

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

Alcoholic Beverage Control Board

DATE: June 12, 2018

FROM: Erika McConnell, Director RE: 1156 Tony's Liquor

Requested Action:

License renewal

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 04.11.330(a)(3): "(a) An application requesting renewal of a license shall be denied if...(3) the applicant has not operated the licensed premises for at least 30 eight-hour days during each of the two preceding calendar years, unless the board determines that the licensed premises are under construction or cannot be operated through no fault of the applicant;"

- 3 AAC 304.170(j): "If a license is exercised only to satisfy the minimum operating requirement under AS 04.11.330(a)(3) or 3 AAC 304.107(c)(1), a licensee has the burden of proof to show that the licensed premises was operated in a similar fashion to other licensed premises of the same type and shall, at a minimum,
- (1) provide signage, of sufficient size and visibility to show that the premises is open for business, stating business name and hours of operations;
- (2) offer for sale at the licensed premises, as appropriate to the type of license, a variety of malt beverages, wines, and distilled spirits;
- (3) visibly display the alcoholic beverages stock in a licensed package store premises;
- (4) provide seating in beverage dispensary licensed premises for at least one-half of the maximum number allowed by the occupancy permit;
- (5) comply with all state or municipal health, fire, and zoning laws or ordinances required for the operation of business;
- (6) maintain a record of all purchases of alcoholic beverages for resale on the licensed premises; and
- (7) record sales with a cash register that retains a record of transactions."

Staff Rec.:

The board has required waivers of other applicants who have not submitted all required elements of 3 AAC 304.170(j). However if waivers are required for 2016

1156 Tony's Liquor ABC Board June 12, 2018 Page 2

and 2017, they would be the third and fourth waivers, and the qualifications for those waivers are not met, which would lead to license denial. Despite missing the proof of 3 AAC 304.170(j)(3), AMCO is satisfied that the licensee met minimum operating requirements for 2016 and 2017.

Background: In the renewal application for this package store license, the licensee indicated that the license was only operated to meet the minimum requirements, in both 2016 and 2017. Investigation by AMCO Enforcement shows that the license was not able to provide all the information required by 3 AAC 304.170(j). Specifically, the licensee did not provide a photo showing the display of alcoholic beverages stock in the package store premises ((j)(3)). While the remaining requirements were provided and appear to show that the license was operated, the minimum requirements of regulations were not met.

This license had a first waiver of operations approved in 2009 and a second waiver of operations approved in 2011.

Attachment: AB-30 for 2016

AB-30 for 2017 Renewal application



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Alaska Alcoholic Beverage Control Board

Form AB-30: Proof of Minimum Operation Checklist

What is this form?

This form is required for any license that was exercised only to satisfy the minimum operating requirement of 30 eight-hour days in a calendar year under AS 04.11.330(a)(3) or 3 AAC 304.107(c)(1). A licensee has the burden of proof to show that the licensed premises was operated in a similar fashion to other licensed premises of the same type by maintaining and providing specific types of documentation, required by 3 AAC 304.170(j).

	ndar year must submit a complete co Section 1 — Establi	shment Informat	ion	•	
nter information for the	licensed establishment.				
Licensee:	C. We, Till	License	Number:	11	56
License Type:	· Parkone stere			1	
DBA:	Tomis Liquer				
Premises Address:	518 W WALLY	way			
City:	hodiac	State:	Alaska	ZIP:	agiris
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alendar Year	be provided in addition to all items list	ed below, but a license will locumentation required be	Il not be fou Plow has be	nd to hav	yo mat the
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alendar Year Atra documentation may equirements set forth in the must be able to certificate and visibility to she I am attaching a list of sale at the licensed pre-	be provided in addition to all items list 3 AAC 304.170(j) unless all mandatory described and sign of the signage displayed at my est ow the premises was open for business, the variety of malt beverages, wines, an	ed below, but a license will locumentation required be your initials next to each of ablishment during all hours and stating my business national distilled spirits (as appropriate the second of the	Il not be fou elow has bee the following s of operation ame and hou priate) that v	nd to have en submit on, of suff irs of ope were offe	Initial Initial Irration.

FEB 1 6 2018

STATE OF ALASKA



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Alaska Alcoholic Beverage Control Board

