

# Department of Commerce, Community, and Economic Development

ALCOHOL AND MARIJUANA CONTROL OFFICE

550 West 7th Ave, Suite 1600 Anchorage, AK 99501 Main: 907.269.0350

### **MEMORANDUM**

TO: Bob Klein, Chair, and Members of the DATE: April 3, 2018

Alcoholic Beverage Control Board

FROM: Erika McConnell, Director RE: 5477 Hooked Alehouse and Grill

Requested Action:

License renewal; hearing on objection

Statutory Authority:

AS 04.06.090(b): "The board shall review all applications for licenses made under this title and may order the director to issue, renew, revoke, transfer, or suspend licenses and permits authorized under this title."

AS 04.11.470: "A person may object to an application for issuance, renewal, transfer of location, or transfer to another person of a license, or for issuance of a permit, by serving upon the applicant and the board the reasons for the objection. The board shall consider the objections and testimony received at a hearing conducted under AS 04.11.510(b)(2) when it considers the application..."

AS 04.11.510(b)(2): "the board may, on its own initiative or in response to an objection or protest, hold a hearing to ascertain the reaction of the public or a local governing body to an application if a hearing is not required under this subsection; the board shall send notice of a hearing conducted under this paragraph 20 days in advance of the hearing to each community council established within the municipality and to each nonprofit community organization entitled to notification under AS 04.11.310(b);"

**Staff Rec.:** Uphold the objection with a 30-day abeyance

**Background:** The renewal of this Soldotna beverage dispensary - tourism license is objected to by the Department of Labor.

The licensee owes a civil penalty of \$186,660.00 to the Alaska Workers' Compensation Benefits Guaranty Fund, by order of the Alaska Workers' Compensation Board. As noted in the objection, the employer (licensee) is delinquent in making timely payments.

Attachment: Department of Labor Objection

Renewal application



December 29, 2017

RE:

## Department of Labor and Workforce Development

DIVISION OF WORKERS' COMPENSATION BENEFIT GUARANTY FUND – COLLECTIONS

P.O. Box 115512 Juneau, Alaska 99811-5512 Main: 907.465.2790 Fax: 907.465.2797

Department of Commerce, Community & Economic Development Alcoholic Beverage Control Board Attn: Jane Sawyer, Business Licensing Examiner 550 W 7<sup>th</sup> Avenue, Ste. 1600 Anchorage, AK 99501

12/29/17 to Employer Cert.: 91 7108 2133 3937 6880 7077

CREDITOR'S HOLD REQUEST - PROTEST TO RENEWAL OF LIQUOR LICENSE

LIQUOR LICENSES NO's.: 3134, 5477

NAME OF ESTABLISHMENTS: Copper Top Lounge, Hooked Alehouse & Grill NAME OF ESTABLISHMENT OWNER: Hooligans Lodging & Saloon, Inc.

The Department of Labor and Workforce Development, Division of Workers' Compensation, hereby files notice of their objection to the renewal of Liquor Licenses No's. 3134 and 5477, issued to Establishments Copper Top Lounge and Hooked Alehouse & Grill, Owner Hooligans Lodging & Saloon, Inc.. This notice is to serve as a Creditor's Hold Request, as provided for and in accordance with AS 04.11.360, for renewal of these licenses or issuance of future alcohol licenses for the premises located at 44715 Sterling Highway, Soldotna, AK 99669 to Hooligans Lodging & Saloon, Inc. or its successors in interest at this address.

The uninsured employer, Respondent, Hooligans Lodging & Saloon, Inc., was ordered by the Alaska Workers' Compensation Board (AWCB) in Stipulation and Order dated March 31, 2016 in AWCB case #700004901, to pay a civil penalty of \$186,660.00, for operating in violation of AS 23.30.075 and .080.

The employer has been declared in default by the Director for failure to make timely payments, timely provide documentation related to sale of the business premises, and provide for satisfaction of this obligation under the terms of sale, and the Alaska Workers' Compensation Benefits Guaranty Fund is owed \$182,660.00; this amount takes into account payments remitted, and other debits and credits, as applicable, to account for every financial transaction associated with the repayment of the assessed civil penalty.

