34.52		

3064.28
Salts

Cash 51.00 Cash Dr
CC 63.13
114.13



108
 Salty's
 00-00-00
 13-09
 0012

000 00102

05 15
 .61-55

16 1
 .20-00

14
 .81-55 R

.61-551 R
 .5-071 R

9 R
 .84-621

8 R
 .68-884

1 R
 .19-748

1 R

.68-884 R
 .19-748 R

.000000
 001102-82

STATION 1		STATION 2		TOTALS			
%	WORK SPACE	AMOUNT	%	WORK SPACE	AMOUNT	%	WORK SPACE
8.34		948.94	28.95		2329.34	33.87	2,329
3.91		25.18	0.77		166.02	2.41	166.02
0.61		0.00	0.00		22.09	0.32	22.09
7.13		2303.63	70.28		4360.65	63.40	4,360.65
0.00		3277.75	100.00		6878.10	100.00	6,877.76
2.24		403.85	12.86		480.66	7.31	
7.76		2736.99	87.14		6092.73	92.69	
1.00		3140.84	100.00		6573.39	100.00	
1.00		136.91	100.00		304.71	100.00	
1.00		136.91	100.00		304.71	100.00	
		-0.96			-4.22		

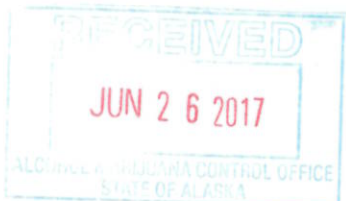
2,495.02

Salty's

CASH 47.00

CC 15.74

62.74



10-16
Salty's

STATION 1 % WORK SPACE	STATION 2		TOTALS	
	AMOUNT	% WORK SPACE	AMOUNT	% WORK SPACE
46.83	1347.37	19.09	4458.78	32.54
0.70	1693.29	23.99	1739.47	12.69
12.47	4018.18	56.92	7504.45	54.77
0.00	7058.84	100.00	13702.70	100.00
1.16	2230.14	32.79	2303.60	17.54
1.84	4570.38	67.21	10827.76	82.46
0.00	6800.52	100.00	13131.36	100.00
00	228.60	88.49	541.62	94.80
00	29.72	11.51	29.72	5.20
00	258.32	100.00	571.34	100.00
	-31.14		-38.26	
	-10.53		-10.53	

4458
1,739.47
~~7,488.72~~
13,686.19

total 10 0
-100-770

total cash 10 0
-197-770

total 2 0
-29-050

credit 3 0

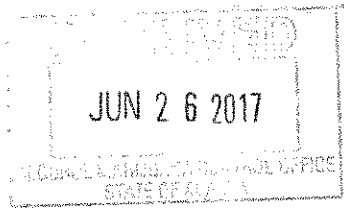
-197-770 0
-29-050 0

000000
001019-09

6,197.47

Salty's
cash 168
credit 29.08

197.08



10-7
Salty's

STATION 1		STATION 2		TOTALS			
%	WORK SPACE	AMOUNT	%	WORK SPACE	AMOUNT	%	WORK SPACE
.06		1835.70	25.02		4504.66	30.56	4,505
.00		16.79	0.23		16.79	0.11	16.79
.12		859.70	11.72		1090.80	7.40	1,090.80
.82		4625.49	63.04		9127.63	61.92	9,127.61
.00		7337.68	100.00		14739.88	100.00	14,740.22

000 00152
05 36
• 311-20

.16		646.84	9.22		657.88	4.68	
.84		6372.19	90.78		13411.28	95.32	
.00		7019.03	100.00		14069.16	100.00	

• 311-20 II
• 311-201 III
• 15-561 IV

.00		318.65	100.00		670.72	100.00	
.00		318.65	100.00		670.72	100.00	

23 III
• 325-76N

-114.13
-52.97
-142.94
-64.96

16 III
• 200-98M

7 III
• 125-78M

2 III
• 55-69 IV

2 III
• 55-53* IV

9 III

• 200-98M #
• 125-78M #

• 000000
001875-45

4,521.79

Salty's
credit card 125.78
cash 114.00

239.78



10-10
Salty's

00-00-00
13-03
0030

000 0016Z

09 30
-249-27

30
-249-27 II

-249-27 I II
-12-45 I II

15 II
-251-72 II

12 II
-174-43 II

5 II
-37-24 II

13 II
2 II II

-174-43 II
-37-24 II

-000000
001233-17

STATION 1		STATION 2		TOTALS			
%	WORK SPACE	AMOUNT	%	WORK SPACE	AMOUNT	%	WORK SPACE
3.87		728.03	20.35		2827.17	31.49	2,824
1.93		1349.16	37.71		1507.37	16.79	1,507.37
1.20		1500.12	41.93		4642.84	51.72	4,642.82
							8,974.21
.00		3577.31	100.00		8977.38	100.00	
.24		1349.16	38.87		1412.72	16.39	
.76		2122.03	61.13		7204.36	83.61	
.00		3471.19	100.00		8617.08	100.00	
.00		106.12	100.00		360.30	100.00	
.00		106.12	100.00		360.30	100.00	
		-0.18			-0.76		
		0.00			-10.53		

4,331.37

Salty's

credit \$87.24

Cash \$175.

261.24



10-11
Salty's

STATION 1		STATION 2		TOTALS			
%	WORK SPACE	AMOUNT	%	WORK SPACE	AMOUNT	%	WORK SPACE
.61		736.69	31.86		2814.04	39.15	2,815
.00		272.63	11.79		272.63	3.79	272.63
.39		1302.59	56.34		4100.26	57.05	4,046.26
---		---	---		---	---	---
.00		2311.91	100.00		7186.93	100.00	7,133.89
.76		0.00	0.00		548.86	7.99	
.24		2201.79	100.00		6321.86	92.01	
---		---	---		---	---	---
.00		2201.79	100.00		6870.72	100.00	
.00		110.12	100.00		316.21	100.00	
---		---	---		---	---	---
.00		110.12	100.00		316.21	100.00	
		-18.18			-22.21		
		-7.99			-7.99		

had a
\$54 ref
Dcto
an over
chrg

3,087.63

Salty's
Credit cards \$40.06
Cash \$19.00

59.06

00-00-00
12-58
0010
000 00172
09 9
-56-51
9
-56-51 R
-56-511 R
-2-821 R
9 R
-39-33R
9 R
-19-27R
2 R
-40-06R
3 R
-19-27R R
-40-06R R
•000000
001007-50



10-12
Saltys
00-00-00
15-05
0015

000 00182

05 16
•134-57

16
•134-57 R
•134-57I M
•6-731 R

10 M
•141-30 M

9 M
•125-56 M

1 M
•15-74 M

2 #
•125-56 #
•15-74 #

•001000
002138-80

ON 1		STATION 2		TOTALS			
%	WORK SPACE	AMOUNT	%	WORK SPACE	AMOUNT	%	WORK SPACE
.9		1245.66	44.10		3197.42	42.08	3,184
.9		178.63	6.32		206.86	2.72	206.86
.0		0.00	0.00		267.31	3.52	267.31
.2		1400.04	49.57		3926.01	51.67	3,925.96
---		-----	-----	---	-----	-----	-----
.0		2824.33	100.00		7597.60	100.00	7,584.13
29		19.96	0.76		398.54	5.55	
71		2602.59	99.24		6787.97	94.45	
---		-----	-----	---	-----	-----	-----
.00		2622.55	100.00		7186.51	100.00	
00		130.17	64.51		339.48	82.58	
00		71.61	35.49		71.61	17.42	
---		-----	-----	---	-----	-----	-----
.00		201.78	100.00		411.09	100.00	
		-0.20			-23.65		

3,390.86
Saltys credit 15.74
Cash 126.00

141.74



10-13
Salty's

STATION 1		STATION 2		TOTALS			
%	WORK SPACE	AMOUNT	%	WORK SPACE	AMOUNT	%	WORK SPACE
1.14		832.10	18.46		2554.35	27.93	2156.8
1.00		337.42	7.48		337.42	3.69	337.42
2.86		3339.24	74.06		6254.78	68.38	6,751.78
1.00		4508.76	100.00		9146.55	100.00	9160.2

00-00-00

13-11

0000

1.21		1062.93	24.47		1116.60	12.74	
1.79		3281.70	75.53		7647.46	87.26	

000 0019Z

1.00		4344.63	100.00		8764.06	100.00	
------	--	---------	--------	--	---------	--------	--

05 6

.45-76

.00		164.13	100.00		382.49	100.00	
-----	--	--------	--------	--	--------	--------	--

.00		164.13	100.00		382.49	100.00	
-----	--	--------	--------	--	--------	--------	--

.45-76

-54.44

-66.04

0.00

-41.71

.45-761

.2-291

4

.48-05M

5

.48-05A

5

.48-05A

.000000

002106-85

2,905.42

Salty's
Cash \$48
\$48



10-14.
Salty's

ION 1		STATION 2		TOTALS			
%	WORK SPACE	AMOUNT	%	WORK SPACE	AMOUNT	%	WORK SPACE
13		943.55	17.18		3900.92	31.18	
41		632.32	11.51		730.96	5.84	
00		191.00	3.48		191.00	1.53	
47		3725.10	67.83		7688.99	61.45	
00		5491.97	100.00		12511.87	100.00	
50		282.84	5.39		315.98	2.65	
50		4961.01	94.61		11614.97	97.35	
00		5243.85	100.00		11930.95	100.00	
00		248.12	100.00		580.92	100.00	
00		248.12	100.00		580.92	100.00	
		-9.50			-10.13		
		-10.53			-10.53		

3904.00
730.96
191.00
7425.49
12,751.45

-260.1
Key deposit
charged
not return
in computer

4,634.96

Salty's
credit 103.85
cash 103.

206.85



00-00-00
15-00
0021
000 00222
05 28
-197-22
28
-197-22
-197-221
-9-861
16
-207-887
12
-105-234
4
-105-853
4
-105-238
-105-853
000000
002393-93

	STATION 1		STATION 2		TOTALS			
	%	WORK SPACE	AMOUNT	%	WORK SPACE	AMOUNT	%	WORK SPACE
	0.42	_____	1251.11	21.01	_____	3744.62	30.89	3,745
	1.33	_____	1416.48	23.78	_____	1498.29	12.36	1,498.29
	1.20	_____	548.67	9.21	_____	622.39	5.13	622.39
	7.06	_____	2739.21	45.99	_____	6258.65	51.62	6,251.78
	-----	-----	-----	-----	-----	-----	-----	-----
	10.00	_____	5955.47	100.00	_____	12123.95	100.00	12,117.46
	-----	-----	-----	-----	-----	-----	-----	-----
	1.79	_____	1902.21	33.01	_____	2007.71	17.25	_____
	38.21	_____	3860.18	66.99	_____	9634.39	82.75	_____
	-----	-----	-----	-----	-----	-----	-----	-----
	10.00	_____	5762.39	100.00	_____	11642.10	100.00	_____
	-----	-----	-----	-----	-----	-----	-----	-----
	10.00	_____	193.08	100.00	_____	481.85	100.00	_____
	-----	-----	-----	-----	-----	-----	-----	-----
	10.00	_____	193.08	100.00	_____	481.85	100.00	_____
	-----	-----	-----	-----	-----	-----	-----	-----
			-47.44			-73.31		

03-00-00
07-02
0003

000 01212

05 2
-2-58

2
-2-58

-2-581 H
-2-131 H

1 H
-2-714

1 H
-2-710

1 H

-2-714 H

•000000
00000000

5,243.29



10-18
Salties

00-00-00
13-01
0017
000 00222

05 24
138-87

24
138-87 N

138-871 N
6-941 N

14 N
145-811

7 N
49-050

7 N
96-768

1 N

49-051 N
96-760 N

000000
002542-45

ION 1		STATION 2		TOTALS			
%	WORK SPACE	AMOUNT	%	WORK SPACE	AMOUNT	%	WORK SPACE
43		794.88	20.84		2915.08	33.09	2,915
87		1341.33	35.17		1434.62	16.28	1434.62
67		0.00	0.00		183.36	2.08	183.36
03		1677.12	43.98		4277.23	48.55	4,277.22
00		3813.33	100.00		8810.29	100.00	8,810.20
32		0.00	0.00		110.73	1.56	
68		2354.22	100.00		7007.74	98.44	
00		2354.22	100.00		7118.47	100.00	
00		117.78	8.07		350.49	20.72	
00		1341.33	91.93		1341.33	79.28	
00		1459.11	100.00		1691.82	100.00	
		-4.84			-9.14		
		-10.53			-10.53		



4,349.62
 credit 86.80
 cash 35
 check 29.64
 146.44

10-19
Salts
00000-00
13-04
0009

STATION 1		STATION 2		TOTALS			
%	WORK SPACE	AMOUNT	%	WORK SPACE	AMOUNT	%	WORK SPACE
19		946.09	37.53		2705.74	35.97	2,702
75		0.00	0.00		187.73	2.50	187.73
.62		0.00	0.00		81.10	1.08	81.10
.43		1574.85	62.47		4546.87	60.45	4,546.87
.00		2520.94	100.00		7521.44	100.00	7,517.70

000 00232

.94		0.00	0.00		365.36	5.22	
.06		2400.88	100.00		6636.42	94.78	

05 12
-113-78

.00		2400.88	100.00		7001.78	100.00	
-----	--	---------	--------	--	---------	--------	--

12
-113-78 H

.02		120.06	100.00		331.93	63.87	
.98		0.00	0.00		187.73	36.13	

-113-781 H
-5-681 R

.00		120.06	100.00		519.66	100.00	
-----	--	--------	--------	--	--------	--------	--

