



The Last Frontier Bar would like to request reinstatement of our Beverage Dispensary License. We do apologize for not filling out the application correctly. We have made the corrections immediately and have paid the penalty fees. Had we have known of our incorrect errors on the paper work we would have corrected the mistakes immediately. The Last Frontier Bar has been operating under Venture Bar LLC going on 5 years. We would like to continue operating our establishment for many more years to come.

We will not make the same mistake in improper filling out of paper work in the new future.

Thank you,

Ivan Ramos

Owner





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.

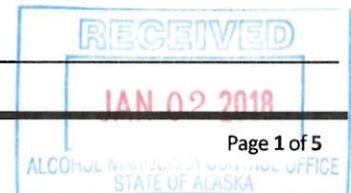
| | | | |
|-----------------------|---------------------------|------------|--------------|
| Licensee: | Venture Bar, LLC | License #: | 135 |
| License Type: | Beverage Dispensary | Statute: | AS 04.11.090 |
| Doing Business As: | Last Frontier Bar | | |
| Premises Address: | 369 Muldoon Road | | |
| Local Governing Body: | Municipality of Anchorage | | |
| Community Council: | Northeast | | |

| | | | | | |
|------------------|-------------------------|--------|----|------|-------|
| Mailing Address: | 2052 E. Northern Lights | | | | |
| City: | Anchorage | State: | AK | ZIP: | 99508 |

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: | JUAN RAMOS | | |
| Contact Phone: | 907-632-3394 | Business Phone: | |
| Contact Email: | jramos@alaskadonjoses.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:

Lisa Fink "CPA"

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.

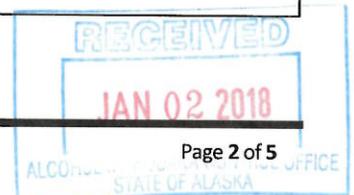
The following information must be completed for each licensee and each affiliate (spouse).

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: | | | | |





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

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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 #: | 10001686 |
|-----------------------|----------|

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 community or entity, including a corporation, limited liability company, 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: | Venture Bar LLC | | | JUAN RAMOS | |
| Title(s): | JUAN RAMOS Member | Phone: | 907-632-3311 | % Owned: | 100 |
| Mailing Address: | 369 Muldoon Rd | | | | |
| City: | Anchorage | State: | AK | ZIP: | 99504 |

| | | | | | |
|-----------------------|--|--------|--|----------|--|
| 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. | <input checked="" type="checkbox"/> | <input 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. 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. | <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. 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. | <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 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"/> |

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





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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:

I certify that all current licensees (as defined in AS 04.11.260) and affiliates have been listed on this application.

Initials

[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.

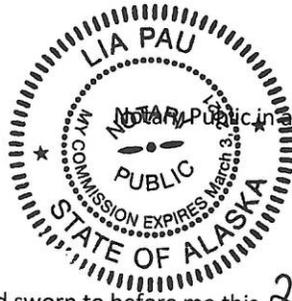
[Handwritten initials]

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
Ivan Ramos

 Printed name of licensee



[Handwritten signature]

 Signature of Notary Public

 Notary Public in and for the State of Alaska

My commission expires: March 3, 2021

Subscribed and sworn to before me this 2nd day of January, 2018.

| | | | | | |
|---|------------|------------------|-----------|--------|------------|
| 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): | | | | | |

