





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: | KK Hometown Restaurant #4150 Restaurant or Eating Place |

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

The AMCO office received a complete renewal application for this restaurant or eating place license on June 1, 2017. The licensee is seeking reinstatement and renewal.

Recommendation:

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

If the board chooses to reinstate and renew, please renew with delegation, as the 60 day protest period for the local government has not yet ended.

HYUN SOOK KIM KK HOMETOWN RESTAURANT 3010 Minnesota Drive., #17 Anchorage, AK 99503 Tel: (907) 277-2211

May 31, 2017

ABC Board Anchorage, AK

Dear Sir/Ma'am:

This is to inform you that I was not able to receive the alcoholic beverage license renewal application due to being out of the country from January 25th through February 28th, 2017. I was in Seoul, Korea and had to receive medical treatment during this period.

Upon my return, I immediately filed the necessary paperwork. I also paid \$500 late filing fee. However, it appears that I may not be able to sell the alcohol until July of 2017. This will cause a severe impact on the business.

Hence, it would be greatly appreciated if you would grant us the temporary license as soon as possible.

I sincerely thank you in advance for your understanding,

Best regards,





What is this form?

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

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

Section 1 – Establishment and Contact Information

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

| Licensee: | Hyun Sook Kim | License #: | 4150 |
|-----------------------|---------------------------|------------|--------------|
| License Type: | Restaurant/Eating Place | Statute: | AS 04.11.100 |
| Doing Business As: | KK Hometown Restaurant | | |
| Premises Address: | 3020 Minnesota Dr #17 | | |
| Local Governing Body: | Municipality of Anchorage | | |
| Community Council: | Spenard | | |

| Mailing Address: | 3020 | M-NNe soda | Dr | 117 | | |
|------------------|----------|------------|-----|--------|------|-------|
| City: Anchorase | Andharac | | te: | Alaska | ZIP: | 99503 |

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

| Designated Licensee: | | | | | |
|----------------------|-------|-------------|-----------------|---------|--|
| Contact Phone: | ,9072 | 277-2211 | Business Phone: | Samo | |
| Contact Email: | K- | - Choon (a) | Yahoo. Com | 2011.02 | |

Seasonal License? Yes No If "Yes", write your six-month operating period: ______ [Form AB-17a] (rev 10/25/2016) Page 1 of 5



| | Section 2 – Sole P | Proprietor Owne | ership Informatio | on | |
|---|---|---|-------------------|---------------|-------|
| This section must be compl If more space is needed, pla The following information n | ease attach a separate shee nust be completed for each | et with the required info licensee and each affiliat | rmation. | to Section | n 3. |
| This individual is an: | applicant affilia | ate | | | |
| Name: | HYUN | Sook | Kim | | |
| Address: | 3020 MT | NN.e soda | Dr # 17 | | |
| City: | Anchoras | e State: | AK | ZIP: | 99503 |
| Email: | | | 2 | 1 | |
| Contact Phone: | (9677 271 | 1-2211 | | | |
| This individual is an: | applicant affilia | ate | | | |
| Name: | | | | | |
| Address: | | | | | |
| City: | | State: | | ZIP: | |
| Email: | | • | | | |
| Contact Phone: | | | | de sol etcele | |
| | | | | | |

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: | | Yes | No |
| Is your entity in good standing v | | | |
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ALCOHOL MARIJUANA CONTROL (01-



Alcohol and Marijuana Control Office 550 W 7th Avenue, Suite 1600

Anchorage, AK 99501 alcohol.licensing@alaska.gov

Phone: 907.269.0350

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

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

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

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

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

| Entity Official: | | 1 |
|------------------|---|----------|
| Title(s): | Phone: | % Owned: |
| Address: | ter de la constante de la const | |
| City: | State: | ZIP: |

| Phone: | % Owned: |
|--------|-------------|
| | |
| State: | ZIP: |
| | Page 3 of 5 |
| | State: |



Section 4 – Authorization Communication with AMCO staff: Yes No Does any person other than a licensee named in this application have authority to discuss this license with AMCO staff? If "Yes", disclose the name of the individual and the reason for this authorization: Image: Communication 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 ope | erated continuously throughout each year, for 8 or more hours each day. | 1 | / |
| The license was regularly ope | erated during a specific season each year, for 8 or more hours each day. | | |
| | d to meet the minimum requirement of 30 days each year, 8 hours each day. CO employee will contact you after reviewing your application. | Γ | |
| each year, 8 hours each day, | l at all or was not operated for at least the minimum requirement of 30 days during one or both of the calendar years. CO employee will contact you after reviewing your application. | | |
| | Section 6 - Convictions | | |
| Applicant convictions in calendar ye | ears 2015 and 2016: | Yes | No |
| | application been convicted of a violation of Title 04, of 3 AAC 304, or a local 04.21.010 in the calendar years 2015 or 2016? | | |
| If "Yes", list all convictions: | | | |
| | | | |
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| | APR 0 1 2017 | | |



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.

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

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.

| _ Sook | Sock! | ER/ | | Hin | |
|-----------------------|----------------------|---|-------------------------------------|-----------------------|---------------|
| Signature of license | e | | | Signature of Notary I | Public |
| HYYN | Sook KIN | 1 | Notary Public in and | for the State of | laska |
| Printed name of lice | ensee | Notary F POUA V State of / My Commission Exp | ANG Alaska bires Jan. 7, 2020 | My commission expi | res: 107/20 |
| | 1 1 | | | _day of | , 20 <u>\</u> |
| License Fee: | \$ 600.00 | Filing Fee: | \$ 200.00 | TOTAL: | \$ 800.00 |
| Late Fee of \$50 | 0.00 – if received o | r postmarked after (| 01/03/2017: | | |
| Miscellaneous | Fees: | | | | |
| GRAND TOTAL | (if different than T | OTAL): | | | |
| | 100 m | DEORIDA | | | |
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Initials



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