

# Department of Commerce, Community, and Economic Development

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

Director, ABC Board

DATE: Ju

July 11, 2017

FROM: Erika McConnell

RE:

Alaska Quest #5250 Common

Carrier

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 common carrier license on April 5, 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).

Alaska Quest Charters, Inc. P.O. Box 35422 Juneau, Alaska 99803 907-209-3560 stjsatre@live.com



March 31, 2017

Alcohol & Marijuana Control Office

Alcohol Beverage Control Board

550 West 7th Avenue, Suite 1600

Anchorage, Alaska 99501

Dear Board Members,

I inadvertently failed to file our license renewal for a Seasonal Common Carrier License in a timely matter. I have filled out the application and have included payment of the fees including the \$500.00 late fee.

I am asking the board to approve this license application for the 2017-18 seasons. Thanks for your consideration

Thomas J. Satre

President

Sincerely

Alaska Quest Charters, Inc





Alaska Alcoholic Beverage Control Board

Alcohol and Marijuana Control Office 550 W 7<sup>th</sup> Avenue, Suite 1600 Anchorage, AK 99501 <u>alcohol.licensing@alaska.gov</u>

https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

### 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: Alaska Quest Charters, Inc. License #: 5250 License Type: Common Carrier Statute: AS 04.11.180 Doing Business As: Alaska Quest **Premises Address:** Alaskan Waters Local Governing Body: None Community Council: None POBOX 35422 Mailing Address: AK City: Juneau State: 99803 ZIP: Enter information for the licensee who will be designated as the primary point of contact regarding this application and the license. Designated Licensee: homas J. Satre **Contact Phone:** 907.209.3560 **Business Phone:** 907.209.3560 stisatre Clive, com Contact Email: If "Yes", write your six-month operating period: 4-1 to 9-30 Seasonal License?



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#### Alaska Alcoholic Beverage Control Board

## Form AB-17: Renewal License Application

### Section 2 - Sole Proprietor Ownership Information This section must be completed by any sole proprietor who is applying for a license. Entities should skip to Section 3. If more space is needed, please attach a separate sheet with the required information. The following information must be completed for each licensee and each affiliate (spouse). This individual is an: applicant affiliate Name: Address: City: State: ZIP: Email: Contact Phone: This individual is an: applicant affiliate Name: Address: City: State: ZIP: Email: Contact Phone: **Section 3 - Entity Ownership Information** This subsection must be completed by any licensee that is a corporation or LLC. Corporations and LLCs are required to be in good standing with the Alaska Division of Corporations (DOC). Partnerships may skip to Page 3. Sole proprietors should skip to Section 4. Alaska DOC Entity #: Alaska Division of Corporations: Yes No

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



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

With an interest of 10% or more, and for each general partner.									
Entity Official:	Thomas J. Satre								
Title(s):	President	Phone:	907-209-3560	% Own	ed:	50			
Address:	POBOX 35422					V.			
City:	Juneau	State:	AK	ZIP:	90	1803			
	Ι –								
Entity Official:	Patricia J. G.	riffin	Satre						
Title(s):	Vice President	Phone:	907.209.7433	% Owned: 50					
Address:	POBOX 354ZZ								
City:	Juneau	State:	AK	ZIP:	99	1803			
Entity Official:									
Title(s):		Phone:		% Owned:					
Address:			·	1000					
City:		State:		ZIP:					
				*******					
Entity Official:									
Title(s):		Phone:		% Own	ed:				
Address:									
City:		State:		ZIP:					
Entity Official:									
Title(s):		Phone:		% Owne	ed:	***************************************			
Address:				***************************************					
City:		State:		ZIP:					

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

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### **Alaska Alcoholic Beverage Control Board**

## Form AB-17: Renewal License Application

Section 4 – Authorization		
Communication with AMCO staff:	Yes	No
Does any person other than a licensee named in this application have authority to discuss this license with AMCO staff?		
If "Yes", disclose the name of the individual and the reason for this authorization:		
Section 5 – License Operation		
Check the box that best describes your liquor license operations in calendar years 2015 and 2016:		
The license was regularly operated continuously throughout each year, for 8 or more hours each day.		]
The license was regularly operated during a specific season each year, for 8 or more hours each day.		<
The license was only operated to meet the minimum requirement of 30 days each year, 8 hours each day. If this box is checked, an AMCO employee will contact you after reviewing your application.		
The license was not operated at all or was not operated for at least the minimum requirement of 30 days each year, 8 hours each day, during one or both of the calendar years.  If this box is checked, an AMCO employee will contact you after reviewing your application.		
Section 6 – Convictions		
applicant convictions in calendar years 2015 and 2016:	Yes	No
Has any person named in this application been convicted of a violation of Title 04, of 3 AAC 304, or a local ordinance adopted under AS 04.21.010 in the calendar years 2015 or 2016?		X
If "Yes", list all convictions:	-	

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### Alaska Alcoholic Beverage Control Board

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		Section 7 -	Certifications				
Read each line belo	w, and then sign your ir	nitials in the box to th	e right of each staten	nent:		Initials	
I certify that all current licensees (as defined in AS 04.11.260) and affiliates have been listed on this application, and if the licensee is an organized entity, that all current entity officials and stakeholders are listed with the Alaska Division of Corporations.							
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.							
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.							
and I have not chang	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 n operated in violation	oot violated any restriction of a condition or restric	ons pertaining to this ction imposed by the	particular license type Alcoholic Beverage Co	, and that this license h ntrol Board.	nas not been	TIC	
3 AAC 304, and that provide all informati	liquor license renewal, this application, includir on required by the Alcol e given to me by AMCO	ng all accompanying so nolic Beverage Contro	chedules and stateme I Board in support of t	nts, is true, correct, and this application and und	d complete. I a	gree to	
Signature of licensee	1756	Le WITHING	TEVIL	hature of Notary Publi	c		
Printed name of licer		SATA NOTAL PUBLIC	7 6 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	r the State of \(\lambda(\lambda(\lambda)\) commission expires:	ol29/201	9	
	Subso	cribed and swd1/1956	thoraxie this 31 d	ay of March		2017.	
License Fee:	\$ 1000.00	Filing Fee:	\$ 200.00	TOTAL:	\$ 1200.00		
Late Fee of \$500	.00 – if received or po	ostmarked after 01,	/03/2017:				
Miscellaneous F	7/7-1	/41/04	- KA				
GRAND TOTAL (i	f different than TOTA	L):					
				200/21			

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