The name and address of the claimant: State of Alaska, Department of Labor and Workforce Development, Division of Workers' Compensation, Benefits Guaranty Fund – Collections, P.O. 115512, Juneau, Alaska 99811-5512. Payment should be made payable to: Alaska Workers' Compensation Benefits Guaranty Fund, and the following case identification referenced in the memo field: AWCB Case No. 700004901.

A lien is now claimed for the amount of \$182,660.00, as described above.

DATED this 29th day of December, 2017

State of Alaska, Department of Labor & Workforce Development

Alaska Workers' Compensation Benefits Guaranty Fund

Andrea Mogil, Collection Officer

SUBSCRIBED and SWORN to before me this 29th day of December, 2017

Notary Public in and for Alaska My Commission Expires With Office

Cc:

**Molly Poland** 

Hooligans Lodging & Saloon, Inc.

44715 Sterling Hwy. Soldotna, AK 99669-7939

Enclosure: Benefit Guaranty Fund Statement # 4 Case #700004901

STATE OF ALASKA
OFFICIAL SEAL
Alexis P. Hildebrand
NOTARY PUBLIC
My Commission Expires With Office



# Department of Labor and Workforce Development

DIVISION OF WORKERS' COMPENSATION BENEFIT GUARANTY FUND – COLLECTIONS

P.O. Box 115512 Juneau, Alaska 99811-5512 Main: 907.465.2790 Fax: 907.465.2797

#### **Workers' Compensation Benefits Guaranty Fund**

Statement

Date: 11/13/2017

Statement:

14 700004901

**Decision & Order Number:** 

N/A

MONTHLY PAYMENT SUMMARY

Case Number:

Total Amount Due December 15, 2017 \$65,997.50

Payment Amt. and Due Date: Per Schedule Initial Payment Amt. and Due Date 3/15/2017: \$1,000.00

**Past Due Amount** 

Assessed Civil Penalty Amount: Discount & Suspended Amount(s) - Conditional:

\$186,660.00 (\$116,662.50)

Payable Civil Penalty:

Remaining Balance

\$69,997.50

**Workers' Compensation Collections Unit** P.O. Box 115512 Juneau, AK 99811-5512

Please enclose your case number on your check

or money order for proper credit and remit to:

Hooligans Lodging & Saloon Inc.

44715 Sterling Hwy

Soldotna, AK 99669-7939

Phone: 907-741-2561; 907-262-9951

#### **Account Activity**

Date		Date	Description	Payment Amount		
		3/6/2017	Board Ordered Civil Penalty	-		
	IP	3/15/2017	Check #7922	\$1,000.00		
	Apr.	5/3/2017	Check #7924	\$300.00		
	May	5/19/2017	Check #7927	\$300.00		
	<del>Jun-J</del> u	7/14/2017	Check #7996	\$1,000.00		
		8/29/2017	Returned NSF Check #7996	-\$1,000.00		
	June	8/31/2017	Check #7503	\$500.00		
	Jul. pa	8/31/2017	Check #7504 \$300.00 postdated 9/15	\$300.00		
	Jul. pa	11/13/2017	Check #7509 \$1,000.00 split	\$200.00		
	Aug.	11/13/2017	Check #7509 \$1,000.00 split	\$500.00		
	Sep.	11/13/2017	Check #7509 \$1,000.00 split	\$300.00		
	Oct.	11/13/2017	Check #7507	\$300.00		
	Nov.	11/13/2017	Check #7508	\$300.00		

**Total Amount Paid** 

#### Dear Employer,

Your account has been declared in default by the Director. Please contact this office for information regarding settlement of the payable penalty balance at your earliest opportunity. Until this account is settled or payable penalty balance is paid in full within 10 days of your pending sale, please continue to remit payments per the schedule below.

