





ALCOHOL AND MARIJUANA CONTROL OFFICE

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

MEMORANDUM

TO:	Robert Klein, Chair, and Members of the Board	DATE:	July 11, 2017
FROM:	Erika McConnell Director, ABC Board	RE:	No DBA #200 Beverage Dispensary

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

The AMCO office received a complete renewal application for this beverage dispensary license on June 13, 2017. The licensee is seeking reinstatement and renewal.

Recommendation:

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

From: Donald Skewis Sent: Thursday, June 8, 2017 4:36 PM To: 907xroads@gci.net Subject: Fwd:

Sent from my iPhone

Begin forwarded message:

From: frank dahl <<u>dazldahl@gmail.com</u>> Date: June 8, 2017 at 1:03:13 PM AKDT To: Donald Skewis <<u>dskewis@me.com</u>>

June 8, 2017

Alcohol and Marijuana Control Board 550 W. 7th Ave Anchorage, Ak 99501 <u>Reinstatement</u>

RE: Liquor License #200

Dear Alcohol and Marijuana Control Board;

We are hereby requesting you approve the reinstatement of our liquor license #200. We inadvertently did not renew the license timely, as we never got the renewal application in the mail, as expected. We assume the reason was that the original address provided, <u>3437 Sagan Circle, Anchorage, Ak 99517</u> was a home recently sold, so, not a good address any longer.

We regret that we did not think to inform your office of the change.

The license was operated for approximately six months in 2016 at the Carousal lounge by the previous owner, and we are presently negotiating a lease for a new location.

Thank you for your consideration.

Sincerely,

Frank Dahl <u>11451 E. Speedway,</u> <u>Tucson, AZ 85748</u> (snow bird home) (907) 529 <u>4477</u> <u>dazldahl@gmail.com</u>

Don Skewis 1402 CAMBRCC ST Anchorage, Ak 94501

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407 229-6897 NSKEWIS AFT MR. COM

Add/Update Ow	ner or Enterprise	Licer	ises		< >
ID:	3873	200	No d.b.a.	No Premises	
Name:	Donald P Skewis & Frank Dahl				
Address:	3724 Sagan Circle				
City:	Anchorage				
State:	AK				
ZIP:	99517				
Email:	dazldahl@gmail.com; dskewis@me.com				
	Save Cancel				

ABC LICENSE MANAGEMENT

Interested Parties

Add Interested Party												
ID	Name	%	Aff	Pres	VP	Sec	Treas	Off	Mbr	Mgr		
1560	Frank Dahl	0.00									Edit	Delete
3802	Donald P. Skewis	0.00									Edit	Delete
	Total Percentage											



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

What is this form?

This renewal license application form is required for all individuals or entities seeking to apply for renewal of an existing liquor license that will expire on December 31, 2016. All fields of this form must be complete and correct, or the application will be returned to you in the manner in which it was received, per AS 04.11.270 and 3 AAC 304.105. The Community Council field only needs to be verified/completed by licensees whose establishments are located within the Municipality of Anchorage or outside of city limits within the Matanuska-Susitna Borough.

This form must be completed correctly and submitted to the Alcohol & Marijuana Control Office (AMCO)'s main office, along with all other required documents and fees, before any renewal license application will be considered complete.

Section 1 – Establishment and Contact Information

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

Licensee:	Donald P Skewis & Frank Dahl	License #:	200	
License Type:	Beverage Dispensary	Statute:	AS 04.11.090	
Doing Business As:	No d.b.a.			
Premises Address:	No Premises			
Local Governing Body:	Municipality of Anchorage			
Community Council:	None			

Mailing Address:	11451 E. SPEEDI	NAY			
City:	TUESON	State:	AZ	ZIP:	85748
DONALD SKE	MIS 1402 CAMBELL	ST ANCI	1. AK	99501	

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

Designated Licensee:	FRANK DAML				
Contact Phone:	907 529 4477 Business Phone: 5 K	MR			
Contact Email: JAZRDAHL OF GMAIL. COM					
ALT DON SKEWS 907229-6847 DSKEWIS AT MR. COM					
Yes No Seasonal License? If "Yes", write your six-month operating period:					

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Alaska Alcoholic Beverage Control Board