6 H
-119-461

-1.82
-2.99

5 H
-64-613

1 H
-54-853

1 H

-64-613 H
-54-853 H

•000000
002351-91

2,889.73

Salts
check 54.85
cash 65

119.85



Saltys 10-20
-00-00-00
15-08
0015

000 0024Z

05 14
-86-64

14
-35-64 B
-86-64 B
-4-531 B

11 D
-93-97 B

8 B
-55-75 A

5 B
-35-22 B

2 B

-55-75 A B
-55-22 B B

-000000
002752-88

STATION 1		STATION 2		TOTALS			
%	WORK SPACE	AMOUNT	%	WORK SPACE	AMOUNT	%	WORK SPACE
.68		864.09	21.04		2996.67	29.72	2,997
.70		1116.06	27.17		1158.03	11.48	1,158.03
.62		2126.85	51.79		5929.93	58.80	5,929.93
---		-----	-----		-----	-----	-----
.00		4107.00	100.00		10084.63	100.00	10,084.96
---		-----	-----		-----	-----	-----
46		1015.24	26.70		2133.38	22.34	
54		2787.60	73.30		7415.63	77.66	
---		-----	-----		-----	-----	-----
00		3802.84	100.00		9549.01	100.00	
---		-----	-----		-----	-----	-----
00		139.38	45.82		370.84	69.24	
00		144.78	47.60		144.78	27.03	
00		20.00	6.58		20.00	3.73	
---		-----	-----		-----	-----	-----
00		304.16	100.00		535.62	100.00	
---		-----	-----		-----	-----	-----
		-9.60			-12.87		
		-100.00			-113.99		

4,155.03

Saltys
Credit \$35.22
Cash \$55.00

90.22



10-21
Salty's
100-00-00
13-07
0012

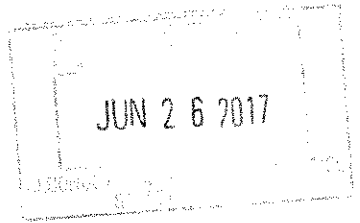
STATION 1	% WORK SPACE	AMOUNT	STATION 2		AMOUNT	TOTALS	
			%	WORK SPACE		%	WORK SPACE
38		1272.48	25.83		3753.29	28.67	3753
90		14.69	0.30		88.16	0.67	88.16
48		152.16	3.09		599.31	4.58	599.31
25		3487.27	70.78		8652.65	66.08	9,652.56
00		4926.60	100.00		13093.41	100.00	13,093.03
78		69.41	1.48		1227.23	9.80	
22		4625.84	98.52		11300.97	90.20	
00		4695.25	100.00		12528.20	100.00	
00		231.35	100.00		565.21	100.00	
00		231.35	100.00		565.21	100.00	
		-30.69			-37.85		

7 D
-96-271
5 B
-16-093
2 B
-78-193
5 B
-16-093 B
-78-181 B
-000000
002349-15

Bank (circled)
Bank (with arrow)

19.36 NSF

3,841.16
SALTY
19.00 Cash Dep
78.18 BANK CASH
97.18



10-24'
Salty's
00000000
13-06
0020

000 00272
05 11
-93-23

11
-93-23
-93-231
-4-661

10
-97-093

6
-93-160

4
-44-730

8
-93-160
-44-730

0000000
002747-04

STATION 1		STATION 2		TOTALS			
%	WORK SPACE	AMOUNT	%	WORK SPACE	AMOUNT	%	WORK SPACE
3.12		1006.48	30.55		2894.10	37.72	2897.10
0.58		543.20	16.49		568.38	7.41	568.38
0.00		188.04	5.71		188.04	2.45	188.04
6.30		1556.71	47.25		4021.15	52.42	4021.15
0.00		3294.43	100.00		7671.67	100.00	7674.57
1.19		492.24	15.57		541.86	7.39	
3.81		2668.71	84.43		6790.18	92.61	
1.00		3160.95	100.00		7332.04	100.00	
1.00		133.48	100.00		339.63	100.00	
1.00		133.48	100.00		339.63	100.00	
		-17.70			-18.79		
		0.00			-13.48		

3465.38
Salty's
53.00 Cr. Dep
44.73 CC
97.73



10-25
Sally's

STATION 1		STATION 2		TOTALS			
%	WORK SPACE	AMOUNT	%	WORK SPACE	AMOUNT	%	WORK SPACE
.53		936.84	45.12		3056.42	46.09	3056.42
.67		78.70	3.79		154.78	2.33	154.78
1.00		20.00	0.96		20.00	0.30	20.00
.80		1040.58	50.12		3400.62	51.28	3400.62
1.00		2076.12	100.00		6631.82	100.00	6631.82
.05		0.00	0.00		45.72	0.72	45.72
.95		1977.25	100.00		6272.40	99.28	6272.40
1.00		1977.25	100.00		6318.12	100.00	6318.12
1.00		98.87	100.00		313.70	100.00	313.70
1.00		98.87	100.00		313.70	100.00	313.70
		-1.30			-6.90		-6.90
		20.00			20.00		20.00

00-00-00
13-08
0016

000 00282

09 11

49-51

11

49-51 R

49-51 R

2-471 R

10 D

51-98 R

8 D

36-26 R

2 D

15-72 R

4 R

36-26 R

15-72 R

000000

00299-02

3210.78
36. CA Dep
~~35.72~~
15.72 CC
Sally - 51.72 T
NSF - 59.76



10.26
SALTY'S

STATION 1		STATION 2		TOTALS			
%	WORK SPACE	AMOUNT	%	WORK SPACE	AMOUNT	%	WORK SPACE
2.83		793.83	25.89		2164.36	29.89	2164.36
0.58		117.38	3.83		141.52	1.95	141.52
0.00		119.22	3.89		119.22	1.65	119.22
5.59		2035.55	66.39		4814.88	66.50	4814.88
0.00		3065.98	100.00		7239.98	100.00	7239.62
0.00		119.22	4.08		119.22	1.73	
0.00		2806.39	95.92		6781.60	98.27	
0.00		2925.61	100.00		6900.82	100.00	
0.00		140.37	100.00		339.16	100.00	
0.00		140.37	100.00		339.16	100.00	
		-2.02			-2.02		
		0.00			-4.99		

00-00-00
13-10
0005
000 0029Z
09 4
-28-46
4
-28-46
-28-461 H
-1-411 H
3 D
-29-87A
3 D
-29-87A
1 #
-29-87A
-000000
005028-89

2305.52

SALTY'S
CHK 30.00 Del



10-27
gathys

STATION 1		STATION 2		TOTALS			
%	WORK SPACE	AMOUNT	%	WORK SPACE	AMOUNT	%	WORK SPACE
53.58		1128.49	27.33		4075.64	42.32	4077.00
1.66		51.43	1.25		142.68	1.48	142.68
1.96		0.00	0.00		107.94	1.12	107.94
42.80		2949.80	71.43		5304.10	55.08	5304.30
00.00		4129.72	100.00		9630.36	100.00	9631.92
2.06		595.38	15.03		703.32	7.64	
37.94		3366.00	84.97		8501.83	92.36	
10.00		3961.38	100.00		9205.15	100.00	
10.00		168.34	100.00		425.21	100.00	
0.00		168.34	100.00		425.21	100.00	
		-17.50			-49.69		
		-71.96			-71.96		

4219.68
 18.00 Ck Dep
 11.24
 29.24 T



10-26
Sally S

STATION 1 WORK SPACE	STATION 2		TOTALS	
	AMOUNT	%	AMOUNT	%
1.22	1317.15	16.18	3705.04	23.47
1.14	1168.46	14.36	1255.57	7.95
2.91	0.00	0.00	222.79	1.41
4.73	5652.58	69.46	10603.96	67.17
0.00	8138.19	100.00	15787.36	100.00
..39	4119.79	52.27	4221.13	27.82
1.61	3762.30	47.73	10950.63	72.18
1.00	7882.09	100.00	15171.76	100.00
.00	188.17	73.48	547.67	88.97
.00	67.93	26.52	67.93	11.03
.00	256.10	100.00	615.60	100.00
-58.60			-163.38	
0.00			-11.17	

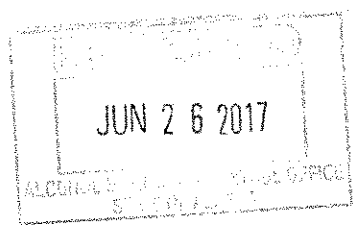
3,703.00
1,255.57
222.79
10,603.96

15,785.32

~~4,898.57~~
4,958.57

84. — CA DEP

CC-48.74



11-1
Salty's

00-00-00
13-11
0018

STATION 1		STATION 2		TOTALS			
%	WORK SPACE	AMOUNT	%	WORK SPACE	AMOUNT	%	WORK SPACE
39.34	_____	694.23	20.73	_____	2517.89	31.53	2487.00
1.29	_____	1451.26	43.33	_____	1511.21	18.93	1511.21
2.64	_____	0.00	0.00	_____	122.48	1.53	122.48
6.73	_____	1203.46	35.94	_____	3833.12	48.01	3801.02
0.00	_____	3348.95	100.00	_____	7984.70	100.00	7981.71

000-00322

03 14
93-37

2.30	_____	1287.08	39.59	_____	1388.87	18.11	_____
7.70	_____	1963.65	60.41	_____	6281.66	81.89	_____
1.00	_____	3250.73	100.00	_____	7670.53	100.00	_____

14
93-37

.00	_____	98.22	100.00	_____	314.17	100.00	_____
.00	_____	98.22	100.00	_____	314.17	100.00	_____

93-371
4-891

-1.11
-428.51

-5.99
-428.51

12
100-26H

10
60-77H

2
42-49H

1
7-49

1
0-00*

4
60-77H

42-49H

000000
003294-22

3998.21

Salty's
54. — CA DEK

42.49

96.49



16-2
Sa 14/15

00-00-00
13-21
0013

000 01302

05 10
79-03

10
79-03 R

79-031 R
0-981 R

6 R
85-61 R

3 R
22-013

3 R
11-001

4 R

22-013 R
01-001 R

STATION 1 % WORK SPACE	AMOUNT	STATION 2 % WORK SPACE	AMOUNT	TOTALS	
				% WORK SPACE	AMOUNT
73	545.94	17.86	4732.73	49.17	2125.00
49	280.24	9.17	377.90	3.93	377.90
00	323.07	10.57	323.07	3.36	323.07
.78	1907.16	62.40	4191.91	43.55	6797.71
<hr/>					
.00	3056.41	100.00	9625.61	100.00	9623.68
<hr/>					
.00	323.07	11.04	323.07	5.00	
.00	2603.12	88.96	6139.55	95.00	
<hr/>					
.00	2926.19	100.00	6462.62	100.00	
<hr/>					
84	130.22	100.00	307.19	9.71	
92	0.00	0.00	2605.80	82.38	
24	0.00	0.00	250.00	7.90	
<hr/>					
00	130.22	100.00	3162.99	100.00	
<hr/>					
	-74.75		-77.23		

2502.90

21.71 Ch-Dep
61.60 cc

83.31

JUN 26 2017
MAIL OFFICE

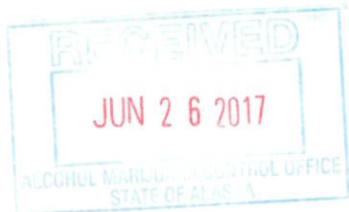
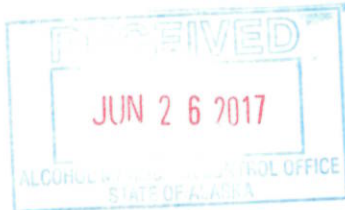


EXHIBIT 2



HOUSE OF LIQUOR

WORK SCHEDULE SHEET

Beginning dates: 9/19/2016
9/25/2016

DAY	EMPLOYEE NAME	Mon	Tue	Wed	Thu	Fri	Sat	Sun
DATE		19	20	21	22	23	24	25
	JAMIE	8-4pm	9-5 SAL	9-5 SAL	9-5 SAL	9-5 SAL	x	x
	MARISSA	x	8-4PM	9-5pm	9-5pm	9-5pm	5-10pm	
	KAREN							x
	DAVID			8AM-4	8-4PM	8-4PM	8-4PM	8-4PM
	ANNA LISA	4pm-12	4pm-12	4pm-12	4pm-12	4pm-12		x
	GEORGE	11-7pm	x	x	2-10pm	2-10pm	12-8pm	2-10pm
	JACOB		10-6pm	10-6pm	x	x	10-6pm	8-4pm
	SUMMER			2-10pm			6-12pm	6-12pm
	TERESA	6-10pm	6-10pm	4-7pm		4-7pm		4-7pm

any schedule changes must be approved

HOUSE OF LIQUOR

WORK SCHEDULE SHEET

Beginning date: 9/26/2016
10/2/2016

DAY	EMPLOYEE NAME	Mon	Tue	Wed	Thu	Fri	Sat	Sun
DATE		26	27	28	29	30	1	2
	JAMIE	9-5 sal	9-5 sal	9-5 sal	9-5 sal	9-5 sal	X	X
	MARISSA	X	8-4pm	9-5pm	9-5pm	9-5pm	5-10pm	
	KAREN							X
	DAVID			8-4pm	8-4pm	8-4pm	8-4pm	8-4pm
	ANNA LISA	4pm-12	4pm-12	4pm-12	4pm-12	4pm-12		X
	GEORGE	11-7pm	X	5-10pm	2-10pm	2-10pm	12-8pm	2-10pm
	JACOB	8-4pm	10-6pm	2-10pm	X	X	10-6pm	8-4pm
	SUMMER						6-12pm	6-12pm
	TERESA	6-10pm	6-10pm			4-7pm		4-7pm

any schedule changes must be approved



HOUSE OF LIQUOR

WORK SCHEDULE SHEET

Beginning date: 10/3/2016
10/9/2016

DAY	EMPLOYEE NAME	Mon	Tue	Wed	Thu	Fri	Sat	Sun
DATE		3	4	5	6	7	8	9
	JAMIE	9-5 sal	9-5 sal	9-5 sal	9-5 sal	9-5 sal	x	x
	MARISSA	x	8-4pm	9-5pm	9-5pm	9-5pm	5-10pm	
	KAREN							9am-12
	DAVID			8-4pm	8-4pm	8-4pm	8-4pm	8-4pm
	ANNA LISA	4pm-12	4pm-12	4pm-12	4pm-12	4pm-12		x
	GEORGE	11-7pm	2-10pm	x	x	2-10pm	12-8pm	2-10pm
	JACOB	8-4pm	10-6pm	x	2-10pm	x	12-8pm	10-6pm
	SUMMER			2-10pm			6-12pm	6-12pm
	TERESA	6-10pm	x	4-7pm		4-7pm		4-7pm

