



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. Fields include Licensee (City of Klawock), License Type (Package Store - Community), Doing Business As (Klawock Liquor Store), Premises Address (6488-8 Klawock/Hollis Hwy), Local Governing Body (City of Klawock), and Community Council (None).

Table with 5 columns: Field Name, Value, State, ZIP. Fields include Mailing Address (P.O. Box 469), City (Klawock), State (AK), and ZIP (99925).

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, Value. Fields include Point of Contact (Heslie Isaacs), Contact Phone (907 755-2261), Business Phone (907 755-2243), and Contact Email (isaacs@cityofklawock.com).

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?

Yes: [ ] No: [X]

If "Yes", disclose the name of the individual and the reason for this authorization:

[Empty text box for authorization details]

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

Form for individual information: Name, Mailing Address, City, State, ZIP, Email, Contact Phone

This individual is an: [ ] applicant [ ] affiliate

Form for individual information: 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 #:	
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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.

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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:	Lawrence Armour			
Title(s):	Mayor	Phone:	907 755-2261	% Owned: —
Mailing Address:	P.O. Box 469			
City:	Klawock	State:	Alaska	ZIP: 99925

Entity Official Name:	Helen Jackson			
Title(s):	Vice-Mayor	Phone:	907 755-2261	% Owned: —
Mailing Address:	P.O. Box 469			
City:	Klawock	State:	Alaska	ZIP: 99925

Entity Official Name:	Leslie Isaacs			
Title(s):	City Administrator	Phone:	907 755-2261	% Owned: —
Mailing Address:	P.O. Box 469			
City:	Klawock	State:	Alaska	ZIP: 99925





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Section 5 - License Operation

Table with 3 columns: Description, 2016, 2017. Rows describe license operation status for 2016 and 2017, including checkboxes for regular operation, seasonal operation, minimum requirements, and non-operation.

Section 6 - Violations and Convictions

Table with 3 columns: Question, Yes, No. Rows ask about notices of violation (NOVs) and convictions in 2016 or 2017.

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.

Handwritten initials in a box.





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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?

**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.

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.

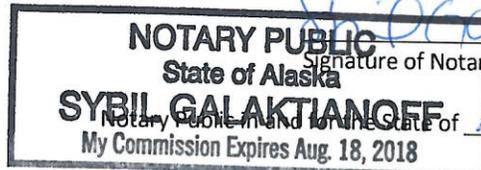
I certify that I have not altered the functional floor plan or reduced or expanded the area of the licensed premises, and I have not changed the business name or the ownership (including officers, managers, general partners, or stakeholders) from what is currently on file with the Alcoholic Beverage Control Board.

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.

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.

Leslie Isaacs  
 Signature of licensee

Leslie Isaacs  
 Printed name of licensee



Sybil Galaktianoff  
 Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: Aug. 18, 2018

Subscribed and sworn to before me this 20 day of February, 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:					<u>500.00</u>
Miscellaneous Fees:					
GRAND TOTAL (if different than TOTAL):					<u>\$ 2200.00</u>



City of Klawock Liquor Licenses Renewal Application 2018/2019

List of Notice of Violations for the Calendar year 2016 and 2017.

AMCO Case # AB17-0363

