



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

Alaska Alcoholic Beverage Control Board

**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.

Licensee:	CNH Holding, LLC	License #:	175
License Type:	Beverage Dispensary - Tourism	Statute:	AS 04.11.400(d)
Doing Business As:	Breakwater Inn Restaurant & Lounge		
Premises Address:	1711 Glacier Avenue		
Local Governing Body:	City & Borough of Juneau		
Community Council:	None		

Mailing Address:	1711 Glacier Ave			
City:	Juneau	State:	Alaska	ZIP: 99801

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:	Hyer O Chi-mott		
Contact Phone:	(907) 586-6303	Business Phone:	(907) 586-6310
Contact Email:	manager@breakwaterinn.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:

James Hargett / manager

Section 3 – Sole Proprietor Ownership Information

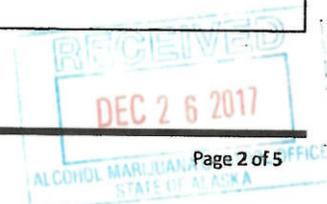
This section must be completed by any sole proprietorship who is applying for license renewal. Entities should skip to Section 4. If more space is needed, please attach a separate sheet with the required information. The following information must be completed for each licensee and each affiliate (spouse).

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:					





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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 #:	10027477
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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:	Hyun O Chi-Mott			
Title(s):	member	Phone:	(907)586-6303	% Owned: 100
Mailing Address:	1711 Glacier Ave			
City:	Juneau	State:	AK	ZIP: 99801

Entity Official Name:	James Hargett			
Title(s):	Manager	Phone:	(907)586-6303	% Owned: 0
Mailing Address:	1711 Glacier Ave			
City:	Juneau	State:	AK	ZIP: 99801

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

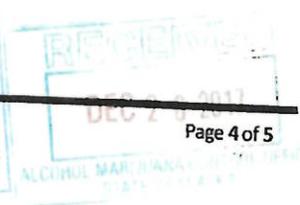
If "Yes" to either of the previous two questions, attach a separate page to this application listing all NOVs and/or convictions.

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





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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.

Hoe

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.

Hoe

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.

Hoe

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.

Hoe

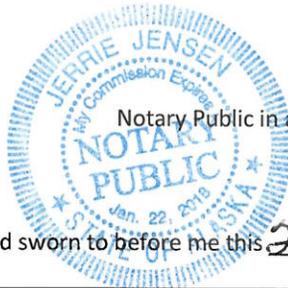
I am submitting as part of this application a written statement that meets the attached Tourism Statement Guidelines, for review by the Alcoholic Beverage Control Board.

Hoe

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

Hyeun Chir-Mott
 Printed name of licensee



Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: Jan 22 2018

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

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):					



Notice of Violation

(3AAC 304.525)

Licensee CNH Holding LLC	License Number 175	Type of License Bev Disp-tourism
D.B.A. Breakwater Inn Restaurant and Lounge	How Delivered <input checked="" type="checkbox"/> Certified Mail # On-File <input type="checkbox"/> In Person	Law Enforcement Agency AMCO
Street or P.O. Box 1711 Glacier Hwy	City, State Juneau, AK	Zip 99801

This is a notice to you as licensee that an alleged violation has occurred. If the Alcoholic Beverage Control Board decides to act against your license, under the provisions of AS 44.62.330 - AS 44.62.630 (Administrative Procedures Act) you will receive an Accusation and Notice of your right to an Administrative Hearing.

Note: This is not an accusation or a criminal complaint.

VIOLATION:

As of 1-1-2016, your business has been operating without a valid DEC food establishment permit due to nonpayment of required annual fee. This is a violation of 18 AAC 31.020(a)(2) and 18 AAC 31.050.

As a licensee you are required to comply with all public health, fire, or safety laws and regulations in the state. You are also subject to suspension or revocation of your license by not being in compliance with 18 AAC 31.020(a)(2) and 18 AAC 31.050.

AS 04.11.370(a)(6) -

- (a) A license or permit shall be suspended or revoked if the board finds
(6) failure of the licensee to comply with the public health, fire, or safety laws and regulations in the state;

Your attention is directed to:

You are directed to respond to the Director of the Alcohol Beverage Control Board either orally or in writing to this Notice of Violation within 10 days of receipt to explain what action you have taken to prevent a reoccurrence of this violation. **FAILURE TO RESPOND TO THIS NOTICE OF VIOLATION WITHIN 10 DAYS WILL RESULT IN YOUR APPEARANCE, EITHER IN PERSON OR TELEPHONICALLY, BEFORE THE ABC BOARD OF DIRECTORS AT THEIR NEXT REGULARLY SCHEDULED BOARD MEETING OR IN AN ACCUSATION FILED BY THE DIRECTOR.**

***Please include your Alcohol License Number in your response.**



Cynthia Franklin, Director
Alcoholic Beverage Control Board
550 W. 7th Ave. Suite 1600
Anchorage, Alaska 99501

A Response is Required

3 AAC 304.525 (B) provides that upon receipt of a Notice of Violation, a licensee may request to appear before the Director and be heard regarding the Notice of Violation. The request must be made within ten days after receipt of the Notice and the Director must grant an appearance within ten days after receipt of a request. A Licensee shall respond, either orally or in writing, to the Notice.