any schedule changes must be approved



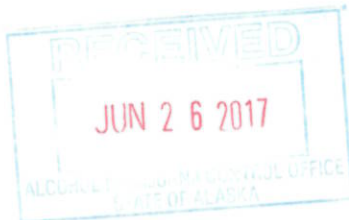
HOUSE OF LIQUOR

WORK SCHEDULE SHEET

Beginning date: 10/10/2016
10/16/2016

DAY	EMPLOYEE NAME	Mon	Tue	Wed	Thu	Fri	Sat	Sun
DATE		3	4	5	6	7	8	9
	JAMIE	9-5 sal	9-5 sal	9-5 sal	9-5 sal	9-5 sal	x	x
	MARISSA	x	8-4pm	9-5pm	9-5pm	9-5pm	5-10pm	
	KAREN							9am-12
	DAVID			8-4pm	8-4pm	8-4pm	8-4pm	8-4pm
	ANNA LISA	4pm-12	4pm-12	4pm-12	4pm-12	4pm-12		x
	GEORGE	11-7pm	2-6pm	x	2-10pm	2-10pm	12-8pm	2-10pm
	JACOB	8-4pm	10-6pm	2-10pm	x	x	10-6pm	10-6pm
	SUMMER						6-12pm	6-12pm
	TERESA	6-10pm	4-7pm			4-7pm		

any schedule changes must be approved



HOUSE OF LIQUOR

WORK SCHEDULE SHEET

Beginning date: 10/17/2016
10/23/2016

DAY	EMPLOYEE NAME	Mon	Tue	Wed	Thu	Fri	Sat	Sun
DATE		17	18	19	20	21	22	23
	JAMIE	9-5 sal	9-5 sal	9-5 sal	9-5 sal	9-5 sal	x	x
	MARISSA	x	8-4pm	9-5pm	9-5pm	9-5pm	5-10pm	
	KAREN							9am-12
	DAVID			8-4pm	8-4pm	8-4pm	8-4pm	8-4pm
	ANNA LISA	4pm-12	4pm-12	4pm-12	4pm-12	4pm-12		x
	GEORGE	11-7pm	2-10pm	x	x	2-10pm	12-8pm	2-10pm
	JACOB	8-4pm	10-6pm	x	x	x	10-6pm	10-6pm
	SUMMER						6-12pm	6-12pm
	TERESA	10-4pm			4-10pm	4-7pm		

any schedule changes must be approved





HOUSE OF LIQUOR

WORK SCHEDULE SHEET

Beginning date: 10/24/2016
10/30/2016

DAY	EMPLOYEE NAME	Mon	Tue	Wed	Thu	Fri	Sat	Sun
DATE		24	25	26	27	28	29	30
	JAMIE	9-5 sal	9-5 sal	9-5 sal	9-5 sal	9-5 sal	x	x
	MARISSA	x	8-4pm	9-5pm	9-5pm	9-5pm	5-10pm	
	KAREN							x
	DAVID			8-4pm	8-4pm	8-4pm	8-4pm	8-4pm
	ANNA LISA							x
	GEORGE	4pm-12	4pm-12	4pm-12	4pm-12	4pm-12		
	JACOB	11-7pm	2-10pm	x	x	2-10pm	12-8pm	2-10pm
	SUMMER	8-4pm	10-6pm	2-10pm	x	x	10-6pm	10-6pm
	TERESA	10-4pm			4-10pm	4-7pm	6-12pm	6-12pm

any schedule changes must be approved

HOUSE OF LIQUOR

WORK SCHEDULE SHEET

Beginning date: 10/31/2016
11/6/2016

DAY	EMPLOYEE NAME	Mon	Tue	Wed	Thu	Fri	Sat	Sun
DATE		31	1	2	3	4	5	6
	JAMIE	12-8pm	9-5 sal	9-5 sal	12-8pm	12-8pm	x	x
	MARISSA	x	8-4pm	9-5pm	9-5pm	9-5pm	5-10pm	
	KAREN							x
	DAVID			8-4pm	8-4pm	8-4pm	8-4pm	8-4pm
	ANNA LISA	4pm-12	4pm-12	4pm-12	4pm-12	4pm-12		x
	GEORGE	2-10pm	2-10pm	x	x	2-10pm	12-8pm	2-10pm
	JACOB	8-4pm	10-6pm	2-10pm	x	x	10-6pm	10-6pm
	SUMMER						6-12pm	6-12pm
	TERESA							

sal last day

halloween

any schedule changes must be approved



RECEIVED
JUN 26 2017
ALCOHOL REGULATORY CONTROL OFFICE
STATE OF ALABAMA

EXHIBIT 3

NAME Jamie Bails

NAME _____

Period Ending Sept 2016 NO. _____

Period Ending _____ NO. _____

DATE	IN	OUT	REG.
9/1			
9/2			
9/3			
9/4			
9/5			
9/6			
9/7			
9/8			
9/9			
9/10			
9/11			
9/12			
9/13			
9/14			
9/15			
9/16			
9/17			
9/18			
9/19			
9/20			
9/21			
9/22			
9/23			
9/24			
9/25			
9/26			
9/27			
9/28			
9/29			
9/30			

DATE	IN	OUT	REG.
9/1			
9/2			
9/3			
9/4			
9/5			
9/6			
9/7			
9/8			
9/9			
9/10			
9/11			
9/12			
9/13			
9/14			
9/15			
9/16			
9/17			
9/18			
9/19			
9/20			
9/21			
9/22			
9/23			
9/24			
9/25			
9/26			
9/27			
9/28			
9/29			
9/30			

h/8
h/3
h/8
6
8

h/8
h/4
h/3
h/3
h/5

8 AM (8/8)
Labor Day (5/2)

SATURDAY
9-5
9-5
9-5
9-5

TOTAL OUT REGISTRATIONS

TOTAL IN REGISTRATIONS

*Subtract 'IN' and 'OUT' = Net Time Worked

**Net 20 hrs. if out pay is 023 hrs. and 100ths for 10ths of an hour.

TOTAL OUT REGISTRATIONS 140 1/4 reg

TOTAL IN REGISTRATIONS 19 1/2 ot

*Subtract 'IN' and 'OUT' = Net Time Worked

**Net 20 hrs. if out pay is 023 hrs. and 100ths for 10ths of an hour.



1st HALF

2nd HALF

NAME Janine Bails

NAME Janine Bails

Period Ending Oct 2016 NO. _____

Ending _____ NO. _____

IN		OUT		DATE	TIME	REMARKS
IN	OUT	IN	OUT			
				9	8	
				10	7	S-B
				11	9	9-5 5:15 S-B
				12	5	S-B
				13	4	9-5 S-B
				14	3	9-5 S-B
				15	2	SALTY 9-5

\$ 700.00
DRAW

S-B
SALTY'S
S-B
SALTY'S
S-B
SALTY'S
S-B
SALTY'S
S-B
SALTY'S
S-B
SALTY'S

IN		OUT		DATE	TIME	REMARKS
IN	OUT	IN	OUT			
				16		
				17		SALTY 9-11
				18		SALTY'S 9-5
				19		SALTY'S 9-5
				20		S-B
				21		9-5
				22		
				23		
				24		
				25		
				26		
				27		
				28		
				29		
				30		

TOTAL "OUT" REGISTRATIONS 1162 reg
TOTAL "IN" REGISTRATIONS 1312 out



*Subtract "IN" from "OUT" = Net Time Worked
*Method works only if clock prints 0-23 Hrs. and 100ths (or 10ths) of an hour.



EXHIBIT 4



SALTY SAL'S
Liquor Cabinet

SALTY SAL'S
STORE HOURS
9AM TO 5PM
TUESDAY THRU FRIDAY

RECEIVED
JUN 26 2017
OFFICE



EXHIBIT 5

LOCATION 1
 DATE 10/01/16
 TIME 12:54

SEPT
 2016

HOUSE OF LIQUOR
 DEPARTMENT SALES

SALTY > 7 DAYS
 SALES \$839.80

RUN LOCATION 1

PAGE 1

DESCRIPTION	QUANTITY SOLD	QUANTITY RETURNED	NET SOLD	SALES	RETURNS	DISCOUNT AMOUNT	NET SALES	COST OF SALES	GROSS MARGIN \$	GROSS MARGIN%
<i>MONTH TO DATE TOTALS</i>										
BEER	9628	34	9594	112909.93	-1401.57	-329.86	111178.50	85748.34	25430.16	22.87
LIQUOR-WHITE GOOD	2436	4	2432	45565.24	-102.46	-95.50	45367.28	31442.72	13924.56	30.69
BRANDY & COGNAC	86	0	86	1446.64	0.00	0.00	1446.64	999.23	447.41	30.93
COCKTAILS	483	2	481	1320.27	-3.98	-9.17	1307.12	908.81	398.31	30.47
CORDIALS	718	1	717	11752.77	-9.99	-17.30	11725.48	8070.78	3654.70	31.17
CANADIAN	1012	1	1011	19784.13	-24.99	-35.80	19723.34	14122.24	5601.10	28.40
SCOTCH	245	1	244	7784.00	-15.99	-20.90	7747.11	5704.91	2042.20	26.36
AMERICAN WHISKEYS	501	5	496	12362.44	-114.95	-5.10	12242.39	8611.89	3630.50	29.66
WINE COOLERS	19	0	19	112.47	0.00	0.00	112.47	83.27	29.20	25.96
CHAMPAGNE	467	12	455	6029.18	-167.88	-20.50	5840.80	3966.32	1874.48	32.09
PREMIUM TABLE	478	0	478	6064.62	0.00	-29.60	6035.02	4064.73	1970.29	32.65
TABLE WINE	205	0	205	2141.76	0.00	-34.80	2106.96	1447.94	659.02	31.28
WINE WALL	2411	17	2394	31166.49	-201.83	-313.50	30651.16	22081.15	8570.01	27.96
BOX WINE	672	36	636	12774.28	-899.64	-227.40	11647.24	8087.24	3560.00	30.57
FOOD	546	1	545	1511.88	-2.99	-9.96	1498.93	1010.30	488.63	32.60
NON-FOOD	330	4	326	1245.65	-23.96	-16.96	1204.73	749.83	454.90	37.76
CIGARETTES	4074	13	4061	43385.92	-136.89	0.00	43249.03	37541.48	5707.55	13.20
MIX	1942	3	1939	4546.85	-7.67	-30.02	4509.16	2769.66	1739.50	38.58
NON ALCOHOLIC	45	0	45	428.47	0.00	0.00	428.47	334.18	94.29	22.01
MINITURES	1731	3	1728	3813.99	-11.97	-8.50	3793.52	2311.72	1481.80	39.06
CIGAR	102	0	102	848.98	0.00	0.00	848.98	568.45	280.53	33.04
& OTHERS	36	0	36	124.62	0.00	-0.40	124.22	79.04	45.18	36.37
TOTALS THIS PERIOD	28170	137	28033	327128.05	-3126.76	-1205.27	322796.02	240707.06	82088.96	25.43

MONTH TO DATE TOTALS

BEER	9628	34	9594	112909.93	-1401.57	-329.86	111178.50	85748.34	25430.16	22.87
LIQUOR-WHITE GOOD	2436	4	2432	45565.24	-102.46	-95.50	45367.28	31442.72	13924.56	30.69
BRANDY & COGNAC	86	0	86	1446.64	0.00	0.00	1446.64	999.23	447.41	30.93
COCKTAILS	483	2	481	1320.27	-3.98	-9.17	1307.12	908.81	398.31	30.47
CORDIALS	718	1	717	11752.77	-9.99	-17.30	11725.48	8070.78	3654.70	31.17
CANADIAN	1012	1	1011	19784.13	-24.99	-35.80	19723.34	14122.24	5601.10	28.40
SCOTCH	245	1	244	7784.00	-15.99	-20.90	7747.11	5704.91	2042.20	26.36
AMERICAN WHISKEYS	501	5	496	12362.44	-114.95	-5.10	12242.39	8611.89	3630.50	29.66
WINE COOLERS	19	0	19	112.47	0.00	0.00	112.47	83.27	29.20	25.96
CHAMPAGNE	467	12	455	6029.18	-167.88	-20.50	5840.80	3966.32	1874.48	32.09
PREMIUM TABLE	478	0	478	6064.62	0.00	-29.60	6035.02	4064.73	1970.29	32.65
TABLE WINE	205	0	205	2141.76	0.00	-34.80	2106.96	1447.94	659.02	31.28
WINE WALL	2411	17	2394	31166.49	-201.83	-313.50	30651.16	22081.15	8570.01	27.96
BOX WINE.	672	36	636	12774.28	-899.64	-227.40	11647.24	8087.24	3560.00	30.57
FOOD	546	1	545	1511.88	-2.99	-9.96	1498.93	1010.30	488.63	32.60
NON-FOOD	330	4	326	1245.65	-23.96	-16.96	1204.73	749.83	454.90	37.76

RECEIVED
 JUN 26 2017

LOCATION 1
 DATE 11/01/16
 TIME 07:04

OCT 2016

HOUSE OF LIQUOR
 DEPARTMENT SALES

SALTY'S
 1900 DAYS -
 TOTAL 28.00 DAYS

RUN LOCATION 1
 PAGE 1

DESCRIPTION	QUANTITY SOLD	QUANTITY RETURNED	NET SOLD	SALES	RETURNS	DISCOUNT AMOUNT	NET SALES	COST OF SALES	GROSS MARGIN \$	GROSS MARGIN%
<i>Month</i> WEEK TO DATE TOTALS										
BEER	7813	11	7802	87039.87	-359.93	-222.94	86457.00	66758.39	19698.61	22.78
LIQUOR-WHITE GOOD	2231	7	2224	41185.39	-129.13	-99.80	40956.46	28367.55	12588.91	30.74
BRANDY & COGNAC	93	0	93	1804.32	0.00	-5.50	1798.82	1248.72	550.10	30.58
COCKTAILS	440	0	440	1182.40	0.00	-7.53	1174.87	816.73	358.14	30.48
CORDIALS	661	5	656	11255.91	-91.95	-32.30	11131.66	7944.73	3186.93	28.63
CANADIAN	984	1	983	17836.36	-13.99	-20.10	17802.27	12724.63	5077.64	28.52
SCOTCH	235	0	235	7122.70	0.00	0.00	7122.70	5300.10	1822.60	25.59
AMERICAN WHISKEYS	387	4	383	9538.03	-98.56	-4.80	9434.67	6476.92	2957.75	31.35
WINE COOLERS	12	0	12	70.73	0.00	0.00	70.73	54.79	15.94	22.53
CHAMPAGNE	506	0	506	6170.74	0.00	-128.90	6041.84	4060.94	1980.90	32.79
PREMIUM TABLE	518	2	516	6391.92	-25.98	-28.40	6337.54	4375.19	1962.35	30.96
TABLE WINE	195	1	194	1886.36	-7.99	-15.00	1863.37	1275.66	587.71	31.54
WINE WALL	2179	1	2178	27410.21	-16.99	-361.40	27031.82	19095.57	7936.25	29.36
BOX WINE	599	0	599	10956.01	0.00	-28.80	10927.21	7426.47	3500.74	32.04
FOOD	416	0	416	883.37	0.00	-9.42	873.95	583.60	290.35	33.22
NON-FOOD	402	0	402	808.46	0.00	-5.60	802.86	463.11	339.75	42.32
CIGARETTES	3691	12	3679	39193.64	-127.96	-1.12	39064.56	33936.24	5128.32	13.13
MIX	1573	1	1572	3811.61	-2.19	-37.92	3771.50	2375.77	1395.73	37.01
NON ALCOHOLIC	32	0	32	293.71	0.00	-0.10	293.61	226.52	67.09	22.85
MINITURES	1578	3	1575	3396.42	-6.97	-17.16	3372.29	2081.01	1291.28	38.29
CIGAR	74	0	74	504.52	0.00	-2.20	502.32	333.06	169.26	33.70
C & OTHERS	2	0	2	4.98	0.00	0.00	4.98	1.88	3.10	62.25
TOTALS THIS PERIOD	24641	48	24593	278791.08	-881.64	-1029.19	276880.25	205953.81	70926.44	25.62

