



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.

Licensee:	Carr-Gottstein Foods Co.	License #:	287
License Type:	Package Store	Statute:	AS 04.11.150
Doing Business As:	Crow Creek Mercantile #1839		
Premises Address:	147 Hightower Road		
Local Governing Body:	Municipality of Anchorage		
Community Council:	Girdwood		

Mailing Address:	PO BOX 29096 MS 6531				
City:	PHOENIX	State:	AZ	ZIP:	85038

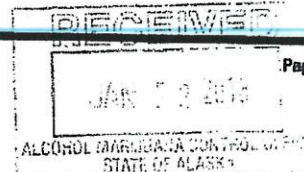
Enter information for the individual who will be designated as the primary point of contact regarding this application. This individual must be a licensee who is required to be listed in and authorized to sign this application.

Point of Contact:	ROBERT GORDON		
Contact Phone:	208.395.3856	Business Phone:	
Contact Email:	NASC.TAX@SAFEWAY.COM		

Seasonal License? ☐ Yes ☒ No

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:

PLEASE SEE ENCLOSED POA

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 #:

10023528

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.

[Signature]

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.

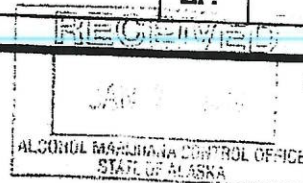
Entity Official Name:	PLEASE SEE ENCLOSED LIST OF OFFICIALS				
Title(s):		Phone:		% Owned:	
Mailing Address:					
City:		State:		ZIP:	

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

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

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NAME(S)

Type	Name
Legal Name	Carr-Gottstein Foods Co

ENTITY DETAILS

Entity Type: Business Corporation

Entity #: 10023528

Status: Good Standing

AK Formed Date: 9/16/2014

Duration/Expiration: Perpetual

Home State: DELAWARE

Next Biennial Report Due: 1/2/2020

Entity Mailing Address: 5918 STONERIDGE MALL ROAD, TAX DIVISION, PLEASANTON,
CA 94588-3229

Entity Physical Address: 5918 STONERIDGE MALL ROAD, TAX DIVISION, PLEASANTON,
CA 94588-3229

REGISTERED AGENT

Agent Name: C T Corporation System

Registered Mailing Address: 9360 GLACIER HWY, SUITE 202, JUNEAU, AK 99801

Registered Physical Address: 9360 GLACIER HWY, SUITE 202, JUNEAU, AK 99801



NAME	TITLE	MAILING ADDRESS	CITY	STATE	ZIP	PHONE	% OWNED
SSI-AK Holdings, Inc	Shareholder	C/O Tax Division					100
Gary Morton	Treasurer, Vice President	5918 Stoneridge Mall Rd	Pleasanton	CA	94588	925-467-3000	0
Laura Donald	Director, Assistant Secretary, Vice President	5918 Stoneridge Mall Rd	Pleasanton	CA	94588	925-467-3000	0
Robert A Gordon	Director, Secretary, Vice President	5918 Stoneridge Mall Rd	Pleasanton	CA	94588	925-467-3000	0
Robert Miller	President	5918 Stoneridge Mall Rd	Pleasanton	CA	94588	925-467-3000	0



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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 type="checkbox"/>	<input type="checkbox"/>
The license was regularly operated during a specific season each year, for 8 or more hours each day.	<input checked="" type="checkbox"/>	<input checked="" 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"/>

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

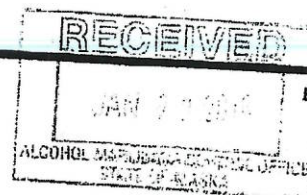
Read the line below, and then sign your initials in the box to the right of the statement:

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.

Initials

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Asset Protection Department
1121 124th Avenue NE
Bellevue, WA 98005

March 21, 2016

Cynthia Franklin, Director
Alcohol & Marijuana Control Office
550 W. 7th Ave, Suite 1600
Anchorage, AK 99501

Re: Number: AB16-0213
Licensee: Carr-Gottstein Foods Co.
License Number: 4334

Dear Ms. Franklin,

This letter is Carr-Gottstein Foods' response to the Notice of Violation addressed to Carr-Gottstein Foods Co. DBA Oaken Keg #2728 located at 1907 Seward Hwy, Seward, AK. As part of a compliance check inspection, employees Doris Paul, Steven Brown and Sharyll Higbee were found to be working/scheduled to work without current TIPS cards. Subsequent investigation was conducted by Safeway's Asset Protection Department.

