



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

Alaska Alcoholic Beverage Control Board

Package Store License

Form AB-17b: 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 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:	Giana, Inc.	License #:	2592
License Type:	Package Store	Statute:	AS 04.11.150
Doing Business As:	Red Diamond Liquor Barn		
Premises Address:	43335 K-Beach Road Ste 1 <i>43299 K-Beach RD Suite I</i>		
Local Governing Body:	Kenai Peninsula Borough		
Community Council:	None		

Mailing Address:	<i>Box 151</i>				
City:	<i>Kenai</i>	State:	<i>AK</i>	ZIP:	<i>99611</i>

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:	<i>JOANNA PITSICIONIS</i>		
Contact Phone:	<i>953-2222</i>	Business Phone:	<i>262-6893</i>
Contact Email:	<i>AKres26@hotmail.com</i>		

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↓  
Subdivided the building & there fore new physical address on same premises*

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:

Marie Thidwell - Bookkeeper LIANA INC.

## 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 using 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 #:	113300
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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:	GIANA INC. JOANNA PITILIONIS					
Title(s):	SECRETARY	PRESIDENT GIANA INC.	Phone:	953-2222	% Owned:	100
Mailing Address:	BOX 151					
City:	KENAI	State:	AK	ZIP:	99601	

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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**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. <i>yes</i>	<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. <i>no</i>	<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> <i>no</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 checked="" 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"/>

*ATTACHED YES*

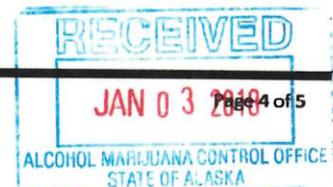
If "Yes" to either of the previous two questions, attach a separate page to this application listing all NOVs and/or convictions.

**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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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?

Yes: [ ] No: [x]

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.

[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.

Signature of licensee

Printed name of licensee

Notary Public
RYAN JOHNSEN
State of Alaska

My Commission Expires July 24, 2021

Signature of Notary Public

Notary Public in and for the State of

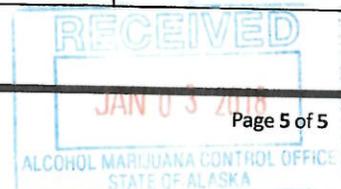
Alaska

My commission expires:

07/24/2021

Subscribed and sworn to before me this 20th day of December, 2017.

Table with 5 columns: License Fee (\$1500.00), Application Fee (\$200.00), TOTAL (\$1700.00), Late Fee (\$500.00), Miscellaneous Fees, GRAND TOTAL.





Vaughn's Mini Mart <vaughnsminimart@gmail.com>

**Fwd: 43299 Kalifornsky Beach Rd**

1 message

**giana pitsilionis** <akres26@hotmail.com>  
To: Vaughn's Mini Mart <vaughnsminimart@gmail.com>

Mon, Feb 12, 2018 at 7:36 PM

Marie plz print this

Sent from my iPhone

Begin forwarded message:

**From:** "Henson, Carrie" <CHenson@kpb.us>  
**Date:** October 17, 2016 at 3:54:19 PM AKDT  
**To:** "'akres26@hotmail.com'" <akres26@hotmail.com>  
**Subject:** 43299 Kalifornsky Beach Rd

Ms. Pitsilionis,

In 2011 there was a subdivision replat of K-B Subdivision Part Eight where a portion of the original tract 1B1 was subdivided into Lot 1B1-A and 1B1-B. The original address assigned to Tract 1B1 of 43335 Kalifornsky Beach Rd was reassigned to 1B1-A of the new subdivision and a new address of 43299 Kalifornsky Beach Rd was assigned to 1B1-B. Please let me know if you still have questions or concerns.

Kind Regards,

Carrie Henson  
E911 Addressing Officer  
Kenai Peninsula Borough  
(907) 714-2226



Dear Ms.Craig

I just received in mail a letter from your office concerning my renewal for package license #2592; it says it is the 2nd attempt to contact me because my application is incomplete please know I did not receive the first email concerning this!!! It may have been missed in a junk folder etc. nonetheless I'm very concerned and anxious to address the issues holding up the renewal:

As for the establishment contact information I did not realize I needed documentation to back this up, I explained in the application we had a subdivision of property and consequently a numerical but not physical address change; I am going to now forward you a email from the kenai peninsula borough confirming this.

The entity ownership information is stated correctly, I Joanna Pitsilionis am the President of Giana inc. I'm not sure why your records don't match this?

As to the Violations and Convictions section I vaguely remember we had a issue with renewal of Tams cards some years ago but did not realize this was a NOV in 2016 when I answered the question on the renewal. As I now recall it was the beginning of the summer season and I had just returned from a long absence due to illness I had temporary management and the same day we where cited we renewed our Tams cards these where sent to your office immediately with a letter and I don't remember any other issue concerning this, I would NEVER purposefully misled the agency who issued the NOV ! We've never had any convictions or other violations that I am aware of, I was absent from the state during 2015 and 2016 for quite some time and have since changed management at my business please let me know if there are any records of any other issues concerning NOV. I have owned this business for ten years I am a single mother with young children this business is my only source of income I never have had any problems with prompt renewals with any government agency to jeopardize my business I was unfortunately shocked when I received the letter yesterday stating I could lose my license and that I have a late fee!! Please let me know the status now.

Thank you again and I apologize for any confusion, as a recap:

I will forward you via email the letter from the Kenai Peninsula Borough concerning address change

Once I have information on NOV I will correct the form scan and return to you. How do I get history of NOV? Can you send me this? I do not have a record of this! As I explained above I did not realize we had a official NOV.

Also concerning the entity ownership information I don't understand why your records do not indicate I am the 100% owner and president of the company Giana inc.

Please also let me know if I must pay the late fee having said all the above.

Joanna Pitsilionis  
Giana Inc.  
President



dba: Shell Gas station Vaughns Mini Mart & Red Diamond Liquor

\*  
Nov Statement

