

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

Alaska Alcoholic Beverage Control Board

Form AB-17: 2018/2019 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, 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: Kito's Kave, Inc. License #: 589 License Type: **Beverage Dispensary** Statute: AS 04.11.090 **Doing Business As:** Kito's Kave Bar & Liquor **Premises Address:** 200 Chief John Lott Local Governing Body: Petersburg Borough **Community Council:** None BOX 1510 Mailing Address: City: AVASKA State: 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. Point of Contact: ARCIA **Contact Phone: Contact Email:** Seasonal License? If "Yes", write your six-month operating period: [Form AB-17] (rev 10/16/2017) ALCOHOL MAREJUANA CONTROL OFFICE STATE OF ALASKA License #589 DBA Kito's Kave Bar & Liquor



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		Section 2 -	Authoriz	ation			
Communication with AMO	O staff:	400				Yes	No
Does any person other that staff?	<u>n</u> a licensee named	l in this application h	ave authority	to discuss this license with	AMCO		X
If "Yes", disclose the na	ame of the individu	al and the reason fo	or this author	zation:			
This section must be comp If more space is needed, p The following information	pleted by any <u>sole p</u> lease attach a sepa must be completed	proprietorship who is trate sheet with the for each licensee an	s applying for required info	rmation.		ip to Sectio	n 4.
This individual is an:	applicant	affiliate	TOTAL NO.				
Name: Mailing Address:							
City:		740	State:		ZIP:	Τ	
Email:			1	1			
Contact Phone:							
This individual is an:	applicant [affiliate					
Name:							
Mailing Address:							
City:			State:		ZIP:		
Email:							***
Contact Phone:						***************************************	





Alaska CBPL Entity #:

Alcohol and Marijuana Control Office 550 W 7th Avenue, Suite 1600 Anchorage, AK 99501

alcohol.licensing@alaska.gov

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Phone: 907.269.0350

Initials

ALCOHOL MARIJUANA CONTROL OFFICE STATE OF ALASKA

Alaska Alcoholic Beverage Control Board

Form AB-17: 2018/2019 Renewal License Application

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 vising 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.

You must ensure that you are able to certify the following statement before signing your initials in the box to the right:

are also currently and accura	good standing with CBPL and that all c ately listed with CBPL.	urrent entity	officials and stakeholders	(liste	d below)	MF
 If the applicant is a corp the stock in the corporate If the applicant is a limit ownership interest of 10 If the applicant is a part 	npleted by any community or entity, in applying for renewal. If more space is coration, the following information mustion, and for each president, vice-presided liability organization, the following 2% or more, and for each manager. nership, including a limited partnership or more, and for each general partner.	needed, pleast be completed by the completed by the completed by the following, the following, the following.	se attach additional comp ted for each stockholder w. Iry, and managing officer. must be completed for each	leted ho ou th me	copies of vns 10% o	this page. r more of h an
Title(s):	Secretary Treasurer	Phone:	907-772-4827	%	Owned:	20
Mailing Address:	P.O. BOX 187					
City:	PETERSBURG,	State:	HaskA	ZIP	: 99	1933
Entity Official Name:	JAMES SWAINSON	M24000			**************************************	
Title(s):	PRESIDENT	Phone:	907-772-4827	% (Owned:	30
Mailing Address:	PO BOX 1510					
City:	PETERSBURG	State:	ALASKA	ZIP	: 9	9833
Entity Official Name:	MARCIA FARELL	-				
Title(s):	SHAREHOLDER	Phone:	907-772-4927	% (Owned:	30
Mailing Address:	P.O. BOX 1456					
City:	PETERSBURG	State:	PlanKA	ZIP	: 9	923
[Form AD 47] / w 40/46/2007					KEG	
[Form AB-17] (rev 10/16/2017) License #589 DBA Kito's Kave Ba	r & Liquor				DEC	Page 3 of 57



Alaska CBPL Entity #:

are also currently and accurately listed with CBPL.