In order to prevent future violations, the following steps will be taken:

- Increased number of certified trainers across the state – we currently have six and will look to add more this year.
- A review of cards and expiration dates monthly by the Liquor Managers with written verification to the Store Director and Keri Rochon (Training Specialist) going forward.
- Request for training to occur within 60 days of expiry from 90 days.
- An in-house Master Trainer (Keri Rochon) will be able to train other facilitators in the TIPS program.

Store management will coordinate with Safeway's training department for any additional retraining needed.

Thank you for bringing this matter to our attention. Should you have any questions please feel free to contact me.

Sincerely,

Rick J. Whidden
Director, Asset Protection
Albertsons/Safeway, Seattle Division





Alcohol & Marijuana Control Office
550 W. 7th Ave, Suite 1600
Anchorage, AK 99501

Date: 3-16-16
Number AB16-0213
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Notice of Violation

(3AAC 304.525)

Licensee	License Number	Type of License
Carr-Gottstein Foods Co.	4334	Package Store
D.B.A. Oaken Keg #2728 1907 Seward Hwy	How Delivered Via e-mail to tariq.jackson@safeway.com	Law Enforcement Agency Seward Police Department
Street or P.O. Box PO Box 29096 MS 6531	City, State Phoenix, AZ	Zip 85038-9096

This is a notice to you as licensee that an alleged violation has occurred. If the Alcoholic Beverage Control Board decides to act against your license, under the provisions of AS 44.62.330 - AS 44.62.630 (Administrative Procedures Act) you will receive an Accusation and Notice of your right to an Administrative Hearing.

Note: This is not an accusation or a criminal complaint.

VIOLATION: On 3-10-16, an inspection was conducted at the above store. Liquor manager Steven L. Brown was asked to provide proof of current server education. Brown presented an expired TIPS card, #2259301. The card had expired on 11-6-15. Brown was allowed to continue operating the liquor store without current server education. Another clerk was identified to take over the store but her temporary issued TIPS card had expired also. It was later learned that the clerk had failed her tips class and the store had been notified by TIPS instructor Keri Rochon of the failure. This employee was also allowed to sell alcoholic beverages. These are violations of Title IV.

Your attention is directed to AS04.21.015 & 3AAC304.465: Server education

You are directed to respond to the Director of the Alcohol Beverage Control Board in writing to this Notice of Violation within 10 days of receipt to explain what action you have taken to prevent a reoccurrence of this violation. FAILURE TO RESPOND TO THIS NOTICE OF VIOLATION WITHIN 10 DAYS WILL RESULT IN YOUR APPEARANCE, EITHER IN PERSON OR TELEPHONICALLY, BEFORE THE ABC BOARD OF DIRECTORS AT THEIR NEXT REGULARLY SCHEDULED BOARD MEETING. *Please include your Alcohol License Number in your response.

Cynthia Franklin, Director
Alcohol & Marijuana Control Office
550 W. 7th Ave, Suite 1600
Anchorage, Alaska 99501

A Response is Required

3 AAC 304.525 (B) provides that upon receipt of a Notice of Violation, a licensee may request to appear before the Director and be heard regarding the Notice of Violation. The request must be made within ten days after receipt of the Notice and the Director must grant an appearance within ten days after receipt of a request. A Licensee shall respond, either orally or in writing, to the Notice.

Receipt:	Violation Observed By: F.R. Hamilton
Filed By: <i>FR Hamilton</i>	Title: Investigator III





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Section 8 - Written Orders

Written orders in calendar years 2016 and 2017:

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

Yes No

☐ ☒

Section 9 - 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.

Initials

ng

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.

ng

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.

ng

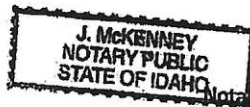
I certify on behalf of myself or of the organized entity that I understand that providing a false statement on this form or any other form provided by AMCO is grounds for rejection or denial of this application or revocation of any license issued.

ng

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

Robert Gordon
ROBERT GORDON
Printed name of licensee



Signature of Notary Public

J. McKenney

Notary Public in and for the State of IDAHO

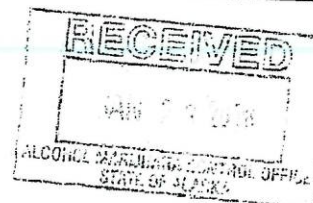
My commission expires: 12/15/22

Subscribed and sworn to before me this 19 day of JAN 2018

License Fee:	\$ 1500.00	Application Fee:	\$ 200.00	TOTAL:	\$ 1700.00
Late Fee of \$500.00 - If received or postmarked after 01/02/2018:					
Miscellaneous Fees:					
GRAND TOTAL (if different than TOTAL):					\$1700.00

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License #287 DBA Crow Creek Mercantile #1839



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