MONTH TO DATE TOTALS

BEER	7813	11	7802	87039.87	-359.93	-222.94	86457.00	66758.39	19698.61	22.78
LIQUOR-WHITE GOOD	2231	7	2224	41185.39	-129.13	-99.80	40956.46	28367.55	12588.91	30.74
BRANDY & COGNAC	93	0	93	1804.32	0.00	-5.50	1798.82	1248.72	550.10	30.58
COCKTAILS	440	0	440	1182.40	0.00	-7.53	1174.87	816.73	358.14	30.48
CORDIALS	661	5	656	11255.91	-91.95	-32.30	11131.66	7944.73	3186.93	28.63
CANADIAN	984	1	983	17836.36	-13.99	-20.10	17802.27	12724.63	5077.64	28.52
SCOTCH	235	0	235	7122.70	0.00	0.00	7122.70	5300.10	1822.60	25.59
AMERICAN WHISKEYS	387	4	383	9538.03	-98.56	-4.80	9434.67	6476.92	2957.75	31.35
WINE COOLERS	12	0	12	70.73	0.00	0.00	70.73	54.79	15.94	22.53
CHAMPAGNE	506	0	506	6170.74	0.00	-128.90	6041.84	4060.94	1980.90	32.79
PREMIUM TABLE	518	2	516	6391.92	-25.98	-28.40	6337.54	4375.19	1962.35	30.96
TABLE WINE	195	1	194	1886.36	-7.99	-15.00	1863.37	1275.66	587.71	31.54
WINE WALL	2179	1	2178	27410.21	-16.99	-361.40	27031.82	19095.57	7936.25	29.36
BOX WINE	599	0	599	10956.01	0.00	-28.80	10927.21	7426.47	3500.74	32.04
FOOD	416	0	416	883.37	0.00	-9.42	873.95	583.60	290.35	33.22
NON-FOOD	402	0	402	808.46	0.00	-5.60	802.86	463.11	339.75	42.32

JUN 26 2017

LOCATION 1
 DATE 12/01/16
 TIME 08:10

NOV 2016

HOUSE OF LIQUOR
 DEPARTMENT SALES

SALES
 2016 75.71

NON-ALCOHOLIC

DESCRIPTION	QUANTITY SOLD	QUANTITY RETURNED	NET SOLD	SALES	RETURNS	DISCOUNT AMOUNT	NET SALES	COST OF SALES	GROSS MARGIN \$	MARGIN %
<i>North</i> WEEK TO DATE TOTALS										
BEER	6811	14	6797	77654.74	-636.35	-287.00	76731.39	59276.20	17455.19	22.75
LIQUOR-WHITE GOOD	2042	7	2035	37892.53	-108.93	-83.59	37700.01	26319.44	11380.57	30.19
BRANDY & COGNAC	85	0	85	1525.65	0.00	-7.05	1518.60	1050.06	468.54	30.85
COCKTAILS	209	0	209	583.91	0.00	-8.64	575.27	400.89	174.38	30.31
CORDIALS	773	1	772	13242.53	-10.19	-143.73	13088.61	9255.09	3833.52	29.29
CANADIAN	773	13	760	14827.82	-358.52	-16.70	14452.60	10256.41	4196.19	29.03
SCOTCH	181	0	181	5910.29	0.00	-45.20	5865.09	4335.48	1529.61	26.08
AMERICAN WHISKEYS	439	3	436	11520.46	-45.97	-19.80	11454.69	7979.21	3475.48	30.34
WINE COOLERS	10	0	10	64.90	0.00	0.00	64.90	45.64	19.26	29.68
CHAMPAGNE	511	0	511	7520.99	0.00	-208.60	7312.39	5175.40	2136.99	29.22
PREMIUM TABLE	522	0	522	6330.43	0.00	-30.60	6299.83	4366.26	1933.57	30.69
TABLE WINE	188	0	188	1835.03	0.00	-15.00	1820.03	1240.58	579.45	31.84
WINE WALL	2851	12	2839	37322.29	-144.88	-2018.90	35158.51	25673.76	9484.75	26.98
BOX WINE	695	0	695	12625.05	0.00	-185.80	12439.25	8655.70	3783.55	30.42
FOOD	380	2	378	858.19	-2.09	-10.95	845.15	570.02	275.13	32.55
NON-FOOD	187	0	187	577.73	0.00	-0.18	577.55	332.26	245.29	42.47
CIGARETTES	3321	15	3306	35189.19	-161.51	-8.48	35019.20	30399.19	4620.01	13.19
MIX	1344	25	1319	3348.80	-54.79	-40.10	3253.91	2075.64	1178.27	36.21
NON ALCOHOLIC	28	0	28	277.72	0.00	0.00	277.72	214.19	63.53	22.87
MINITURES	1267	8	1259	2794.13	-24.92	-15.60	2753.61	1712.63	1040.98	37.80
CIGAR	53	0	53	354.47	0.00	0.00	354.47	236.34	118.13	33.33
MISC & OTHERS	1	0	1	2.49	0.00	0.00	2.49	0.94	1.55	62.25
TOTALS THIS PERIOD	22685	100	22585	272282.26	-1548.15	-3145.92	267588.19	199585.75	68002.44	25.41

MONTH TO DATE TOTALS

BEER	6811	14	6797	77654.74	-636.35	-287.00	76731.39	59276.20	17455.19	22.75
LIQUOR-WHITE GOOD	2042	7	2035	37892.53	-108.93	-83.59	37700.01	26319.44	11380.57	30.19
BRANDY & COGNAC	85	0	85	1525.65	0.00	-7.05	1518.60	1050.06	468.54	30.85
COCKTAILS	209	0	209	583.91	0.00	-8.64	575.27	400.89	174.38	30.31
CORDIALS	773	1	772	13242.53	-10.19	-143.73	13088.61	9255.09	3833.52	29.29
CANADIAN	773	13	760	14827.82	-358.52	-16.70	14452.60	10256.41	4196.19	29.03
SCOTCH	181	0	181	5910.29	0.00	-45.20	5865.09	4335.48	1529.61	26.08
AMERICAN WHISKEYS	439	3	436	11520.46	-45.97	-19.80	11454.69	7979.21	3475.48	30.34
WINE COOLERS	10	0	10	64.90	0.00	0.00	64.90	45.64	19.26	29.68
CHAMPAGNE	511	0	511	7520.99	0.00	-208.60	7312.39	5175.40	2136.99	29.22
PREMIUM TABLE	522	0	522	6330.43	0.00	-30.60	6299.83	4366.26	1933.57	30.69
TABLE WINE	188	0	188	1835.03	0.00	-15.00	1820.03	1240.58	579.45	31.84
WINE WALL	2851	12	2839	37322.29	-144.88	-2018.90	35158.51	25673.76	9484.75	26.98
BOX WINE	695	0	695	12625.05	0.00	-185.80	12439.25	8655.70	3783.55	30.42
FOOD	380	2	378	858.19	-2.09	-10.95	845.15	570.02	275.13	32.55
NON-FOOD	187	0	187	577.73	0.00	-0.18	577.55	332.26	245.29	42.47

JUN 26 2017

OFFICE

	DATE	DATE	AMOUNT
Tue	9/20	9/21	38.76
Wed	9/21	9/22	25.40
Thur	9/22	9/23	43.00
Fri	9/23	9/24	37.00
Mon	9/26	9/27	51.00
T	9/27	9/28	55.00
W	9/28	9/29	121. —
Thur	9/29	9/30	65. —
Fri	9/30	10/1	56. —
Mon	10/3	10/4	27. —
T	10/4	10/5	51. —
Wed	10/5	10/6	47. —
Th	10/6	10/7	168. —
Fri	10/7	10/8	114. —
Mon	10/10	10/11	174. —
Tue	10/11	10/12	19. —
Wed	10/12	10/13	126. —
Thur	10/13	10/14	48. —
Fri	10/14	10/15	103. —
Mon	10/17	10/18	2.00
Tue	10/18	10/19	59.64
Wed	10/19	10/20	119.85
Thur	10/20	10/21	55. —
Fri	10/21	10/22	19. —
Mon	10/24	10/25	53. —
Tue	10/25	10/26	36. —
Wed	10/26	10/27	30. —
Thur	10/27	10/28	18. —
Fri	10/28	10/29	84. —
Tue	11/1	11/2	54. —
Wed	11/2	11/3	21.71



Affidavit of Jamie J. Bails

State of Alaska

Sitka Borough

I, Jamie J. Bails, hereby declare and state as follows:

1. I am over eighteen years of age, and am otherwise competent to testify herein. This affidavit is based upon my personal knowledge.

2. I was employed as a store clerk by House of Liquors Inc. (the "Liquor License Holder") from May 14, 2015 to January 2, 2017. The Liquor License Holder operated two package store liquor licenses, one doing business as House of Liquors ("House of Liquors") and another doing business as Salty Sal's Liquor Cabinet ("Salty Sal's"). I worked at both licensed premises.

3. I served as the store clerk at Salty Sal's from September 20, 2016 to November 2, 2016 (generally Monday through Friday). My job duties included stocking shelves with an appropriate variety of malt beverages, wines and distilled spirits, ensuring that the alcoholic beverages were displayed in a clean and attractive manner, interacting with customers and recording the sales of alcoholic beverages through the cash register.

4. I worked at Salty Sal's on thirty-one (31) days in the September 20, 2016 to November 2, 2016 timeframe. On thirty (30) of those days, I worked an eight (8) hour shift. On September 30, 2016, I fell ill and closed the store early.

5. My manager, Jim Gould, prepared work schedule sheets for the Liquor License Holder's employees. Attached hereto as Exhibit 1 are true and correct copies of the work schedule sheets from September 19, 2016 to November 6, 2016. I received work schedule sheets in the normal course of my employment. I am the "Jamie" identified these schedules. As to each day marked "SAL," I worked at Salty Sal's for my scheduled shift.¹

6. House of Liquor had a punch clock. When I worked at House of Liquor, I "punched in"

¹ As noted, I fell ill on September 30, 2016.



and "punched out" for my shifts. Salty Sal's did not have a punch clock. Pursuant to Mr. Gould's direction, then, I generally handwrote the word "Salty's" on my timecards for those shifts at Salty Sal's. At times, I bracketed certain days with the term "Salty's," like the week of September 20 - 23, 2016. Other times, I simply wrote "9 - 5," or used similar notations. I am confident that I worked at Salty Sal's on those dates, based on my memory, the work schedule and the fact that I "punched in" and "punched out" at House of Liquor. Attached hereto as Exhibit 2 are true and correct copies of my timecards in the September - November 2016 timeframe.

7. I have reviewed the photograph attached to Mr. Gould's affidavit. It accurately depicts the exterior signage at Salty Sal's from September 20, 2016 to November 2, 2016.

I declare under penalty of perjury that the above information is true and correct, to the best of my knowledge.

Jamie J. Bails *Jamie J. Bails*

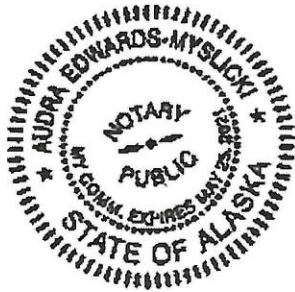
EXECUTED in SITKA, Alaska on this 22nd day of June, 2017.



STATE OF ALASKA)
) ss.
BOROUGH of SITKA)

Upon being first duly sworn, JUNE, 22 of 2017, known to me to be the person whose name is subscribed to the within instrument, acknowledged that he/she executed the same for the purposes therein contained.

Subscribed and sworn to me this 22 day of JUNE, 2017.