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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:

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

This subsection must be cor	npleted by any <u>community</u> or <u>enablying for repowed. If the property of the same and the same are the same and the same are the same a</u>	ntity, including a co	rporation limited liah	ility company	
par erici simp, criac is	appiving for reflewal, it more sn	aca ic naadad alaa	CO 0440 ala - 1141 1	CONTRACTOR STATE OF THE STATE O	
cite applicant is a corp	oration, the following information	on must be complet	od for oach see -lib - lil		10% or more of
and the corpora	don, and for each bresident vice	P-Nrpsident correte	INI and manuacina - ff		
in the applicant is a limit	ed liability organization, the foll	owing information	must be completed for	r each <i>membe</i>	er with an
- michigan michical of It	or manage, and for each manage	ier –			
with an interest of 10%	nership, including a <u>limited parti</u> or more, and for each general po	nership, the followi	ng information must b	e completed t	for each <i>partner</i>
	To Compensation of the Com	artner.			
Entity Official Name:	JUZ 12K3	EMIA			
Title(s):	SHARZHOLDER	Phone:	907-772-48	7 % Owr	ned: 20
Mailing Address:	PO BOX 835		7		
City:	PETERS 13 VRG	State:	ANGKA	ZIP:	99932
					17000
Entity Official Name:					
Title(s):		Phone:		% Own	ed:
Mailing Address:					
City:		State:		ZIP:	
Entity Official Name:				-	
Title(s):		Phone:		% Own	ed:
Mailing Address:					
City:		State:		ZIP:	ECEIVED.
Form AB-17] (rev 10/16/2017)					DEC 1 1 2017
icense #589 DBA Kito's Kave Bar	& Liquor				Page 3 of 5
	**			ALCOHOL	MARIJUANA CONTROL OFFICE STATE OF ALASKA



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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.		2017
The license was regularly operated during a specific season each year, for 8 or more hours each day.		X
The license was only operated to meet the minimum requirement of 30 days each year, 8 hours each day. 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.		
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, 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.		
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?	V	17
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?		X
If "Yes" to either of the previous two questions, attach a separate page to this application listing all NOVs and/or co	nvictions	
Section 7 — Alcohol Server Education This section must be completed only by the holder of a <u>beverage dispensary</u> , <u>club</u> , or <u>pub</u> license or <u>conditional cont</u> The holders of all other license types should skip to Section 8.	ractor's n	osmit.
	actor 3 p	ermit.
lead the line below, and then sign your initials in the box to the right of the statement:		itials
certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check identification of a pat ave completed an alcohol server education course approved by the ABC Board and keep current, valid copies of their completion cards on the licensed premises during all working hours, as required under AS 04.21.025 and AAC 304.465.	ron	4F

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Section 8 - Certifications

	22.0					
Read each line belov	w, and then sign your	initials in the box to th	e right of each statem	ent:		Initials
I certify that all curre	ent licensees (as define	ed in AS 04.11.260) and	d affiliates have been I	isted on this applicatio	on.	W
I certify that in accor in the licensed busine	dance with AS 04.11.4 ess.	50, no one other than t	the licensee(s) has a di	rect or indirect financi	al interest	MF
and I have not chang	ed the business name	al floor plan or reduce or the ownership (inclu with the Alcoholic Bev	uding officers, manage	a of the licensed premi rs, general partners, or	ises, r	W
I certify on behalf of any other form provi	myself or of the organ ded by AMCO is groun	ized entity that I under ds for rejection or deni	stand that providing a ial of this application o	false statement on this r revocation of any lice	s form or ense issued.	MF
3 AAC 304, and that t provide all information	this application, including the Alco	I declare under penalt ing all accompanying so pholic Beverage Contro D staff will result in this	chedules and statemer I Board in support of th	ts, is true, correct, and nis application and unc	d complete. I ag derstand that fa	ree to
Manual Signature of licensee	A Forell		Sign	nature of Notary Public	Smith	_
11.0		21 1	/	.01		
MARCIA Printed name of licen		STATE OF ALAS OFFICIAL SEAL Lanette E. Smir NOTARY PUBLIC My Commission Expire scribed and sworn to b	My Cs LA	commission expires:	4.4.20	
					, 2	·· <u>/_</u> .
License Fee:	\$ 2500.00	Application Fee:	\$ 200.00	TOTAL:	\$ 2700.00	
Late Fee of \$500.	00 – if received or p	ostmarked after 01,	/02/2018:			
Miscellaneous Fe	es:		777			

GRAND TOTAL (if different than TOTAL):

Alcoholic Beverage Control Board 550 W. 7th AVE, SUITE 1600 Anchorage, AK 99501

Date: 01/11/2016 Number AB16000013

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Notice of Violation

License Number	Type of License
589	Beverage Dispensary
How Delivered [X] Certified Mail # On-File [] In Person	Law Enforcement Agency Petersburg Police Department
City, State	Zip
Petersburg, AK	99833
	How Delivered [X] Certified Mail # On-File [] In Person City, State

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 received an Accusation and Notice of your right to an Administrative Hearing.

