Department of Commerce, Community, and Economic Development

ALCOHOL AND MARIJUANA CONTROL OFFICE

550 West Tyth AvA , Suite 1600 A , Appendance 0350.935.709 ; Maini 99507 Maini 992.709 ; Maini 9920





MEMORANDUM

Sackett's Smokehouse Kenai Grill #5012 Restaurant or Eating Place	КE:	Erika McConnell Director, ABC Board	FROM:
111, 2017 Մոլ	DATE:	Robert Klein, Chair, and Members of the Board	:OT

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

The AMCO office received a complete renewal application for this restaurant or eating place license on April 3, 2017. The licensee is seeking reinstatement and renewal.

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

Recommendation:

, nnom it may concern,

Attn: Alcohol Board

This is pertaining to license number 5012. As of January 1st, I have reclaimed leadership of the day to day operations for the Kenai Grill. For the last four years, my son has been the operations manager. Upon my return to the state, I noticed that our license had expired. I contacted the state department as soon as I noticed around March 2nd. After several emails, I received my application and am returning it to you with payment.

We feel we have been good stewards of your license over the years and would appreciate reinstatement.

Thank you for your time,

Glenn Sackett

Altonia Sonta Marijuana Control Office 550 W ^{Ab} Avenue, Suite 1600 6052 Sont Anchorage, AK 60592 Anchorage, Aka Sont 60593 Anchorage 60503 Anchorage 70503 A



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

Smoot sidt si tedW

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

:lionuoJ ytinummoJ **J**uon Local Governing Body: Kenai Peninsula Borough YewdgiH gnihot2 10201 Premises Address: :sA ssenisu8 gnio0 Sackett's Smokehouse Kenai Grill License Type: Restaurant/Eating Place 001.11.40 SA :etutet2 Sackett's Smokehouse Corp. :əəsuəɔiJ 2012 :# əsuəɔiJ Enter information for the business seeking to have its license renewed.

	Que valan				
City:	Conneed land we	:etst2	NK	:dIZ	21935
:ssərbbA gnilisM	EL9 205 00				

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

provelille cmail. Com	Contact Email:
1281-565686 :=uoyd ssanizua 2204685-605	Contact Phone:
Sachello Smokeleuse Coep	Designated Licensee:

K1

Seasonal Licenses

If "Yes", write your six-month operating period:

[Form AB-17a] (rev 10/25/2016)

Page 1 of 5

AMCO Received 03/31/2017

0250.032.700 :anodq https://www.commerce.alaska.gov/web/amco vog.eksele@gnizneoil.lodoole Anchorage, AK 99501 Alcohol and Marijuana Control Office 550 W 7th Avenue, Suite 1600



Renewal License Application Alaska Alcoholic Beverage Control Board

Form AB-17a: Restaurant / Eating Place

Section 2 – Sole Proprietor Ownership Information

This section must be completed by any sole proprietor who is applying for a license. Entities should skip to Section 3.

If more space is needed, please attach a separate sheet with the required information.

The following information must be completed for each licensee and each affiliate (spouse).

Contact Phone:		
:lism3		
City:	State:	:dIZ
:ssərbbA		
:əmɛN		

:lism3		-
City:	:97672	:dIZ
Address:		
:əmɛN		
ilqqe 📕 :ne zi leubivibni zid	oficant filite	

Section 3 - Entity Ownership Information

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

oN	səY		Slaska Division of Corporations:
		2266 0001	Alaska DOC Entity #:

Contact Phone:

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

Page 2 of 5

[Form AB-17a] (rev 10/25/2016)

0250.e32.70e :9nod9 https://www.commerce.alaska.gov/web/amco vog.eksele@gnisnesil.lodosle Anchorage, AK 99501 550 W 7th Avenue, Suite 1600 Alcohol and Marijuana Control Office



Alaska Alcoholic Beverage Control Board

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

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

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

	0	(2)			
City:	(30 perfonding	:91612	7 K	:dIZ	21555
:ssənbbA	819205 00				12
:(s)əljiT	Sound	:əuoyd	11685.605	umo %	Z:00/ :pə
Entity Official:	Clewa Sc	Juti			

City:	State:	:dIZ	
Address:			_
Title(s):	Phone	:pəuMO %	
Entity Official:	L.		~

City:	State:	:dIZ	
Address:			
Title(s):	:әиоңд	:bənwO %	
Entity Official:	<u>.</u>	· · · · ·	

City:	State:	:dIZ	
Address:			
Title(s):	:əuoya	:pəuwO %	:pa
Entity Official:			

City:	:91612	:dIZ	
Address:			
Title(s):	:əuoyd	oənwO %	:pə
Entity Official:			1

[Form AB-17a] (rev 10/25/2016)

Page 3 of 5

0 ō vog.eksele@gnisngoil.lodoole Anchorage, AK 99501 Alcohol and Marijuana Control Office 550 W 7th Avenue, Suite 1600

7102/15/20 beviese OOMA



10.00		Section 5 - License Operation
_		
		ال "Yes", disclose the name of the indivibui and the reason for this authorization:
X		Does any person other than a licensee named in this application have authority to discuss this license with DOMA ADMCO staff?
٥N	səY	:116Jz ODMA dJiw noi36Dinumm
		Section 4 - Authorization
		Parte Reliant / Eating Place
	<u>708.екеле.</u> 06 :эполя	Renewal License Application Renewal License Application

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

Page 4 of 5	(50105\25\01 ve1) [5\1-8A m 10]
	۱۴ «۲es», list all convictions:
	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 A2 10.12.10 in the calendar years 2015 or 2016?
oN səY	Applicant convictions in calendar years 2015 and 2016:
	Section 6 - Convictions
	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.
	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.
X	The license was regularly operated during a specific season each year, for 8 or more hours each day.
X	The license was regularly operated continuously throughout each year, for 8 or more hours each day.

0250.032.709 :9nod9 https://www.commerce.alaska.gov/web/amco vog.eksele@gnizneoil.lodoole Anchorage, AK 99501 550 W 7th Avenue, Suite 1600 Alcohol and Marijuana Control Office



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

Section 7 - Certifications

lnitials

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

Alaska Alcoholic Beverage Control Board



Corporations. if the licensee is an organized entity, that all current entity officials and stakeholders are listed with the Alaska Division of l certify that all current listers (as defined in AS 02.11.40 ZA ni benifel on this application, and



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



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



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



l 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.

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

eise py peiven to me by Magaline given to me by AMCM will result in this proposition being returned to me as in provide all information required by the Alcoholic Beverage Control Board in support of this application and understand that failure to 3 AAC 304, and that this application, including all accompanying schedules and statements, is true, correct, and complete. I agree to 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

Jildu9 YistoN to Sublic

Notary Public in and for the State of

Ny commission expires:

NMD Signature of licensee

Printed name of licensee

	GRAND TOTAL (if different than TOTAL):					
s				:səə	l suoansllaosiM	
	Late Fee of \$500.00 – if received or postmarked after 01/03/2017:					
00.008 \$:JATOT	\$ 200.00	:997 gnili7	00.003 \$	License Fee:	
- t.1 02	day of Drave	xbires Octoper 1, 2019	ubscribed and sworn to My Commission E	S		

JIJBUG YAATON STATE OF ALASKA

Page 5 of 5

6100

[Form AB-17a] (rev 10/25/2016)