Printed Name: AUDRA EDWARDS-MYSLICKI
Notary Public in and for the State
of ALASKA, residing at SITKA.
My commission expires 05-25-2021





EXHIBIT 1

HOUSE OF LIQUOR

WORK SCHEDULE SHEET

Beginning date: 9/19/2016
9/25/2016

DAY	EMPLOYEE NAME	Mon	Tue	Wed	Thu	Fri	Sat	Sun
DATE		19	20	21	22	23	24	25
	JAMIE	8-4pm	9-5 SAL	9-5 SAL	9-5 SAL	9-5 SAL	X	X
	MARISSA	X	8-4PM	9-5pm	9-5pm	9-5pm	5-10pm	
	KAREN							X
	DAVID			8AM-4	8-4PM	8-4PM	8-4PM	8-4PM
	ANNA LISA	4pm-12	4pm-12	4pm-12	4pm-12	4pm-12		X
	GEORGE	11-7pm	X	X	2-10pm	2-10pm	12-8pm	2-10pm
	JACOB		10-6pm	10-6pm	X	X	10-6pm	8-4pm
	SUMMER			2-10pm			6-12pm	6-12pm
	TERESA	6-10pm	6-10pm	4-7pm		4-7pm		4-7pm

any schedule changes must be approved



HOUSE OF LIQUOR

WORK SCHEDULE SHEET

Beginning date: 9/26/2016
10/2/2016

DAY	EMPLOYEE NAME	Mon	Tue	Wed	Thu	Fri	Sat	Sun
DATE		26	27	28	29	30	1	2
	JAMIE	9-5 sal	9-5 sal	9-5 sal	9-5 sal	9-5 sal	x	x
	MARISSA	x	8-4pm	9-5pm	9-5pm	9-5pm	5-10pm	
	KAREN							x
	DAVID			8-4pm	8-4pm	8-4pm	8-4pm	8-4pm
	ANNA LISA	4pm-12	4pm-12	4pm-12	4pm-12	4pm-12		x
	GEORGE	11-7pm	x	5-10pm	2-10pm	2-10pm	12-8pm	2-10pm
	JACOB	8-4pm	10-6pm	2-10pm	x	x	10-6pm	8-4pm
	SUMMER						6-12pm	6-12pm
	TERESA	6-10pm	6-10pm			4-7pm		4-7pm

any schedule changes must be approved



HOUSE OF LIQUOR

WORK SCHEDULE SHEET

Beginning date: 10/3/2016
10/9/2016

DAY DATE	EMPLOYEE NAME	Mon	Tue	Wed	Thu	Fri	Sat	Sun
		3	4	5	6	7	8	9
	JAMIE	9-5 sal	9-5 sal	9-5 sal	9-5 sal	9-5 sal	x	x
	MARISSA	x	8-4pm	9-5pm	9-5pm	9-5pm	5-10pm	
	KAREN							9am-12
	DAVID			8-4pm	8-4pm	8-4pm	8-4pm	8-4pm
	ANNA LISA	4pm-12	4pm-12	4pm-12	4pm-12	4pm-12		x
	GEORGE	11-7pm	2-10pm	x	x	2-10pm	12-8pm	2-10pm
	JACOB	8-4pm	10-6pm	x	2-10pm	x	12-8pm	10-6pm
	SUMMER			2-10pm			6-12pm	6-12pm
	TERESA	6-10pm	x	4-7pm		4-7pm		4-7pm

any schedule changes must be approved



HOUSE OF LIQUOR

WORK SCHEDULE SHEET

Beginning date: 10/10/2016
10/16/2016

DAY	EMPLOYEE NAME	Mon	Tue	Wed	Thu	Fri	Sat	Sun
DATE		3	4	5	6	7	8	9
	JAMIE	9-5 sal	9-5 sal	9-5 sal	9-5 sal	9-5 sal	x	x
	MARISSA	x	8-4pm	9-5pm	9-5pm	9-5pm	5-10pm	
	KAREN							9am-12
	DAVID			8-4pm	8-4pm	8-4pm	8-4pm	8-4pm
	ANNA LISA	4pm-12	4pm-12	4pm-12	4pm-12	4pm-12		x
	GEORGE	11-7pm	2-6pm	x	2-10pm	2-10pm	12-8pm	2-10pm
	JACOB	8-4pm	10-6pm	2-10pm	x	x	10-6pm	10-6pm
	SUMMER						6-12pm	6-12pm
	TERESA	6-10pm	4-7pm			4-7pm		

any schedule changes must be approved



HOUSE OF LIQUOR

WORK SCHEDULE SHEET

Beginning date: 10/17/2016
10/23/2016

DAY	EMPLOYEE NAME	Mon	Tue	Wed	Thu	Fri	Sat	Sun
DATE		17	18	19	20	21	22	23
	JAMIE	9-5 sal	9-5 sal	9-5 sal	9-5 sal	9-5 sal	x	x
	MARISSA	x	8-4pm	9-5pm	9-5pm	9-5pm	5-10pm	
	KAREN							9am-12
	DAVID			8-4pm	8-4pm	8-4pm	8-4pm	8-4pm
	ANNA LISA	4pm-12	4pm-12	4pm-12	4pm-12	4pm-12		x
	GEORGE	11-7pm	2-10pm	x	x	2-10pm	12-8pm	2-10pm
	JACOB	8-4pm	10-6pm	x	x	x	10-6pm	10-6pm
	SUMMER							
	TERESA	10-4pm			4-10pm	4-7pm	6-12pm	6-12pm

any schedule changes must be approved



HOUSE OF LIQUOR

WORK SCHEDULE SHEET

Beginning date: 10/24/2016
10/30/2016

DAY	EMPLOYEE NAME	Mon	Tue	Wed	Thu	Fri	Sat	Sun
DATE		24	25	26	27	28	29	30
	JAMIE	9-5 sal	9-5 sal	9-5 sal	9-5 sal	9-5 sal	x	x
	MARISSA	x	8-4pm	9-5pm	9-5pm	9-5pm	5-10pm	
	KAREN							x
	DAVID			8-4pm	8-4pm	8-4pm	8-4pm	8-4pm
	ANNA LISA	4pm-12	4pm-12	4pm-12	4pm-12	4pm-12		x
	GEORGE	11-7pm	2-10pm	x	x	2-10pm	12-8pm	2-10pm
	JACOB	8-4pm	10-6pm	2-10pm	x	x	10-6pm	10-6pm
	SUMMER						6-12pm	6-12pm
	TERESA	10-4pm			4-10pm	4-7pm		

any schedule changes must be approved



HOUSE OF LIQUOR

WORK SCHEDULE SHEET

Beginning date: 10/31/2016
11/6/2016

DAY	EMPLOYEE NAME	Mon	Tue	Wed	Thu	Fri	Sat	Sun
DATE		31	1	2	3	4	5	6
	JAMIE	12-8pm	9-5 sal	9-5 sal	12-8pm	12-8pm	x	x
	MARISSA	x	8-4pm	9-5pm	9-5pm	9-5pm	5-10pm	
	KAREN							x
	DAVID			8-4pm	8-4pm	8-4pm	8-4pm	8-4pm
	ANNA LISA	4pm-12	4pm-12	4pm-12	4pm-12	4pm-12		x
	GEORGE	2-10pm	2-10pm	x	x	2-10pm	12-8pm	2-10pm
	JACOB	8-4pm	10-6pm	2-10pm	x	x	10-6pm	10-6pm
	SUMMER						6-12pm	6-12pm
	TERESA							

sal last day

halloween

any schedule changes must be approved





EXHIBIT 2

NAME JAMIE BAIS

Period Ending SEPT 2016 NO. _____

DATE	IN	OUT	REGISTRATION
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			

h/3
h/3
h/3
h/3

8 AM (8/18)
Labor Day (8/15)

RECEIVED
JUN 26 2017
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

TOTAL "OUT" REGISTRATIONS
TOTAL "IN" REGISTRATIONS
*Subtract "OUT" from "IN" to get Net Time Worked
*Net Time Worked is 0.23 Hrs. and 10.00s (or 10mins) of an hour

NAME _____

Period Ending _____ NO. _____

DATE	IN	OUT	REGISTRATION
16			
17			
18			
19			
20			
21			
22			
23			
24			

h/3

h/4

h/3

h/3

SA, 17 AM 9:56
SA, 17 PM 6:01

SU, 18 AM 9:57
SU, 18 PM 5:52

MO, 19 AM 7:57
MO, 19 PM 4:25

SA, 27 AM 8:56
SA, 27 PM 12:46

9-5

9-5

9-5

TOTAL "OUT" REGISTRATIONS 140 1/4 reg
TOTAL "IN" REGISTRATIONS 19 1/2 of
*Subtract "OUT" from "IN" to get Net Time Worked
*Net Time Worked is 0.23 Hrs. and 10.00s (or 10mins) of an hour

NAME Janie Bails
Period Ending OCT 2016 NO. _____

OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN

TOTAL "OUT" REGISTRATIONS 162 reg
TOTAL "IN" REGISTRATIONS 13 1/2 hr

*Subtract "IN" from "OUT" = Net Time Worked
*Method works only if clock prints 0-23 Hrs. and 100ths (or 10ths) of an hour.

\$ 700.00
DRAW

OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN

RECEIVED
JUN 26 2017
LABOR MARKET CONTROL OFFICE
STATE OF TEXAS

1st HALF

2nd HALF

NAME Jamie Baile

NAME _____

Period Ending NOV 2016 NO _____

Period Ending _____ NO _____

OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN

10.01

4:57

8:00 AM

6:01

6:30

8:57

9:16

SALTY S 9-5

SALTY S 9-5

8:00

8:00

8:00 AM

8:00

8:18 AM

8:19 AM

8:19 AM

8:20 AM

8:21 AM

8:20 AM

RECEIVED
 JUN 26 2017
 REGIONAL OPERATIONS OFFICE
 STATE IN...

TOTAL OUT REGISTRATIONS _____
 TOTAL IN REGISTRATIONS _____
 *Subtract IN from OUT = Net Time Worked
 *Method works only if clock prints G23 hrs and 100ths (or 10ths) of an hour

OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN	OUT	IN

135 1/4 Reg.
 4 1/4 OT

Affidavit of Fred E. Reeder

State of Alaska

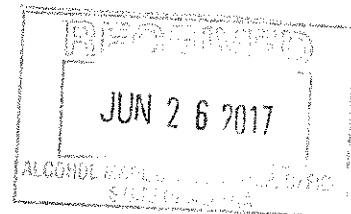
Sitka Borough

I, Fred E. Reeder, hereby declare and state as follows:

1. I am over eighteen years of age, and am otherwise competent to testify herein. This affidavit is based upon my personal knowledge.
2. My brother, Steve Reeder, and his wife own House of Liquors Inc. (the "Liquor License Holder"). The Liquor License Holder holds two package liquor store licenses, including one doing business as Salty Sal's Liquor Cabinet ("Salty Sal's").
3. On September 22, 2016, I visited Salty Sal's, as it had recently opened for the season. During my visit, I observed a variety of malt beverages, wines and distilled spirits available for sale on the store shelves. I took a photograph of the operations. Attached hereto as Exhibit 1 is a true and correct copy of my photograph.
4. I purchased with cash a 6 pack of Beer for my personal consumption on that visit.

I declare under penalty of perjury that the above information is true and correct, to the best of my knowledge.

EXECUTED in Juneau, Alaska on this 21st day of June, 2017.





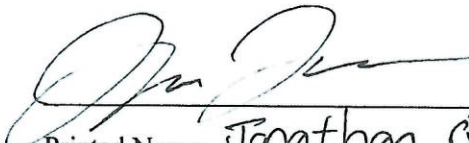
Fred E. Reeder

STATE OF Alaska)
) ss.
BOROUGH of Juneau)

Upon being first duly sworn FRED REEDER of SITKA, AK, known to me to be the person whose name is subscribed to the within instrument, acknowledged that he/she executed the same for the purposes therein contained.

Subscribed and sworn to me this 21 day of June, 2017.




Printed Name: Jonathan Quimpo

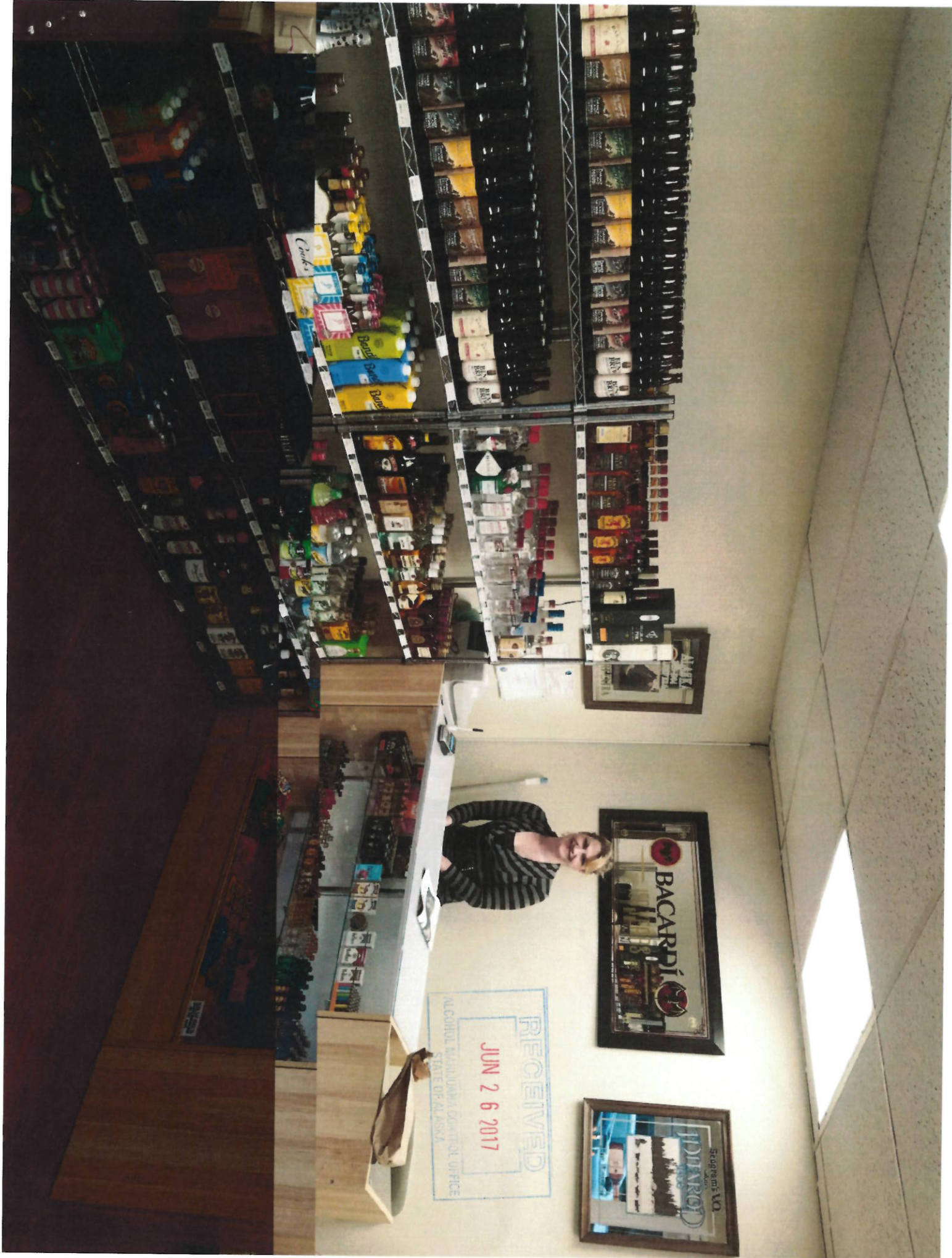
Notary Public in and for the State
of Alaska, residing at Juneau
My commission expires August 24, 2020