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

VIOLATION:

On the evening of January 1, 2016 Officer Dodson of the Petersburg Police Department attempted to do a bar check and was told in essence he did not have authority to do so.

Your attention is directed to

Please reference 3 AAC 304.515 Inspection: (a) Licensees are considered to consent to the entry upon the licensed premises and inspection of the licensed premises at all reasonable times and in a reasonable manner by investigative personnel of the board or by other peace officers acting in their official capacity for the purpose of enforcing statutes and regulations related to alcoholic beverages.

(b) Licensees shall do all things reasonably necessary and appropriate to cooperate with investigative personnel and employees of the board and peace officers acting in their official capacity to enforce the statutes, regulations and ordinances related to alcoholic beverages, including permitting entry upon and inspection of the licensed premises and providing access, upon request at reasonable times, to business records at the written direction of the director.



You are directed to respond to the Director of the Alcohol Beverage Control Board either orally or 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 APPREARANCE, EITHER IN PERSON OR TELEPHONICALLY, BEFORE THE ABC BOARD OF DIRECTORS AT THEIR NEXT REGULARLY SCHEUDLED BOARD MEETING OR IN AN ACCUSATION FILED BY THE DIRECTOR.

*Please include your Alcohol License Number in your response.

Cynthia Franklin, Director Alcoholic Beverage Control Board 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 re-

Receipt	st. A Licensee shall respond, either orally or in writing, to the Notice
Necelpt.	Violation Observed By: Officer Dodson
Filed By:	Title: Investigator III



Alcoholic Beverage Control Board 550 W. 7th AVE. SUITE 1600 Anchorage, AK 99501

Kitos Kave Bar & Liquor

Kitos Kave Bar & Liquor

Street or P.O. Box

PO Box 1510

Date: 3-21-16 Number AB16-233 Page 1 of 2

Notice of Violation

589

City, State

Petersburg, AK

(3AAC 304.525) License Number Type of License Bev Disp How Delivered Law Enforcement Agency [X] Certified Mail # On-File **AMCO** [] In Person

Zip

99833

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

VIOLATION:

Licensee

As of 1-1-2016, your business has been operating without a valid DEC food establishment permit due to nonpayment of required annual fee. This is a violation of 18 AAC 31.020(a)(2) and 18 AAC 31.050.

As a licensee you are required to comply with all public health, fire, or safety laws and regulations in the state. You are also subject to suspension or revocation of your license by not being in compliance with 18 AAC 31.020(a)(2) and 18 AAC 31.050.

AS 04.11.370(a)(6) -

A license or permit shall be suspended or revoked if the board finds (6) failure of the licensee to comply with the public health, fire, or safety laws and regulations in the state;

Your attention is directed to:

You are directed to respond to the Director of the Alcohol Beverage Control Board either orally or 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 APPREARANCE, EITHER IN PERSON OR TELEPHONICALLY. BEFORE THE ABC BOARD OF DIRECTORS AT THEIR NEXT REGULARLY SCHEUDLED BOARD MEETING OR IN AN ACCUSATION FILED BY THE DIRECTOR.

JAN n 8 2018

ALCOHOL MARIJUANA CONTROL OFFICE STATE OF ALASKA

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Cynthia Franklin, Director Alcoholic Beverage Control Board 550 W. 7th Ave. Suite 1600 Anchorage, Alaska 99501

A Response is Required

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Receipt:	Violation Observed By: Sunny Muir, DEC
Filed By: Jeff Rules	Title: Investigator III



NOTICE OF VIOLATIONS SECTION 6.

AB-17-0211 – In April of 2017 the bartender at the Polar Bar, Connie O'Connor, was bartending with an expired TAMS card. Ms. O'Connor was relieved of her duties and was required to update her TAMS card prior to returning to work. We now have a tracking system for employees that are required to have a TAMS card, employees are reminded to update the card prior to expiration date.