Receipt:	Violation Observed By: Sunny Muir, DEC
Filed By: <i>Jeff Paulsen</i>	Title: Investigator III



STATE OF ALASKA

DIVISION OF ENVIRONMENTAL HEALTH

INVOICE # **14278**

**F
R
O
M**

REMIT TO:
Dept. of Environmental Conservation
Financial Services
410 Willoughby Ave. #303
Juneau AK 99801-1795

*Paid
3/29/16
J.W.*

CALENDAR YEAR

16

TYPE CODE

FN04

PERMIT #:

113010219

**T
O**

APPLICANT NAME: CNH Nutrition

DBA: Bankwitten Bros

ADDRESS: 1711 Glacier Ave

CITY: Juneau

STATE: AK ZIP: 99801

PHONE: 907 586-6303

APPLICANT: IMPORTANT

1. Make Check Payable To: State Of Alaska
2. Reference invoice number and permit number on your check.
3. Submit part (yellow) copy of this form with your payment.

EHO Contact Name: J. Wilson

EHO ID#: 152

EHO Phone: 907-465-5163

TOTAL FEES

ANNUAL FEE 225.00

Less 50% Discount ()

SUBTOTAL _____

Less Espresso Discount ()

SUBTOTAL _____

Less Assoc. Discount (45.00)

SUBTOTAL 180.00

PLAN REVIEW FEE + _____

Less Discount (3 or more operations) ()

SUBTOTAL _____

CHANGE OF OWNERSHIP + _____

SUBTOTAL -45.00

OTHER already paid -45.00

SUBTOTAL _____

TOTAL FEES

CH# 215632

135.00

CHECK APPLICABLE DISCOUNT

PERMIT

DISCOUNT 50% - 501(C) 4, 10, 19
NOTE: Must provide IRS Exemption Letter

DISCOUNT 50% - Ltd./ Mobile/Kiosk Serving Only
Certain Beverages and Non PH Prepackaged Foods

DISCOUNT 20% - ASSOCIATED Bar/Food Service

PLAN REVIEW

DISCOUNT- 20% for 3 or more operations

PAID: CASH _____

CHECK _____

Date Payment Received _____

Send Permit to Operator

Send permit to EHO

NOTE: Payment due within 30 days of date of issue.

Date Issued: 3/29/16

MAR 23 2016



**Alaska Food Code
2016 Establishment Permit**

Division of Environmental Health
Food Safety & Sanitation

Permit Number: 113010020
Issued to: **CNH Holding LLC**
For: **Breakwater Restaurant**
For Operation of: **FF-1 Food Service**
Located at: **1711 Glacier Ave; Juneau**

This permit, issued under the provisions of 18 AAC 31, is valid until the noted expiration date unless suspended or revoked by the department.

This permit is not transferable for change of ownership, facility location, or type of operation. It must be posted in plain view in the establishment and is the property of the State of Alaska.

Expiration Date:
December 31, 2016

Program Manager:

**If you have questions or concerns regarding
safe food handling practices call toll free:**

1-87-SAFE-FOOD

(in Anchorage call 334-2560)



Breakwater Inn

1711 Glacier Avenue

Phone: 586-6303

Fax: 463-4820

Tourism Statement

From: Breakwater Inn

To: Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
Anchorage, AK 99501

This business has been operating successfully since 1967 in the same location and is part of Juneau's history. The Breakwater Inn is conveniently located within walking distance from downtown Juneau, the capital of Alaska, including the following facilities and attractions:

City Swimming Pool, Federal Building, Alaska State Office Building, Capital Building, Diamond Court House, Centennial Hall Convention Center, and Alaska State Museum and many more attractions.

The hotel has 49 Rooms, 30 rooms with kitchenettes, on the back side of the Breakwater Inn, provides large windows and balconies overlooking Aurora Bay. Restaurant and Lounge located 2nd floor provide Aurora Bay view and Gastineau Channel. Front entrance side provides Mountain Juneau View.

The City and Borough of Juneau requires one parking space per 4 rooms, however the Breakwater Inn has one parking space per room with an additional 7 parking spaces.

Many local residents have fond memories of the Restaurant's Steaks, Prime Rib and Fresh Alaskan seafood dinners while dining overlooking the Aurora Bay and Gastineau Channel. Although the Breakwater Inn hosts many tourists.

- 1) Issuance of a liquor license at our establishment has/will encourage tourism by allowing visitors to branch out further from the downtown port area to farther reaches of the downtown area, providing views of our harbors, having a themed/scenic lodging, and easy access to the downtown tourism industry.
- 2) The facility was/will be constructed or improved by having an antique ship themed interior decor, scenic views overlooking Aurora Harbor and on site bar/restaurant/lounge for out of town guests.
- 3) The owners operate the facility for which the liquor license is being applied.
- 4) We do offer room rentals to the traveling public.
 - a) We have 49 rooms available, of which 30 are available with kitchenettes. We do not stock alcoholic beverages in the guest rooms.
 - b) Our facility is not located within an airport terminal.
- 5) Our establishment does include a dining facility.
- 6) Additional amenities are leaflets, brochures, booklets and hand outs of local trips, tours, and other tourist activities in each room and in the lobby.