#### Payment Schedule Per Stipulation and Order:

IP March 2017 \$1,000.00 January - May \$300.00 each \$500.00 each June - August \$300.00 each Sep. - December Final Aug. '33 \$197.00

OR balance in full within 10 days of sale.

#### **Current Balance** \$69,997.50 \$68,997.50

\$68,697.50 \$68,397.50 \$67,397.50 \$68.397.50

\$67,897.50 \$67,597.50 \$67,397.50 \$66,897.50

\$66 597 50 \$66,297.50 \$65,997.50

\$65,997.50

\$4,000.00



Alcohol and Marijuana Control Office 550 W 7<sup>th</sup> 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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ALCOHOL MARIJUANA CONTROL OFFICE STATE OF ALASKA

## **Beverage Dispensary – Tourism License**

## Form AB-17d: 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 beverage dispensary – tourism 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. Hooligans Lodging & Saloon, Inc. License #: 5477 Licensee: Statute: AS 04.11.400(d) License Type: Beverage Dispensary - Tourism **Doing Business As:** Hooked Alehouse & Grill **Premises Address:** 44715 Sterling Highway Local Governing Body: City of Soldotna (Kenai Peninsula Borough) **Community Council:** None Mailing Address: ZIP: 99669 State: City: 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: Contact Phone: Business Phone:** 907-262-9951 **Contact Email:** If "Yes", write your six-month operating period: Seasonal License?



Alcohol and Marijuana Control Office 550 W 7<sup>th</sup> Avenue, Suite 1600 Anchorage, AK 99501 alcohol.licensing@alaska.gov

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## **Beverage Dispensary – Tourism License**

# Form AB-17d: 2018/2019 Renewal License Application

	Section	2-4	Authoriza	ation			
Communication with AMCO	staff:					Yes	No
Does any person othe AMCO staff?	r than a licensee named in this	applicat	tion have aut	nority to discuss this	license with		X
If "Yes", disclose the nam	ne of the individual and the re	ason for	this authoriz	ation:			
	ection 3 – Sole Pro						
f more space is needed, plea the following information man	eted by any sole proprietorship ase attach a separate sheet wi ust be completed for each licer applicant affiliate	ith the r	equired infor	mation.	tities should s	skip to Sectio	on 4.
Name:		!					
Mailing Address:							
City:		10.0	State:		ZIP:		
Email:							
Contact Phone:		3	***************************************	1000000		and appropriate to the second	
his individual is an: a	applicant affiliate	MAN AND AND AND AND AND AND AND AND AND A					
Mailing Address:							
City:			State:		ZIP:		
Email:							000
Contact Phone:			10.00000				
					RECE	IVED	
Form AB-17d] (rev 10/16/2017) icense #5477 DBA Hooked Aleh		12		ALC	PEB Z OHOL MARIJUAN. STATE OF		e 2 of 5



Alaska CBPL Entity #:

Alaska Alcoholic Beverage Control Board

860481

Alcohol and Marijuana Control Office 550 W 7<sup>th</sup> Avenue, Suite 1600 Anchorage, AK 99501

alcohol.licensing@alaska.gov https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

Initials

## Beverage Dispensary - Tourism License

## Form AB-17d: 2018/2019 Renewal License Application

#### **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 vising the following site: <a href="https://www.commerce.alaska.gov/cbp/main/search/entities">https://www.commerce.alaska.gov/cbp/main/search/entities</a>
Partnerships may skip to the second half of this page. Sole proprietorships should skip to Section 5.

