

Teal West
209 Cedar Beach Road
Sitka, Ak 99835
907-738-8813

State of Alaska
Alcohol Marijuana Control Board

Dear Board Members,

This letter is in reference to license number #4771 DBA Homeport Eatery. I am asking the board to reinstate my license after having circumstances out of my control present the reason I have not operated the license.

As you will find in my application, I was faced with the hard decision to close my business when the owner of the building that I rented from, decided to sell the business, and not continue my lease. I have looked for a new location, but have not been able to find one in Sitka as rent presents itself as extremely high, and spaces unavailable. Due to being non operational all start up costs were absorbed. And I was unable to apply for the waivers, as I didnt have the money until now to do so.

I have also fallen on hard times as I had to close my business, and financial barely survived that even. I ask for the boards empathy with me in this situation. I have possibly found a current business owner that is interested in transferring the license to, upon reinstatement. This is the only way I can re-coupe some of the money that I have lost, and I ask that you consider that today.

Thank you for your time.

Sincerely,

Teal West



Alaska Alcoholic Beverage Control Board

Restaurant or Eating Place License

Form AB-17a: 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 restaurant or eating place 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:	Teal West	License #:	4771
License Type:	Restaurant/Eating Place	Statute:	AS 04.11.100
Doing Business As:	Homeport Eatery		
Premises Address:	209 Lincoln Street		
Local Governing Body:	City & Borough of Sitka		
Community Council:	None		

Mailing Address:	209 Cedar Beach Rd.				
City:	Sitka	State:	AK	ZIP:	99835

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:	Teal West		
Contact Phone:	907 738 8813	Business Phone:	Same
Contact Email:	tealwest@gmail.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? Yes No

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

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:	Teal West			
Mailing Address:	209 Cedar Beach			
City:	Sitka	State:	AK	ZIP: 99835
Email:	tealwest@gmail.com			
Contact Phone:	907 738 8813			

This individual is an: applicant affiliate

Name:	Mike West			
Mailing Address:	209 Cedar Beach Road			
City:	Sitka	State:	alaska	ZIP: 99835
Email:	tealwest@gmail.com			
Contact Phone:	9077388813			





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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 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:				
Title(s):	Phone:	% Owned:		
Mailing Address:				
City:	State:	ZIP:		

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 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 checked="" type="checkbox"/>	<input checked="" 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"/>

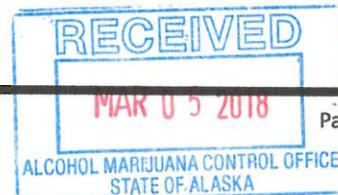
If "Yes" to either of the previous two questions, attach a separate page to this application listing all NOVs and/or convictions.

Section 7 – Alcohol Server Education

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 RS





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Section 8 - Gross Receipts

Enter the dollar amounts of the food and gross (food + alcohol) receipts on the licensed premises, and calculate the percentage of gross receipts that are from food sales on the licensed premises for each calendar year. (Food Receipts ÷ Gross Receipts x 100 = %)

2016 Food Receipts:	\$ 324,908	2016 Gross Receipts:	\$ 324,908	% From Food:	100 %
2017 Food Receipts:	\$ 0	2017 Gross Receipts:	\$ 0	% From Food:	0 %

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]

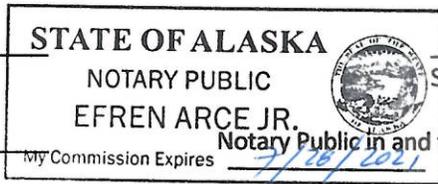
I certify on behalf of myself or of the organized entity that I understand that providing a false statement on this form or any other form provided by AMCO is grounds for rejection or denial of this application or revocation of any license issued.

[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.

[Handwritten signature: Dealy West]
 Signature of licensee

[Handwritten name: Teal C. West]
 Printed name of licensee



[Handwritten signature]
 Signature of Notary Public
 Notary Public in and for the State of Alaska

My commission expires: 7/28/2021

Subscribed and sworn to before me this 29th day of February, 2021.

License Fee:	\$ 600.00	Application Fee:	\$ 200.00	TOTAL:	\$ 800.00
Late Fee of \$500.00 - if received or postmarked after 01/02/2018:					500
Miscellaneous Fees:	\$ 600 2nd waiver	\$ 300 1st waiver			900
GRAND TOTAL (if different than TOTAL):					12200

