

March 11, 2018

State of Alaska

Dept. of Commerce, Community & Economic Development

Subject: Request for reinstatement of liquor license

Dear Sir / Madam,

I am writing this letter to request the reinstatement of the liquor license # 1207 issued to The Veterans of Foreign Wars, Susitna Post 9365 which was suspended due to some omissions on the renewal application. As you may know, this Post is owned by the membership and, with the exception of the canteen manager and the bartenders, operated and maintained primarily by volunteers from within that membership. At this Post the renewal of the liquor license and all other permits and licenses is the responsibility of the Quartermaster. This position is one of several that is filled by the election process which is repeated each year with the elected officers holding their respective office for a one year period unless re-elected. I have held the Quartermaster position for the last several years. My reason for mentioning this is to help you to understand that because there is not a full time person at the facility to take care of these types of things it might increase the risk of something like this happening.

The application for renewal of this liquor license was submitted in December along with payment in full. I noticed that the credit card payment had been accepted and at that point assumed that all was in order. I am the owner of a construction company and am currently overseeing a sizable project at Bartlett High School in Anchorage which was started in late July. Since this project has kept me very busy I have not given the level of attention that I would normally give to things like checking emails at the VFW Post. At any rate, neither I nor the canteen manager realized that there was a problem with our application until February 28th when one of our distributors asked to photograph our 2018 license for their records and the 2018 license was not available. This was brought to my attention by way of a phone call and it was then that I tried to look into the situation. I tried to contact the licensing office in Anchorage by phone but there was no answer and my call was not returned. Had I known the severity of the repercussions, I certainly would have visited the office in person and taken care of the problem. As it turned out, I did visit that office the following day, March 1st, and was then informed that I had missed the deadline and that the Post liquor license had been expired. Along with this request, please find the corrected application and the \$500.00 fee.

I hope that you will look favorably upon this request for reinstatement.

Bill Dishon, Quartermaster



Veterans of Foreign Wars Post 9365





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:	VFW Susitna Post #9365	License #:	1207
License Type:	Club	Statute:	AS 04.11.110
Doing Business As:	V.F.W. Post #9365		
Premises Address:	301 E Lake View		
Local Governing Body:	City of Wasilla (Matanuska-Susitna Borough)		
Community Council:	None		

Mailing Address:	P.O. Box 872000		
City:	Wasilla	State:	AK
ZIP:	99687		

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:	Bill Dishon		
Contact Phone:	907-715-7485	Business Phone:	
Contact Email:	post9365gm@gmail.com		

Seasonal License? Yes No

If "Yes", write your six-month operating period: _____





Alaska Alcoholic Beverage Control Board

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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?

Judy Minnick

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

Judy Minnick - Canteen Mgr.

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:					





Alaska Alcoholic Beverage Control Board

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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 #:	5321 D
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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.



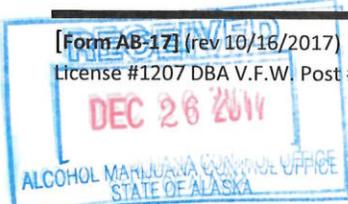
This subsection must be completed by any community or entity, including a corporation, limited liability company, partnership, or limited partnership, that is applying for renewal. If more space is needed, please attach additional completed copies of this page.

- 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:	William Dishon			
Title(s):	Treasurer	Phone:	715-7485	% Owned:
Mailing Address:	Box 4027			
City:	Palmer	State:	AK	ZIP: 99645

Entity Official Name:	Robert Watchus			
Title(s):	Director	Phone:	376-8651	% Owned:
Mailing Address:	2700 W. Riverdell Dr.			
City:	Wasilla	State:	AK	ZIP: 99654

Entity Official Name:	John Minnick			
Title(s):		Phone:	715-4449	% Owned:
Mailing Address:	Po. Box 870 455			
City:	Wasilla	State:	AK	ZIP: 99687



[Form AB-17] (rev 10/16/2017)
 License #1207 DBA V.F.W. Post #9365

Jonathan Hackett
 4948 E. Timothy Ln.
 Wasilla AK 99654

373-0697

Entity Official Name:	William Dishon				
Title(s):	Treasurer	Phone:	907-715-7485	% Owned	N.A.
Mailing Address:	P. O. Box 4027				
City:	Palmer	State:	AK	Zip:	99645
Entity Official Name:	John Minnick				
Title(s):	Secretary	Phone:	907-715-4449	% Owned	N.A.
Mailing Address:	P. O. Box 870455				
City:	Wasilla	State:	AK	Zip:	99687
Entity Official Name:	Jonathan Hackett				
Title(s):	President	Phone:	907-373-0697	% Owned	N.A.
Mailing Address:	4948 E. Timothy Ln.				
City:	Wasilla	State:	AK	Zip:	99654
Entity Official Name:	John Schwulst				
Title(s):	Vice President	Phone:	907-376-5820	% Owned	N.A.
Mailing Address:	2076 S. Grandbirch Dr.				
City:	Wasilla	State:	AK	Zip:	99654
Entity Official Name:	Robert Watchus				
Title(s):	Director	Phone:	907-376-8651	% Owned	N.A.
Mailing Address:	2700 W. Riverdell Dr.				
City:	Wasilla	State:	AK	Zip:	99654





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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. 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: _____ 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.

BD





Alaska Alcoholic Beverage Control Board

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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.

BD

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.

BD

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.

BD

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.

BD

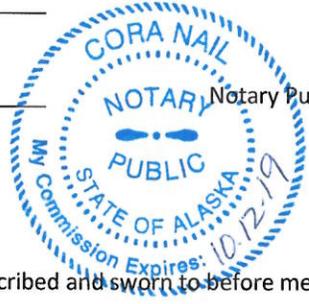
As an applicant for a liquor license renewal, I declare under penalty of perjury that I have read and am familiar with AS 04 and 3 AAC 304, and that this application, including all accompanying schedules and statements, is true, correct, and complete. I agree to provide all information required by the 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.

BDL
Signature of licensee

for VFW 9345

Oranau
Signature of Notary Public

Bill Diston
Printed name of licensee



Notary Public in and for the State of Alaska

My commission expires: 10.12.19

Subscribed and sworn to before me this 22nd day of December, 2017.

License Fee:	\$ 1200.00	Application Fee:	\$ 200.00	TOTAL:	\$ 1400.00
Late Fee of \$500.00 – if received or postmarked after 01/02/2018:					
Miscellaneous Fees:					
GRAND TOTAL (if different than TOTAL):					