You must ensure that you are able to certify the following statement before signing your initials in the box to the right:

I certify that this entity is in a are also currently and accura	good standing with CBPL and that all cuately listed with CBPL.	ırrent entity	officials and stakeholders	(listed below	WAS		
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:	molly Polar	vol.					
Title(s):	President Shereholds	Phone:	907-741-256	% Owned	100%		
Mailing Address:	Secratary Vice	44	115 Sterling	Har			
City:	Soldena	State:	alaska	ZIP:	796leg		
Entity Official Name:	The state of the s		7701301100144-10				
Title(s): Phone:				% Owned:			
Mailing Address:		47 - 50 - 50 - 50 - 50 - 50 - 50 - 50 - 5					
City:		State:		ZIP:			
Entity Official Name:	-						
Title(s):		Phone:		% Owned:			
Mailing Address:							
City:		State:		ZIP:			
				RECE			
[Form AB-17d] (rev 10/16/2017) License #5477 DBA Hooked Aleh				FEB 2	Page 3 of 5 2 2018		
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## **Beverage Dispensary – Tourism License**

# Form AB-17d: 2018/2019 Renewal License Application

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.	X					
The license was regularly operated during a specific season each year, for 8 or more hours each day.		$\times$				
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.						
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.						
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?		7				
		X,				
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?		X				
If "Yes" to either of the previous two questions, attach a separate page to this application listing all NOVs and/or con	viction	s.				
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.						

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ALCOHOL MARIJUANA CONTROL OFFICE STATE OF ALASKA



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## **Beverage Dispensary – Tourism License**

# Form AB-17d: 2018/2019 Renewal License Application

#### **Section 8 - Certifications**

Read each line below, and then sign your	initials in the box to the	e right of each stateme	ent:	Initials			
I certify that all current licensees (as define	ed in AS 04.11.260) and	affiliates have been li	sted on this applicatio	n.			
I certify that in accordance with AS 04.11.4 in the licensed business.	50, no one other than t	he licensee(s) has a dir	ect or indirect financia	al interest			
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.							
I am submitting as part of this application a written statement that meets the attached Tourism Statement Guidelines, for review by the Alcoholic Beverage Control Board.							
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  Notary Public in and for the State of Aloo Ko  Notary Public in and for the State of February 2018.  My commission expires: 9-7-3   Jerrica Woods  My Commission Expires: 2018.							
License Fee: \$ 2500.00	Application Fee:	\$ 200.00	TOTAL:	\$ 2700.00			
Late Fee of \$500.00 – if received or				500,00			
Miscellaneous Fees:							
GRAND TOTAL (if different than TOT	TAL):			320000			

# Hooked ale house of Gill Soldetha, alaska.

We are a 33 room bodge, Bart Restanait who provide fishing trips & Charters w/ local brides & sight Deeing guides. We have a full menu wil only alaskan Branded food & Blurage, We are all about being local & hove Beens formuly alaskan Brewners, We seme Dalmon Bake & Fish & Chips plus a alaskan Bout Theat Includes, Oystersfrom Katchioc bay, Snow craß 4 more. We also have hire alaskan enterstannet from Hobo Jim 3 days a week. Plus other local entertances. Our Website Shows the alaskan Sprit & lots of Local flain. WWW fishormans hide away lodge, com We are more then a bar & Restarant

We one the alaskan experience!

RECEIVED

FEB 2 2 2018

ALCOHOL MARRIUANA CONTROL OF STATE OF ALASKA

OWNer, president/Hoolignus ladging & Salasn inc.

Hooland

## Alcohol Licensing, CED ABC (CED sponsored)

From:

Molly Blakeley <missmoller73@yahoo.com>

Sent:

Thursday, February 22, 2018 8:53 PM

To:

Alcohol Licensing, CED ABC (CED sponsored)

Subject:

#5477 Hooked

Categories:

Carrie

Requested edit on my letter about our venue:

We are adding new kitchen equipment to get our Salmon bake menu going, we hope to become an excursion this year and future years to the cruise ship industry, they port in Homer and Seward so we are sandwiched in. It seems like a great experience to offer guests. Fresh salmon bake, also we are adding a fish weigh station out doors. Also the rooms are being redone, along with the exterior of the building. 2 rooms have full kitchens and the rest have a mini fridge, microwave, and coffee pot, no alcohol is stocked in the guest rooms. I Molly Poland will be operating the facility as always.

I hope this meets the the last requirements you requested. Thank you

-Molly Poland