GSB:8792093.1

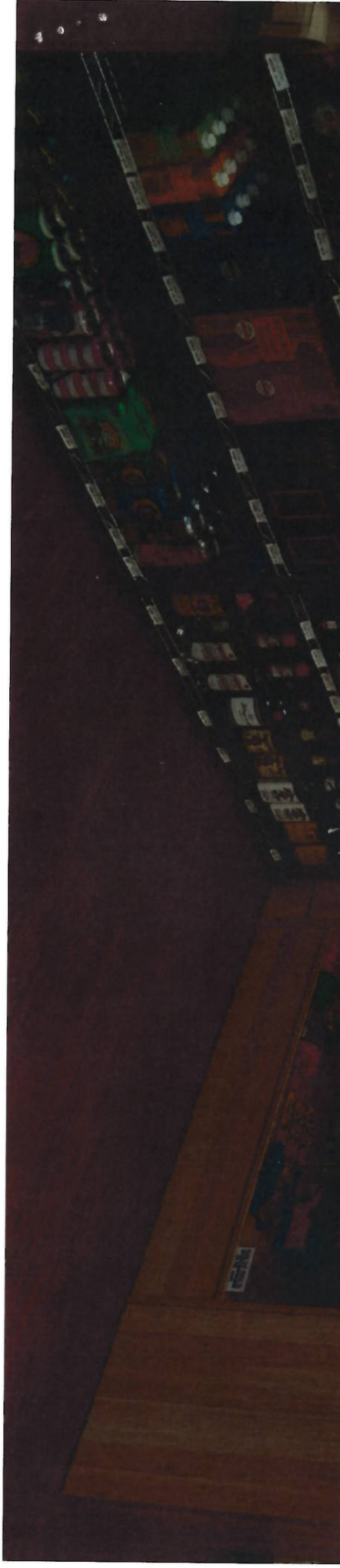


RECEIVED
JUN 26 1997
ALCOHOL AND TOBACCO
STATE OF CALIFORNIA

EXHIBIT 1



RECEIVED
JUN 26 2017
ALCOHOL MANUFACTURERS' DEPARTMENT OFFICE
STATE OF ALASKA



Affidavit of Steven J. Reeder

State of Alaska

Sitka Borough

I, Steven J. Reeder, hereby declare and state as follows:

1. I am over eighteen years of age, and am otherwise competent to testify herein. This affidavit is based upon my personal knowledge.

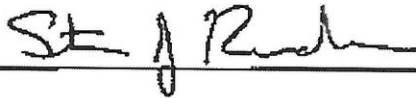
2. I am the President of House of Liquors, Inc. (the "Liquor License Holder"). The Liquor License Holder holds two package store licenses, including one doing business as Salty Sal's Liquor Cabinet ("Salty Sal's") and another doing business as House of Liquors ("House of Liquors").

3. Salty Sal's and House of Liquors have separate merchant processing accounts. Funds attributable to alcoholic beverage sales at Salty Sal's go into a separate account. Attached hereto as Exhibit 1 is a true and correct copy of the Merchant Processing Application and Agreement.

4. On February 28, 2017, I received a courtesy copy of an email from Investigator Steven M. Johnson. In the email, Investigator Johnson confirmed that Salty Sal's provided proof of compliance with "all state or municipal health, fire, and zoning laws or ordinances required for the operation of the business." Attached hereto as Exhibit 2 is a true and correct copy of Investigator Johnson's email.

I declare under penalty of perjury that the above information is true and correct, to the best of my knowledge.

Steven J. Reeder
President



EXECUTED in Sitka, Alaska on this 22nd day of June, 2017.

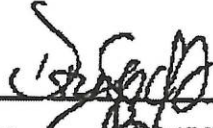
STATE OF AK



BOROUGH of SIKA)

Upon being first duly sworn 22ND, JUNE of 2017, known to me to be the person whose name is subscribed to the within instrument, acknowledged that he/she executed the same for the purposes therein contained.

Subscribed and sworn to me this 22 day of JUNE, 2017.


Printed Name: DONALYN C. CHANG

Notary Public in and for the State
of AK, residing at SIKA.

My commission expires 12-06-2020



RECEIVED
JUN 26 2017
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

EXHIBIT 1



MERCHANT PROCESSING APPLICATION AND AGREEMENT (MPA)

Agent Office (Print) **ALASKA 2**

Agent Telephone **(907) 738-1835** Lead No. _____

Sales Representative (Print) **CASEY J GOULD**

Promo Code _____

Program Code _____

Dual Board

(1) MERCHANT INFORMATION

Legal Name of Business House of Liquor Inc.		DBA (Doing Business As) (only 22 characters including spaces) Salty Sal's		
Physical Address (No P.O. Boxes) 5921-B Lincoln St		City Sitka	State AK	ZIP 99835
Mailing Address (if different from Physical Address) 705 Halibut Point Rd		City Sitka	State AK	ZIP 99835
Business Telephone (907) 747-5399	Business Fax Telephone (907) 747-5075	Merchant Customer Service Telephone (907) 747-5399		
Merchant E-Mail wine4u@gci.net		Age of Business Yrs. 5 Mos. 1		
List Type of Business/Products/Services Sold and How (Be specific) 5921-B PACKAGE STORES - BEER, WINE & LIQUOR=beer wine ect		Merchant URL		
IATA/ARC Number		Authorized Business Rep Steven Reeder		
Tax Filing Name (as it appears on your income tax return) House of Liquors Inc	Federal Tax ID # (as it appears on your income tax return) ****0496	a. Is your business located outside of the 50 United States, in the District of Columbia or in a U.S. territory? (If Yes, please attach IRS Form W-9) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No b. Does your business currently hold a non-profit status letter from the IRS? (If Yes, please attach IRS Determination Letter) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No c. Is your business part of a Government Entity such as a state or federal agency? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

NOTE: Failure to provide accurate information may result in a withholding of Merchant funding per IRS regulations. See Part IV, Section A.3 of your Program Guide for further information.

(2) OWNERSHIP

100% ownership for a partnership or proprietorship, must be accounted for on the application.

Sole Proprietorship Private Corp. Public Corp. Government (federal/state/local) Medical or Legal Corporation International Org.
 Partnership Limited Liability Co. Non-Profit Corp. Associations/Estates and Trusts Tax-Exempt Org. (501C)

Run Credit Report (Must be signer)

Principal's Name Steven Reeder	Ownership % 50	Date Business Acquired 04/07/2012	Title President	Contact Phone Number (602) 549-7468
Date of Birth (mm/dd/yyyy) (Required) 04/22/1950	Social Security No. (Required) *****5506	Driver's License No. and State/State Issued ID (Required) ***8120	Expiration Date (Required) 04/22/1921	
Street Address (Physical Address - No P.O. Boxes) 705 Halibut Point Rd	City Sitka	State AK	ZIP 99835	Country USA
Second Principal's Name Sallie Reeder	Ownership % 50	Date Business Acquired 04/07/2012	Title Secretary/Treasurer	Contact Phone Number (602) 549-7534
Date of Birth (mm/dd/yyyy) (Required) 04/15/1953	Social Security No. (Required) *****8822	Driver's License No. and State/State Issued ID (Required) ***4700 AK	Expiration Date (Required) 09/12/2017	
Street Address (Physical Address - No P.O. Boxes) 705 Halibut Point Rd	City Sitka	State AK	ZIP 99835	Country USA

(3) SETTLEMENT ACCOUNT (you MUST attach a voided check)

We will automatically debit your Settlement Account for any amounts owed to us under the Merchant Agreement. The Transit Routing Number and Account Number must match the information listed on the voided check.

Bank Name Wells Fargo Bank, National Association	Transit Routing Number *****5278	Account Number *****9798	Telephone 6234652244
--	--	------------------------------------	--------------------------------

(4) MARKETING METHOD

Combined Estimated Monthly Volume (MC/Visa/Discover®) \$ 20000.00	Face to Face 100%	Swiped 100%
Est. Monthly Volume (American Express) \$ 0.00	Mall Order (MO) _____%	Keyed With Imprint 0%
Typical Ticket/Sales Amount \$ 25.00	Telephone Order (TO) _____%	Keyed Without Imprint 0%
Estimated Highest Ticket/Sales Amount \$ 0.00	Internet _____%	Total 100%

(5) EQUIPMENT/SOFTWARE**

QTY.	Equipment Category (Terminal, Software, etc.)	Equipment Name	Authorization Network*** (Nashville, CardNet, etc.)	Customer Owned (C) or New (N)	Lease (L)
1	Terminal	FD-130	Nashville	<input type="checkbox"/> C <input checked="" type="checkbox"/> N	<input type="checkbox"/> L
	Auto Close Time* _____	<input type="checkbox"/> am <input type="checkbox"/> pm <input type="checkbox"/> AVS <input type="checkbox"/> CVV <input type="checkbox"/> IP Enabled <input type="checkbox"/> Dup. Transaction Check <input type="checkbox"/> Tip Entry <input type="checkbox"/> Tip after Sale	<input type="checkbox"/> Server Prompt <input type="checkbox"/> Invoice No.	<input type="checkbox"/> Order No.	
	Auto Close Time* _____	<input type="checkbox"/> am <input type="checkbox"/> pm <input type="checkbox"/> AVS <input type="checkbox"/> CVV <input type="checkbox"/> IP Enabled <input type="checkbox"/> Dup. Transaction Check <input type="checkbox"/> Tip Entry <input type="checkbox"/> Tip after Sale	<input type="checkbox"/> Server Prompt <input type="checkbox"/> Invoice No.	<input type="checkbox"/> Order No.	
	Auto Close Time* _____	<input type="checkbox"/> am <input type="checkbox"/> pm <input type="checkbox"/> AVS <input type="checkbox"/> CVV <input type="checkbox"/> IP Enabled <input type="checkbox"/> Dup. Transaction Check <input type="checkbox"/> Tip Entry <input type="checkbox"/> Tip after Sale	<input type="checkbox"/> Server Prompt <input type="checkbox"/> Invoice No.	<input type="checkbox"/> Order No.	
	Auto Close Time* _____	<input type="checkbox"/> am <input type="checkbox"/> pm <input type="checkbox"/> AVS <input type="checkbox"/> CVV <input type="checkbox"/> IP Enabled <input type="checkbox"/> Dup. Transaction Check <input type="checkbox"/> Tip Entry <input type="checkbox"/> Tip after Sale	<input type="checkbox"/> Server Prompt <input type="checkbox"/> Invoice No.	<input type="checkbox"/> Order No.	
	Auto Close Time* _____	<input type="checkbox"/> am <input type="checkbox"/> pm <input type="checkbox"/> AVS <input type="checkbox"/> CVV <input type="checkbox"/> IP Enabled <input type="checkbox"/> Dup. Transaction Check <input type="checkbox"/> Tip Entry <input type="checkbox"/> Tip after Sale	<input type="checkbox"/> Server Prompt <input type="checkbox"/> Invoice No.	<input type="checkbox"/> Order No.	
	Auto Close Time* _____	<input type="checkbox"/> am <input type="checkbox"/> pm <input type="checkbox"/> AVS <input type="checkbox"/> CVV <input type="checkbox"/> IP Enabled <input type="checkbox"/> Dup. Transaction Check <input type="checkbox"/> Tip Entry <input type="checkbox"/> Tip after Sale	<input type="checkbox"/> Server Prompt <input type="checkbox"/> Invoice No.	<input type="checkbox"/> Order No.	
	Auto Close Time* _____	<input type="checkbox"/> am <input type="checkbox"/> pm <input type="checkbox"/> AVS <input type="checkbox"/> CVV <input type="checkbox"/> IP Enabled <input type="checkbox"/> Dup. Transaction Check <input type="checkbox"/> Tip Entry <input type="checkbox"/> Tip after Sale	<input type="checkbox"/> Server Prompt <input type="checkbox"/> Invoice No.	<input type="checkbox"/> Order No.	
	Auto Close Time* _____	<input type="checkbox"/> am <input type="checkbox"/> pm <input type="checkbox"/> AVS <input type="checkbox"/> CVV <input type="checkbox"/> IP Enabled <input type="checkbox"/> Dup. Transaction Check <input type="checkbox"/> Tip Entry <input type="checkbox"/> Tip after Sale	<input type="checkbox"/> Server Prompt <input type="checkbox"/> Invoice No.	<input type="checkbox"/> Order No.	
	Auto Close Time* _____	<input type="checkbox"/> am <input type="checkbox"/> pm <input type="checkbox"/> AVS <input type="checkbox"/> CVV <input type="checkbox"/> IP Enabled <input type="checkbox"/> Dup. Transaction Check <input type="checkbox"/> Tip Entry <input type="checkbox"/> Tip after Sale	<input type="checkbox"/> Server Prompt <input type="checkbox"/> Invoice No.	<input type="checkbox"/> Order No.	
	Auto Close Time* _____	<input type="checkbox"/> am <input type="checkbox"/> pm <input type="checkbox"/> AVS <input type="checkbox"/> CVV <input type="checkbox"/> IP Enabled <input type="checkbox"/> Dup. Transaction Check <input type="checkbox"/> Tip Entry <input type="checkbox"/> Tip after Sale	<input type="checkbox"/> Server Prompt <input type="checkbox"/> Invoice No.	<input type="checkbox"/> Order No.	

