



Alaska Alcoholic Beverage Control Board

Package Store License

Form AB-17b: 2018/2019 Renewal License Application

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

What is this form?

This renewal license application form is required for all individuals or entities seeking to apply for renewal of an existing package store liquor license that will expire on December 31, 2017. 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 should 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. If any populated information is incorrect, please contact AMCO.

Table with 4 columns: Field Name, Value, License #, Statute. Includes fields for Licensee, License Type, Doing Business As, Premises Address, Local Governing Body, and Community Council.

Table with 6 columns: Field Name, Value, State, ZIP. Includes fields for Mailing Address, City, State, and ZIP.

Enter information for the individual who will be designated as the primary point of contact regarding this application. This individual must be a licensee who is required to be listed in and authorized to sign this application.

Table with 4 columns: Field Name, Value, Business Phone, Contact Email. Includes fields for Point of Contact, Contact Phone, Business Phone, and Contact Email.

Seasonal License? Yes [ ] No [x]

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





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**Section 2 – 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:

JOSILDA RODRIGUES

**Section 3 – Sole Proprietor Ownership Information**

This section must be completed by any sole proprietorship who is applying for license renewal. Entities should skip to Section 4. 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:					
Mailing Address:					
City:		State:		ZIP:	
Email:					
Contact Phone:					

This individual is an:  applicant  affiliate

Name:					
Mailing Address:					
City:		State:		ZIP:	
Email:					
Contact Phone:					





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**Section 4 – 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, Business & Professional Licensing (CBPL). You may view your entity's status or find your CBPL entity number by visiting the following site: <https://www.commerce.alaska.gov/cbp/main/search/entities>  
 Partnerships may skip to the second half of this page. Sole proprietorships should skip to Section 5.

Alaska CBPL Entity #:	120143
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You must ensure that you are able to certify the following statement before signing your initials in the box to the right: Initials

I certify that this entity is in good standing with CBPL and that all current entity officials and stakeholders (listed below) are also currently and accurately listed with CBPL.

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 Name:	NWC (U.S.) HOLDINGS INC			
Title(s):	SHAREHOLDER	Phone:		% Owned: 100
Mailing Address:	3830 OLD INTERNATIONAL AIRPORT ROAD, SUITE 200			
City:	ANCHORAGE	State:	ALASKA	ZIP: 99502-0901

Entity Official Name:	REX WILHELM			
Title(s):	DIRECTOR PRESIDENT	Phone:	907-273-4662	% Owned:
Mailing Address:	6800 CROOKED TREE CIRCLE			
City:	ANCHORAGE	State:	ALASKA	ZIP: 99507-7005

Entity Official Name:	WALTER PICKETT			
Title(s):	DIRECTOR VICE PRESIDENT	Phone:	907-273-4642	% Owned:
Mailing Address:	19211 UPPER SKYLINE DRIVE			
City:	EAGLE RIVER	State:	ALASKA	ZIP: 99577-1936



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Initials

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- 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 Name:	EDWARD KENNEDY				
Title(s):	DIRECTOR	Phone:	204-934-1482	% Owned:	
Mailing Address:	111 SHORELINE DRIVE				
City:	WINNIPEG	State:	MANITOBA	ZIP:	R3P2E9

Entity Official Name:	JOHN KING				
Title(s):	TREASURER VICE PRESIDENT	Phone:	204-934-1397	% Owned:	
Mailing Address:	11 YAGER COVE				
City:	WINNIPEG	State:	MANITOBA	ZIP:	R3R 3S8

Entity Official Name:	AMANDA SUTTON				
Title(s):	SECRETARY VICE PRESIDENT	Phone:	204-934-1756	% Owned:	
Mailing Address:	216-902 HEADMASTER ROW				
City:	WINNIPEG	State:	MANITOBA	ZIP:	R2G4K6





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**Section 5 – License Operation**

Check a single box for each calendar year that best describes how this liquor license was operated:	2016	2017
The license was regularly operated continuously throughout each year, for 8-or more hours each day.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
The license was regularly operated during a specific season each year, for 8 or more hours each day.	<input type="checkbox"/>	<input type="checkbox"/>
The license was only operated to meet the minimum requirement of 30 days each year, 8 hours each day. <i>If this box is checked, a complete copy of Form AB-30: Proof of Minimum Operation Checklist, and all necessary documentation must be provided with this application.</i>	<input type="checkbox"/>	<input type="checkbox"/>
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. <i>If this box is checked, a complete copy of Form AB-29: Waiver of Operation Application and corresponding fees must be submitted with this application for each calendar year during which the license was not operated for at least the minimum requirement.</i>	<input type="checkbox"/>	<input type="checkbox"/>

**Section 6 – Violations and Convictions**

Applicant violations and convictions in calendar years 2016 and 2017:	Yes	No
Have any notices of violation (NOVs) been issued to this licensee in the calendar years 2016 or 2017?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Has any person or entity 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 2016 or 2017?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

*AS*

If "Yes" to either of the previous two questions, attach a separate page to this application listing all NOVs and/or convictions.

**Section 7 – Alcohol Server Education**

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

I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check identification of a patron have completed an alcohol server education course approved by the ABC Board and keep current, valid copies of their course completion cards on the licensed premises during all working hours, as required under AS 04.21.025 and 3 AAC 304.465.

*AS*



**Attachment to Renewal of License Application No. 5418  
The North West Company Inc.**

**Violations:**

1. AMCO Case No. AB17-0687 – Unreported Change of Officers
2. AMCO Case No. AB17-0689 – Unreported Change of Officers
3. AMCO Case No. AB17-0694 – Unreported Change of Officers
4. AMCO Case No. AB17-0695 – Unreported Change of Officers
5. AMCO Case No. AB17-0696 – Unreported Change of Officers
6. AMCO Case No. AB17-0698 – Unreported Change of Officers
7. AMCO Case No. AB17-0699 – Unreported Change of Officers
8. AMCO Case No. AB17-0701 – Unreported Change of Officers
9. AMCO Case No. AB17-0702 – Unreported Change of Officers
10. AMCO Case No. AB17-0703 – Unreported Change of Officers

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11. AMCO Case No. AB17-0692 – Unreported Change of Officers



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Section 8 - Written Orders

Written orders in calendar years 2016 and 2017:

Yes No

Did you sell alcoholic beverages in response to written orders in calendar years 2016 or 2017?

Form with checkboxes for Yes and No, where No is checked.

Section 9 - Certifications

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

Initials

I certify that all current licensees (as defined in AS 04.11.260) and affiliates have been listed on this application.

Initials box with handwritten initials AS

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.

Initials box with handwritten initials AS

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, managers, general partners, or stakeholders) from what is currently on file with the Alcoholic Beverage Control Board.

Initials box with handwritten initials AS

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.

Initials box with handwritten initials AS

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

Handwritten signature of Amanda E. Sutton

AMANDA E. SUTTON

Vice President, Legal and Corporate Secretary

Printed name of licensee

Signature of Notary Public

Handwritten signature of Paulina Hiebert

Paulina Hiebert

Notary Public in and for the State of Alaska

Notary Public in and for the Province of Manitoba

My commission expires:

Subscribed and sworn to before me this 15 day of November, 2017.

Table with 6 columns: License Fee, Application Fee, TOTAL, Late Fee, Miscellaneous Fees, GRAND TOTAL. Values include \$1500.00, \$200.00, \$1700.00, \$500.00, and \$1,700.00.

