



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.

<b>Licensee:</b>	Lunar Chin	<b>License #:</b>	2052
<b>License Type:</b>	Beverage Dispensary	<b>Statute:</b>	AS 04.11.090
<b>Doing Business As:</b>	Elf's Den		
<b>Premises Address:</b>	2556 Mistletoe		
<b>Local Governing Body:</b>	Fairbanks North Star Borough		
<b>Community Council:</b>	None		

<b>Mailing Address:</b>	P.O. Box 55154				
<b>City:</b>	NORTH POLE	<b>State:</b>	AK	<b>ZIP:</b>	99705

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.

<b>Point of Contact:</b>	LUNAR CHIN		
<b>Contact Phone:</b>	808 687 0330	<b>Business Phone:</b>	907 488 3268
<b>Contact Email:</b>	ELFSDEN @ GMAIL .COM		

Seasonal License?  Yes  No **If "Yes", write your six-month operating period: \_\_\_\_\_**





Alcohol and Marijuana Control Office  
 550 W 7<sup>th</sup> Avenue, Suite 1600  
 Anchorage, AK 99501  
[alcohol.licensing@alaska.gov](mailto:alcohol.licensing@alaska.gov)  
<https://www.commerce.alaska.gov/web/amco>  
 Phone: 907.269.0350

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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:

[Empty box for disclosure]

**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:	LUNAR CHIN				
Mailing Address:	P.O. Box 55154				
City:	NORTH POLE	State:	AK	ZIP:	99705
Email:	ELFSDEN@GMAIL.COM				
Contact Phone:	808.687.0330				

This individual is an:  applicant  affiliate

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





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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"/>

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**

This section must be completed only by the holder of a beverage dispensary, club, or pub license or conditional contractor's permit. The holders of all other license types should skip to Section 8.

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 [Signature]



## Notice of Violation

(3AAC 304.525)

Licensee Lunar Chin	License Number 2052	Type of License Beverage Dispensary
D.B.A. Elf's Den Bar	How Delivered <input checked="" type="checkbox"/> Certified Mail # On-File <input type="checkbox"/> In Person	Law Enforcement Agency North Pole Police Department
Street or P.O. Box PO Box 55154	City, State North Pole, Alaska	Zip 99705

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:

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.

### Your attention is directed to

AS 04.11.370(a) (6) –

- (a) 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;

**You are directed to respond to the Director of the Alcohol & Marijuana Control Office 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 APPEARANCE, EITHER IN PERSON OR TELEPHONICALLY, BEFORE THE ABC BOARD OF DIRECTORS AT THEIR NEXT REGULARLY SCHEDULED BOARD MEETING OR IN AN ACCUSATION FILED BY THE DIRECTOR.**



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**Section 8 - 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.

*[Handwritten initials]*

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.

*[Handwritten initials]*

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.

*[Handwritten initials]*

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.

*[Handwritten initials]*

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.

*[Handwritten signature]*  
 Signature of licensee

*[Handwritten signature]*  
 Signature of Notary Public

*[Handwritten name]*  
 Printed name of licensee

Notary Public in and for the State of Alaska



My commission expires: 10-01-2019

Subscribed and sworn to before me this 26<sup>th</sup> day of December, 2017.

License Fee:	\$ 2500.00	Application Fee:	\$ 200.00	TOTAL:	\$ 2700.00
Late Fee of \$500.00 – if received or postmarked after 01/02/2018:					
Miscellaneous Fees:					
GRAND TOTAL (if different than TOTAL):					