(5) EQUIPMENT/SOFTWARE (cont'd)**

QTY.	Equipment Category (Peripheral)	Equipment Name	Authorization Network*** (Nashville, CardNet, etc.)	Customer Owned (C) or New (N)	Lease (L)
				<input type="checkbox"/> C <input type="checkbox"/> N	<input type="checkbox"/> L
				<input type="checkbox"/> C <input type="checkbox"/> N	<input type="checkbox"/> L
				<input type="checkbox"/> C <input type="checkbox"/> N	<input type="checkbox"/> L
				<input type="checkbox"/> C <input type="checkbox"/> N	<input type="checkbox"/> L
				<input type="checkbox"/> C <input type="checkbox"/> N	<input type="checkbox"/> L
				<input type="checkbox"/> C <input type="checkbox"/> N	<input type="checkbox"/> L
				<input type="checkbox"/> C <input type="checkbox"/> N	<input type="checkbox"/> L
				<input type="checkbox"/> C <input type="checkbox"/> N	<input type="checkbox"/> L
				<input type="checkbox"/> C <input type="checkbox"/> N	<input type="checkbox"/> L
				<input type="checkbox"/> C <input type="checkbox"/> N	<input type="checkbox"/> L

*Time Zone will be merchant's local time.
 **Features apply to terminals only.
 ***Authorization Network: 4000 = Nashville; 4010 = Omaha; 206 = CARDnet; 4006 = Buypass; 5083 = Compass

(6) SITE INSPECTION

1. Person/authorized company performing site visitation: _____

2. Visitation Date: _____

3. How Many Employees: 2

4. Location: Mail Office Home Shopping Area Mixed Apartment Isolated

5. Zone: Business District Industrial Residential

6. What is the timeframe from the transaction to delivery of product/service?
100% 0-7 days 0% 8-14 days 0% 15-30 days 0% 30+ days

(7) PROCESSOR

1. Are you now processing or have you ever processed MC/Visa/Discover? Yes No (If yes, attach a previous processor's statement)

2. Name of Processor: _____

3. Have you ever had a payment card processing relationship terminated? Yes No (If yes, attach explanation)

4. Do you use any Third Party Processor (TPP) to store, process or transmit cardholder data? Yes No If yes, give name and address of TPP: _____

(8) FEE SCHEDULE (Charged by Processor)

All fees are subject to change as provided below. For further details, read the entire Merchant Application and Program Guide.

DISCOUNT RATES FOR MASTERCARD/VISA/DISCOVER*

Acceptance of all Mastercard, Visa and Discover transactions is presumed unless you indicate which service(s) you do not want by checking that service below. (See Section 1.9 of your Program Guide.)

Visa Credit Transactions Visa Non-PIN Debit Transactions MC Credit Transactions MC Non-PIN Debit Transactions Discover Transactions

Qualified Rates: Credit _____ % Non-PIN Debit _____ % Non-Qualified Rates: Credit Qualified Rate plus _____ % + \$ _____ Non-PIN Debit Qualified Rate plus _____ % + \$ _____ Non-Qualified Rates: Credit Qualified Rate plus _____ % + \$ _____ Non-PIN Debit Qualified Rate plus _____ % + \$ _____ Non-Qualified Surcharge Fee** _____ % Rewards Cards Surcharge Rate _____ %	Discount Rate for MasterCard, Visa and Discover Credit and MasterCard, Visa and Discover Non-PIN Debit <u>.1500 %</u> + Card Organization Dues/Assessments + Interchange Rate = Total Processing Rate Your processing fees will be the Discount Rate plus Card Organization Dues/Assessments and the current Interchange Rate at the time you process your Transaction. Interchange Rates are variable and are determined by how your transactions clear Interchange. Please see your Interchange Schedule for Interchange Rates and Dues/Assessments, and the Interchange qualification criteria as of the date of this Application. The Interchange Rates and Dues are subject to change. Discount Rates are charged on all sales and refunds. All Discount Rates will be deducted daily.
---	---

AUTHORIZATION AND TRANSACTION FEES

Auth Fee for MC/Visa/Discover	\$ <u>0.0600</u>
Auth Fee for American Express	\$ _____

AMERICAN EXPRESS

Check Here American Express Discount Rate* _____ % Additional Ownership Information _____

*Additional American Express® Program Pricing rates also apply, which are available on the Interchange Qualification Matrix and American Express Program Pricing document (IQM) and vary based on a variety of factors including the qualification criteria met for each transaction. Please refer to the IQM on BusinessTrack.com for qualification criteria and American Express Program Pricing rates.

ADMINISTRATIVE FEES

Chargeback Fee for MC/Visa/Discover	\$ <u>30.00</u> (per occurrence)
Chargeback Fee for American Express	\$ _____ (per occurrence)
Compliance Service Fee: <input type="checkbox"/> Annual <input type="checkbox"/> Monthly	\$ _____
Checking Account Change, ACH Reject, and Account Closure fees	\$ <u>30.00</u> (per occurrence)

Early Cancellation Fee: An amount equal to your Monthly Minimum Fee MC/Visa/Discover Monthly Merchant Service Fee, and Monthly Account Fee multiplied by the number of months remaining in your term, as designated in the Initial Term of Merchant Agreement section of this MPA.
 *not applicable to TeleCharge Merchant accounts.

MONTHLY FEES

Minimum Processing Fee	\$ <u>30.00</u>
Non-Receipt of PCI Validation Fee (only charged after 3 months and each month thereafter if we have not received Merchant's validation of PCI compliance - see glossary for details)	\$ <u>19.95</u> (if applicable)
Monthly Customer Service Fee	\$ <u>0.00</u>
Monthly Account Fee	\$ <u>0.00</u>
Month End Discount Billing (Discount Rates will be charged at the end of the monthly billing cycle)	\$ _____
Merchant Statement Fee*	\$ <u>9.95</u>

*TeleCharge Merchants who receive a paper statement will be charged \$5.00 per month. To discontinue your paper statement and to receive your Monthly Settlement Statement exclusively online at no charge, you must register at www.businessTrack.com

OTHER RATES & FEES (if applicable)

Voice Auth Fee	\$ <u>0.75</u>	Access Fee	\$ <u>0.0299</u>	Batch Settlement Fee	\$ <u>0.00</u>
AVS Fee (per inquiry)	\$ <u>0.05</u>	Batch Closure Fee	\$ <u>0.00</u>	MasterCard License Volume Fee	\$ <u>0.019%</u>

(9) PRODUCTS AND SERVICES FEE SCHEDULE (Charged by Processor)

CLOVER™ SERVICE

Clover Services (Per Clover Station)* \$ _____ Clover Menu Load \$ FREE

*You will be charged the applicable State/City/Local Sales Tax.

Menu Options: (Must select one)

- Attached (PDF, JPEG, or MS Office document) Available Online: Web Site (URL) (please enter URL)
Will provide directly to Sales Agent
No Menu; Merchant will build menu

INSIGHTICS™ SOLUTION

Insightics Solution Monthly Subscription \$ _____
To register and access your insightics™ solution today, go to www.getinsightics.com/register. To receive the insightics solution from your Clover™ device, you must download the insightics App from the Clover App Market and agree to those terms and conditions.

MOBILE SERVICES

Clover® Go Monthly Mobile Service \$ _____

PAYEEZY™ GATEWAY

Payeezy Gateway Payeezy Monthly Fee: \$ _____
Payeezy Trans. Fee: \$ _____

TRANSARMOR® SOLUTION

TransArmor® Solution Monthly Subscription with Clover \$ _____
TransArmor® Solution Monthly Subscription \$ 16.95

PERKA™ SOLUTION

Perka Solution Monthly Fee \$ _____
For the Perka™ solution, Ignite Payments, LLC will provide your email address and any other information from this MPA as needed, to Perka, Inc. (Perka) and Perka will provide you with registration instructions. To receive the Perka solution, you must agree to Perka's terms and conditions. To receive the Perka solution from your Clover™ device, you must download the Perka App from the Clover App Market and agree to the Perka terms and conditions, which include the Perka solution monthly subscription fee.

ALTERNATIVE GATEWAY*

Alternative Gateway Monthly Gateway Fee: \$ _____ Gateway Transaction Fee: \$ _____
*The Monthly Gateway Fee and Gateway Transaction Fee are required for Gateways billed by Ignite Payments.

WIRELESS

Wireless Monthly Wireless Access Fee: \$ _____ (per unit)

DEBIT

Debit Card Monthly Fee \$ _____ PIN Debit/ Non-PIN Debit PIN Debit/ Non-PIN Debit Discount Rate _____ % Debit Auth Fee \$ _____
PIN Debit PIN Debit/ATM Trans Fee \$ _____ Cash-Back Limit* \$ _____
(please network processing fee) *(Cash-Back Limit only applies to PIN Debit)

ELECTRONIC BENEFITS TRANSFER (EBT)

Food Stamps Cash Benefit SNAP/FNS #: _____ Dial-Up Wireless
EBT Auth Fee: \$ _____ Balance Inquiry Fee: \$ _____ EBT Transaction Fee: \$ _____

PETROLEUM

Pay at the Pump: Voyager Discount Rate 3.95% Auth Fee \$ _____ Monthly Sales Vol. \$ _____
WEX Full Service Discount Rate _____ % Auth Fee \$ _____ Chargeback Fee \$ _____ Monthly Sales Vol. \$ _____
WEX Non-Full Svc (Discount Rate charged by WEX Inc. Please see your WEX Inc. Agreement) Auth Fee \$ _____ (per occurrence)

OTHER ENTITLEMENTS

AMERICAN EXPRESS STANDARD CARD ACCEPTANCE PROGRAM (Pass Through)*

American Express Existing Pass Through SE Number: _____
*You consent to us providing this information to American Express Travel Related Services Company, Inc. Please provide your American Express pass through Service Entitlement (SE) number. If you do not have a SE number, please contact American Express at 1-855-825-3297 for assistance.

EXISTING DISCOVER NETWORK

Existing Discover Number _____
Franchise Number _____

(10) MISCELLANEOUS FEES (if applicable)

\$ _____ \$ _____ \$ _____

(11) INITIAL TERM OF MERCHANT AGREEMENT

Length of Initial Term: 1 year(s) month(s) (Init.)

(12) THIRD PARTY AGREEMENTS

FIRST DATA GLOBAL LEASING

Table with 5 columns: Equipment Name, Qty, Unit Price, Lease Term (months)**, Total Cost to Lease (per equipment). Includes rows for Total Monthly Lease Amount, Annual Tax Handling Fee, and Total Cost to Lease (all equipment).

*Does not include taxes, late fees, or other charges that may apply - See the Equipment Lease Agreement Section of your Program Guide for details.
**This is a non-cancellable lease for the full term indicated. First Data Global Leasing will automatically debit the Settlement Account identified on page 1 for all amounts owing under the lease. The equipment/products to be leased are referenced in the Equipment/Software section of this MPA.

Option to purchase: If you wish to buyout the equipment, please contact 1-877-257-2094. (Merchant's Initials: _____)

TELECHECK®

WARRANTY TYPE (select only one):

ECA WARRANTY OR PAPER WARRANTY

ECA® Warranty Paper Warranty Mail Order Warranty Multiple Hold Check Warranty COD Warranty
Monthly Check Volume \$ _____ Average Dollar Amount \$ _____ December Risk Surcharge 0.10% CROC/Voice Auth Fee \$ 2.50
Inquiry Rate % Transaction Fee \$ _____ Monthly Processing Fee \$ 5.00 Monthly Minimum Fee \$ _____
Warranty Maximum* \$ _____ Monthly Reporting (Included at No Charge)

*Warranty maximum for ECA is \$25,000; Paper Warranty is face value of check; Vertical Market programs: Grocery is \$300; Convenience, Medical, Beauty/Barber is \$200. (See Agreement for definitions, warranty requirements and any additional fees.)

(12) THIRD PARTY AGREEMENTS (cont'd)

INTERNET CHECK ACCEPTANCE (ICA)

Warranty Verification
December Risk Surcharge 0.10%
Monthly Check Volume \$
Average Dollar Amount \$
of Websites/Call Centers:
Setup Fee \$ Inquiry Rate % Transaction Fee \$ Monthly Processing Fee \$ Monthly Minimum Fee: \$
Corporate check processing service add-on selected? Yes No Maximum Warranty (ICA): \$ 2,500.00

CHECKS BY PHONE (CBP)

Warranty Verification
December Risk Surcharge 0.10%
Monthly Check Volume \$
Average Dollar Amount \$
of Websites/Call Centers:
Setup Fee \$ Inquiry Rate % Transaction Fee \$ Monthly Processing Fee \$ Monthly Minimum Fee: \$
Order Confirmation Letter Fee** (CBP only) \$ 0.75 Corporate check processing service add-on selected? Yes No Maximum Warranty (CBP): \$ 5,000.00
Opt-Out: Subscriber agrees to send written confirmation to consumer per NACHA.

Lockbox Pro21 - Verification

Monthly Check Volume \$
Average Check Size \$
Max Check Amount \$ 25,000.00
Transaction Fee \$
Monthly Minimum Fee \$
CROC/Voice Auth Fee \$ 2.50
Statement Processing Fee \$ 5.00

e-Deposit (Settlement Only)

Monthly Check Volume \$
Average Check Size \$
Max Check Amount \$ 25,000.00
Transaction Fee \$
Monthly Minimum Fee \$
CROC/Voice Auth Fee \$ 2.50
Statement Processing Fee \$ 5.00

ADDITIONAL TELECHECK INFORMATION (Required for Check By Phone Services Only)

Merchant:
1. Is a publicly traded corporation.
2. Is a subsidiary of a publicly traded corporation.
3. Is federally insured.
4. Is a government entity.
5. Sells anti-telemarketing devices.
6. Sells "credit enhancements" services/products.
7. Sells identity theft protection services/products.
8. Sells services/products that facilitate the obtaining of grant.
9. Has annual revenues of \$
10. Has been the subject of a law enforcement or government investigation.
11. Has had any state-issued or business licenses revoked.
12. Has used another TEL Processor within the past two (2) years.
13. Obtains % of annual revenues from sales solicitations initiated by Company via telephone, fax or e-mail to customers for which the Company has had no existing relationship with for the past two (2) years.
14. Describe Company's specific type of business and product lines for the past two (2) years:

Term and Termination. TeleCheck will provide the TeleCheck Services selected in the TeleCheck Application for an initial term of twelve (12) months from the effective date. Thereafter, the TeleCheck Services shall automatically renew for successive 12-month terms until terminated as provided for in the TeleCheck Service Agreement.
Damages. Upon your breach or unauthorized termination of the TeleCheck Services, TeleCheck shall be entitled to recover from you liquidated damages in an amount equal to ninety percent (90%) of the total aggregate charges payable for the unexpired portion of the then-current term of the TeleCheck Services.
Payment. All fees and charges are due upon receipt. You authorize TeleCheck to debit from your financial institution account as provided to TeleCheck by you, all payments and other amounts owed. You agree to pay TeleCheck a \$25.00 fee for any check or ACH debit that is not paid by your financial institution upon presentation.