Form AB-17: Renewal License Application

S	ection 2 – Sole Propriet	or Owne	rship Informatic	n	
If more space is needed, plea The following information mu	ted by any <u>sole proprietor</u> who is app ase attach a separate sheet with the ust be completed for each licensee an applicant affiliate	required infor	mation.	to Sectio	n 3.
Name:	FRANK DANL				
Address:	11451 E. SPEKD	NAY	-	-	
City:	RE TULSON	State:	AZ	ZIP:	86748
Email:	OAZILOAHL APT C	E MAIL.	com		
Contact Phone:	907 529-447	7			
This individual is an: 📈 a	pplicant affiliate				
Name:	DONALD SKA	euls			
Address:	1402 admosed ST				
City:	ANLIA	State:	AK	ZIP:	49501
Email:	DSKEWIS AT ME	com			
Contact Phone:	907 229-689	7			

Section 3 – Entity Ownership Information

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

Alaska DOC Entity #:			
Alaska Division of Corporations	: A/A	Yes	No
Is your entity in good sta	/ nding with the Alaska Division of Corporations?		

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

Alaska Alcoholic Beverage Control Board

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This subsection must be completed by any <u>entity</u>, including a corporation, limited liability company (LLC), partnership, or limited partnership, that is applying for renewal. If more space is needed, please attach additional completed copies of this page.

- If the applicant is a <u>corporation</u>, the following information must be completed for each *stockholder who owns 10% or more* of the stock in the corporation, and for each *president, vice-president, secretary*, and *managing officer*.
- If the applicant is a <u>limited liability organization</u>, the following information must be completed for each *member with an ownership interest of 10% or more*, and for each *manager*.
- If the applicant is a **partnership**, including a **limited partnership**, the following information must be completed for each **partner** with an interest of 10% or more, and for each **general partner**.

Entity Official:	FRANK DAH.	2			
Title(s):	PARTNER	Phone:	90752949	477 %Ow	ned: 50
Address:	11451 F. SPER	co way			
City:	TUCSON	State:	AZ	ZIP:	85748

Entity Official:	DUNALD SKENIS					
Title(s):	PARINER	Phone:	907229-6897	% Own	ied: 50	
Address:	1402 GAMBEU ST					
City:	ANCI+	State:	AIC	ZIP:	99501	

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

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

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

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Yes

No

Alaska Alcoholic Beverage Control Board

Form AB-17: Renewal License Application

Section 4 – Authorization

Communication with AMCO staff:

Does any person other than a licensee named in this application have authority to discuss this license with AMCO staff?

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

Section 5 – License Operation

Check the box that best describes your liquor license operations in calendar years 2015 and 2016:

The license was regularly operated continuously throughout each year, for 8 or more hours each day.	R
The license was regularly operated during a specific season each year, for 8 or more hours each day.	
The license was only operated to meet the minimum requirement of 30 days each year, 8 hours each day. If this box is checked, an AMCO employee will contact you after reviewing your application.	
The license was not operated at all or was not operated for at least the minimum requirement of 30 days each year, 8 hours each day, during one or both of the calendar years.	
If this box is checked, an AMCO employee will contact you after reviewing your application.	

Section 6 – Convictions

Applicant convictions in calendar years 2015 and 2016: Has any person named in this application been convicted of a violation of Title 04, of 3 AAC 304, or a local

ordinance adopted under AS 04.21.010 in the calendar years 2015 or 2016?



No

Yes

If "Yes", list all convictions:

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

Alaska Alcoholic Beverage Control Board

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Section 7 – Certifications

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

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

I certify on behalf of myself or of the organized entity that I understand that providing a false statement on this form or any other form provided by AMCO is grounds for rejection or denial of this application or revocation of any license issued.

I certify that in accordance with AS 04.11.450, no one other than the licensee(s) has a direct or indirect financial interest in the licensed business.

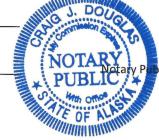
I certify that I have not altered the functional floor plan or reduced or expanded the area of the licensed premises, and I have not changed the business name or the ownership (including officers or stakeholders) from what is currently on file with the Alcoholic Beverage Control Board.

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

As an applicant for a liquor license renewal, I declare under penalty of perjury that I have read and am familiar with AS 04 and 3 AAC 304, and that this application, including all accompanying schedules and statements, is true, correct, and complete. I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application and understand that failure to do so by any deadline given to me by AMCO staff will result in this application being returned to me as incomplete.

Signature of licensee

DONALD P. SKEWIS Printed name of license



Signature of Notary Public blic in and for the State of ______ Kuska

Subscribed and sworn to before me this _____ day of _____ $\partial u n e$

License Fee: \$ 2500.00 Filing Fee: \$ 200.00 TOTAL: \$ 2700.00 Late Fee of \$500.00 – if received or postmarked after 01/03/2017: \$500.00 **Miscellaneous Fees: GRAND TOTAL (if different than TOTAL):** \$3200.00

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Initials