(13) AGREEMENT APPROVAL

Client certifies that all information set forth in this completed Merchant Processing Application and Agreement (MPA) is true. Client acknowledges having received and read the copy of the MPA (consisting of Sections 1-13), Program Guide (which includes terms and conditions for each of the services, Operating Procedures, Third Party Agreement(s) and a Confirmation Page (version 1p1115) and agrees to be bound by all provisions as printed herein, as modified from time to time. Client acknowledges and agrees that we, our Affiliates and our third party subcontractors and/or agents may use automatic telephone dialing systems to contact Client at the telephone number(s) Client has provided in this MPA and/or may leave a detailed voice message in the event that Client is unable to be reached, even if the number provided is a cellular or wireless number or if Client has previously registered on a Do Not Call list or requested not to be contacted for solicitation purposes. Client hereby consents to receiving commercial electronic mail messages from us or our Affiliates from time to time. Client further agrees that Client will not accept more than 20% of its card transactions via mail, telephone or internet order. However, if your MPA is approved based upon contrary information stated in Section 4, Marketing Method above, you are authorized to accept transactions in accordance with the percentages indicated in that section. This signature page also serves as a signature page to the Third Party Agreement(s) appearing in the Third Party Section of the Program Guide.
By signing below, each of the undersigned authorizes us, our Affiliates, our third party subcontractors and/or agents and the applicable Card Organizations to verify the information contained in this Merchant Processing Application and to request and obtain from any consumer reporting agency and other sources, including bank references, personal and business consumer reports and other information and to disclose and exchange such information amongst each other for any purpose permitted by law. If the Merchant Processing Application is approved, each of the undersigned also authorizes us, our Affiliates, our third party subcontractors and/or agents and applicable Card Organizations to obtain subsequent consumer reports and other information from other sources, including bank references, in connection with the review, maintenance, updating, renewal or extension of the Agreement and applicable Third Party Agreement(s) for any other purpose permitted by law and disclose such information amongst each other. Each of the undersigned furthermore agrees that all references, including banks and consumer reporting agencies, may release any and all personal and business credit financial information to us, our Affiliates, our third party subcontractors and/or agents and applicable Card Organizations.
As part of our approval, processing services, continuing fraud prevention and account review processes, the undersigned consents to the use of information gathered online or that you submit to us, and/or automated electronic computer security screening, by us or our third party vendors.
Client authorizes Ignite Payments, LLC and Bank and their affiliates to debit Client's designated bank account via Automated Clearing House (ACH) for costs associated with equipment hardware, software and shipping. You further acknowledge and agree that you will not use your merchant account and/or the Services for illegal transactions, for example, those prohibited by the Unlawful Internet Gambling Enforcement Act, 31 U.S.C. Section 5361 et seq, as may be amended from time to time, or processing and acceptance of transactions in certain jurisdictions pursuant to 31 CFR Part 500 et seq, and other laws enforced by the Office of Foreign Assets Control (OFAC).
Client certifies, under penalties of perjury, that the federal taxpayer identification number and corresponding filing name provided herein are correct.
I agree that if I process Card transactions, I will comply with the Program Guide for all transactions I process. The current Program Guide is available online at www.firstdata.com/hq/merchants/operatingprocedures/1115.pdf.
I understand that I also may request a copy of the Program Guide from my sales representative at any time. I further understand that a sample copy of this MPA [version number c1115rel] is available for me to view or copy online at www.firstdata.com/hq/merchants/agreement/c1115rel.pdf. I further understand that no strikeouts, interlineations, additions or modifications to this preprinted MPA may be made and that this MPA may be transmitted to or from Processor and/or related electronically by Processor, which will constitute an original.
Client agrees to all the terms of this MPA. This MPA shall not take effect until Client has been approved and this Agreement has been accepted by Ignite Payments, LLC and Bank.

Steven Reeder
Print Name of Principal or Corporate Officer
Signature (Title)
Date 4/7/2017
Print Name of Principal or Corporate Officer
Signature (Title)
Date

ACH AUTHORIZATION

ACH Debit and Credit Authorization: Client authorizes its Financial Institution to pay and charge to its account the amount(s) due TeleCheck under this TeleCheck Services Agreement and to accept all credits and debits made to its account by TeleCheck via electronic funds transfer in connection with TeleCheck's services under this TeleCheck Services Agreement. This authorization shall remain in effect until (30) thirty days after revoked in writing.

Signature
Authorized Signature on TeleCheck Account for ACH
Print Name/Title:
Date

Personal Guaranty: In exchange for Ignite Payments, LLC and Wells Fargo Bank, N.A., (a member of Visa USA, Inc. and MasterCard International, Inc.), and TeleCheck Services, Inc. (the Guaranteed Parties) acceptance of, as applicable, the Agreement, and/or the applicable Third Party Agreement(s), the undersigned unconditionally and irrevocably guarantees the full payment and performance of Client's obligations under the foregoing agreements, as applicable, as they now exist or as modified from time to time, whether before or after termination or expiration of such agreements and whether or not the undersigned has received notice of any amendment of such agreements. The undersigned waives notice of default by Client and agrees to indemnify the Guaranteed Parties for any and all amounts due from Client under the foregoing agreements. The Guaranteed Parties shall not be required to first proceed against Client to enforce any remedy before proceeding against the undersigned. This is a continuing personal guaranty and shall not be discharged or affected for any reason. The undersigned understands that this is a Personal Guaranty of payment and not of collection and that the Guaranteed Parties are relying upon this Personal Guaranty in entering into the foregoing agreements, as applicable.

Name of Personal Guarantor
Signature, as an individual (No Title)
Date
Print Name of Personal Guarantor
Signature, as an individual (No Title)
Date

Ignite Payments, LLC, on behalf of itself and on behalf of Wells Fargo Bank, N.A., (a member of Visa USA, Inc. and MasterCard International, Inc.)

Signature X

PROCESSOR Name: Ignite Payments, LLC
 INFORMATION: Address: 5565 Glenridge Connector, NE, Atlanta, GA 30342
 URL: www.ignitepayments.com Customer Service #: 1-877-274-7915

Please read the Program Guide in its entirety. It describes the terms under which we will provide merchant processing Services to you.

From time to time you may have questions regarding the contents of your Agreement with Bank and/or Processor or the contents of your Agreement with TeleCheck and/or its affiliate, TRS. The following information summarizes portions of your Agreement in order to assist you in answering some of the questions we are most commonly asked.

- Your Discount Rates** are assessed on transactions that qualify for certain reduced interchange rates imposed by the applicable Card Organization. Any transactions that fail to qualify for these reduced rates will be charged an additional fee (see Section 19 of the Program Guide).
- We may debit your bank account** (also referred to as your Settlement Account) from time to time for amounts owed to us under the Agreement.
- There are many reasons why a Chargeback may occur.** When they occur we will debit your settlement funds or Settlement Account. For a more detailed discussion regarding Chargebacks see Section 10 of Card Processing Operating Guide or see the applicable provisions of the TeleCheck Services Agreement.
- If you dispute any charge or funding,** you must notify us within 60 days of the date of the statement where the charge or funding appears for Card Processing or within 30 days of the date of a TeleCheck transaction.
- The Agreement limits our liability to you.** For a detailed description of the limitation of liability see Sections 21, 28.7 and 31.3, of the Card General Terms; and Sections 1.23 and 8.11 of the TeleCheck Services Agreement;
- We have assumed certain risks** by agreeing to provide you with Card processing or check services. Accordingly, we may take certain actions to mitigate our risk including termination of the Agreement, and/or hold monies otherwise payable to you (see Card Processing General Terms in Section 24, Term; Events of Default and Section 25, Reserve Account; Security Interest), (see TeleCheck Services Agreement in Sections 1.1, 1.3.2, 1.3.9, 1.5.2, 1.5.7, 1.7.2, 1.7.10, 1.8.2, 1.8.8, 1.9.3, 1.9.4, 1.10.3, 1.10.4, 1.11.3, 1.11.9, 1.12.2, and 1.12.7), under certain circumstances
- By executing this Agreement with us** you are authorizing us and our Affiliate to obtain financial and credit information regarding your business and the signer and guarantors of the Agreement until all your obligations to us and our Affiliate are satisfied.
- The Agreement contains a provision** that in the event you terminate the Agreement, you will be responsible for the payment of an early cancellation fee as set forth in Part IV, A.3 under "Additional Fee Information" and Section 1.45 of the TeleCheck Services Agreement.
- If you lease equipment from Processor,** it is important that you review Section 1 in Third Party Agreements. Bank is not a party to this Agreement. **THIS IS A NON-CANCELABLE LEASE FOR THE FULL TERM INDICATED.**

10. Card Organization Disclosure

Visa and MasterCard Member Bank Information: Wells Fargo Bank N.A.

The Bank's mailing address is 1200 Montego Way, Walnut Creek, CA 94598, and its phone number is (925) 746-4167.

Important Visa and MasterCard Member Bank Responsibilities:

- The Bank is the only entity approved to extend acceptance of Visa and MasterCard products directly to a merchant.
- The Bank must be a principal (signer) to the Agreement.
- The Bank is responsible for educating merchants on pertinent Visa and MasterCard rules with which merchants must comply; but this information may be provided to you by Processor.
- The Bank is responsible for and must provide settlement funds to the merchant.
- The Bank is responsible for all funds held in reserve that are derived from settlement.
- The Bank is the ultimate authority should a merchant have any problems with Visa or MasterCard products (however Processor also will assist you with any such problems).

Important Merchant Responsibilities:

- Ensure compliance with Cardholder data security and storage requirements.
- Maintain fraud and Chargebacks below Card Organization thresholds.
- Review and understand the terms of the Merchant Agreement.
- Comply with Card Organization Rules and applicable law and regulations.
- Retain a signed copy of this Disclosure Page.
- You may download "Visa Regulations" from Visa's website at: <http://usa.visa.com/merchants/merchant-support/international-operating-regulations.jsp>
- You may download "MasterCard Regulations" from MasterCard's website at: <http://www.mastercard.com/us/merchant/support/rules.html>
- You may download "American Express Merchant Operating Guide" from American Express' website at: www.americanexpress.com/merchantopguide

Print Client's Business Legal Name: House of Liquor Inc.

By its signature below, Client acknowledges that it has received the complete Program Terms and Conditions [version IPL1115(1a)] consisting of 58 pages (including this confirmation). **IF YOU HAVE NOT RECEIVED AND REVIEWED THE COMPLETE 58 PAGES OF THE PROGRAM GUIDE, DO NOT SIGN THIS CONFIRMATION PAGE.** Client further acknowledges reading and agreeing to all terms in the Program Terms and Conditions, which shall be incorporated into Client's Agreement.

Upon receipt of a signed facsimile or original of this Confirmation Page by us, Client's Application will be processed.

The current Program Guide is available online at www.firstdata.com/ipl/merchants/operatingprocedures/IPL1115.pdf.

NO ALTERATIONS OR STRIKE-OUTS TO THE PROGRAM TERMS AND CONDITIONS WILL BE ACCEPTED.

Client's Business Principal:

Signature (Please sign below):

X 192.168.135.130

Steven Reeder

Please Print Name of Signer

Title

4/7/2017

Date

RECEIVED
JUN 26 2017
ALCOHOL BEVERAGE CONTROL OFFICE
STATE OF ALASKA

EXHIBIT 2

REDACTED



From: Johnson, Steven M (CED) [<mailto:steven.johnson@alaska.gov>]
Sent: Tuesday, February 28, 2017 2:06 PM
To: Debbie Reeder <reeder.debbie@gmail.com>; Alcohol Licensing, CED ABC (CED sponsored) <alcohol.licensing@alaska.gov>
Cc: 'steve reeder' <stevree@aol.com>
Subject: RE: Liquor License Renewal Application #3268 Salty Sal's Liquor Cabinet

Mrs. Reeder,

Per Investigator Hoelscher's instruction: listed below is 3 AAC 304.170(j)(1-7)

- (j) If a license is exercised only to satisfy the minimum operating requirement under AS 04.11.330(a)(3) or 3 AAC 304.107(c)(1), a licensee has the burden of proof to show that the licensed premises was operated in a similar fashion to other licensed premises of the same type and shall, at a minimum,
- (1) provide signage, of sufficient size and visibility to show that the premises is open for business, stating business name and hours of operations; **No signs visible on last inspection**
 - (2) offer for sale at the licensed premises, as appropriate to the type of license, a variety of malt beverages, wines, and distilled spirits; **photos needed**
 - (3) visibly display the alcoholic beverages stock in a licensed package store premises; **photos needed**
 - (4) provide seating in beverage dispensary licensed premises for at least one-half of the maximum number allowed by the occupancy permit; **N/A**
 - (5) comply with all state or municipal health, fire, and zoning laws or ordinances required for the operation of business; **Proof provided in application**

(6) maintain a record of all purchases of alcoholic beverages for resale on the licensed premises; no record provided and

(7) record sales with a cash register that retains a record of transactions. Register tape provided does not specify/delineate between Salty Sal's and other store

Respectfully,



Steven M. Johnson
Investigator III
Enforcement Unit
Alcohol & Marijuana Control Office

State Office Building, 9th Floor

333 Willoughby Avenue

Juneau, AK 99801

Office (907) 465-2330

Cell (907) 500-2053

steven.johnson@alaska.gov



Alcoholic Beverage Control Board
 550 West 7th Ave. Ste. 1600
 Anchorage, Alaska 99501
 (907) 269-0350
 FAX (907) 334-2285

Waiver of Operation
 Application

AS 04.11.330(a)(3)

License Information		Fees*	
Liquor License Number: 3268	License Type: Package Store	Waiver Fee	\$ 51,500
Local Governing Body: (City, Borough or Unorganized) Sitka		Penalty (If applicable)	\$ 1,000.00
Name of Licensee: House of Liquors, Inc.		Total Submitted	\$
Doing Business As (Business Name) Salty Sal's Liquor Cabinet		*The fee is non-refundable	
Mailing Address: 705 Halibut Point Rd., Ste D. Sitka, AK 99835		Telephone Number:	
Street Address or Location of Business		City:	


Waiver Request Information

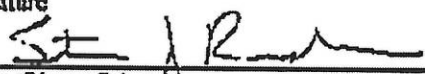
This waiver application is the: 1st Request 2nd Request 3rd Request Other _____

Waiver Request for Calendar Year: 2016 Is this license for sale? Yes No

Explanation of the circumstances for non-operation of license. Include relevant information as to why the license was not operated, any future plans for operating the license and projected timelines. Attach additional sheets if necessary.

Please see attached letter.



Signature of Licensee(s)	
Signature 	Signature
Name (Please Print) Steven J. Keeder	Name (Please Print)
Date June 23, 2017	Date