Form AB-30: Proof of Minimum Operation Checklist

Section 3 - Additional Proof Required of Specific License Types

ne following must be su	bmitted for package stores. Read and	sign your initials next to eac	h statement.	Initia
 I am attaching phot package store durir 	os showing how the stock of alcoholic b ig all hours of operation.	neverages was displayed on	the licensed premises of my	D
he following must be su	bmitted for <i>beverage dispensaries</i> . Rea	ad and sign your initials next	to each statement.	Initia
b. I am attaching docu Dispensary for at le	mentation showing that seating was pr ast one-half of the maximum number al	ovided on the licensed prem llowed by the occupancy per	ises of my beverage mit.	
s a liquor licensee, 1 decl oning laws or ordinances nd complete.	are under penalty of perjury that my est required for the operation of the busin	tablishment complies with al ess, and that this form, inclu	l state or municipal health, fire ding all attachments, is true, co	e, and orrect,
Mina	E ALASKA	141	lass.	
gnature of licensee	V VELASCO	Notary P	ublic in and for the State of Ala	ska.
\bigcirc .	V PUBLIC 1	Manual Statement of the Control of t	1	ı
Latricia	Mineser	My com	mission expires: 04 01	2019
		sworn to before me this 2	Hhday of Dioch Ecr	_ 20 <u>_ 1</u>
Investigator:	n. CHIESO M	Date:	0400/228	
Req. 1 met? (Y/N):	463	Req. 2 met (Y/N):	703	
Req. 3 met?(Ŷ/N):	763	Req.4 met? (Y/N):	765	
Req. 5a/b met? (Y/N);	No	Burden of Proof Met?	HEJIN VS	
Comments: LIC(MIN OPERATING	HAVE PLOTOS PROVIDE A	of ALCOHOL	570
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Alaska Alcoholic Beverage Control Board

Form AB-30: Proof of Minimum Operation Checklist

License Number:

What is this form?

Licensee:

Enter information for the licensed establishment.

This form is required for any license that was exercised only to satisfy the minimum operating requirement of 30 eight-hour days in a calendar year under AS 04.11.330(a)(3) or 3 AAC 304.107(c)(1). A licensee has the burden of proof to show that the licensed premises was operated in a similar fashion to other licensed premises of the same type by maintaining and providing specific types of documentation, required by 3 AAC 304.170(j).

Please note that a licensee who has operated a licensed premises only to satisfy the minimum operating requirement for more than one calendar year must submit a complete copy of this form, including documentation, for <u>each year</u>.

Section 1 – Establishment Information

	License Type:	Pachao	re Star	e		***************************************		
	DBA:	Tony	1	& liqua				
	Premises Address: 518 w. wating way							
	City:	Modio			State:	Alaska	ZIP:	991015
	elendar Year	17		Proof of Ope)
100	tra documentation may b quirements set forth in 3 , u must be able to certify e	AAC 304.170(J) UN	iless all mandato	ry documentation	required be	low has bee	en submit	e met the ted. Initials
1.	I am attaching photos shows size and visibility to show	nowing the signage w the premises wa	e displayed at my as open for busine	establishment duri ess, and stating my	ing all hours business na	s of operation	on, of suff ers of ope	
2.	I am attaching a list of the sale at the licensed prem	ne variety of malt b nises during all hou	beverages, wines, urs of operation.	, and distilled spirits	s (as approp	oriate) that v	were offer	ed for
3.	I am attaching a record of this establishment.	of all purchases of	alcoholic beverag	ges made by this lic	ense for res	ale on the li	censed pr	remises
4.	I am attaching cash regis of this establishment.	ter/point of sale s	ystem receipts sh	nowing all alcoholic	beverage to	ransactions	on the pre	emises
[For	rm AB-30] (rev 10/26/2017)					AL	FEE COHOL MAP	Page 1 of 2 3 1 6 2018



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Alaska Alcoholic Beverage Control Board

Form AB-30: Proof of Minimum Operation Checklist

Section 3 - Additional Proof Required of Specific License Types

The following must be s	ubmitted for <i>package stores</i> . Read and s	ign your initials next to e	each statement.
5a. I am attaching pho	tos showing how the stock of alcoholic being all hours of operation.	everages was displayed o	
he following must be su	abmitted for <i>beverage dispensaries</i> . Read	and sign your initials no	State X.
b. I am attaching docu	mentation showing that seating was pro ast one-half of the maximum number allo	vided on the linear a	
gnature of licensee	are under penalty of perjury that my esta required for the operation of the busines	Notary My com	Public in and for the State of Alaska. nmission expires: Florung 01, 2021 Aday of Florung 2018.
	OFFICE	JSE ONLY	
Investigator:	W Chicso w	Date:	d1/26/20
Req. 1 met?(Y/N):	763	Reg. 2 met (V/N):	46.5
Req. 3 met?(Y/N):	765	Req. 4 met?([Y/N]:	765
Req. 5a/b met? (YN):	20	Burden of Proof Met?	No
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rm AB-30 (FBV 10/26/2017)			FEB 1 6 2018 Page 2 of 2



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Package Store License

Form AB-17b: 2018/2019 Renewal License Application

What is this form?

License #1156 DBA Tony's Liquor

This renewal license application form is required for all individuals or entities seeking to apply for renewal of an existing package store 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: CNG, Inc. License #: 1156 License Type: Package Store Statute: AS 04.11.150 **Doing Business As:** Tony's Liquor **Premises Address:** 518 Marine Way **Local Governing Body:** City of Kodiak (Kodiak Island Borough) **Community Council:** None **Mailing Address:** City: State: ZIP: 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: Contact Email:** Seasonal License? If "Yes", write your six-month operating period: [Form AB-17b] (rev 10/16/2017)



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Package Store License

Form AB-17b: 2018/2019 Renewal License Application

	5e	ction 2 – Authoriza	ation	
Communication with AMCO	staff:			Yes No
Does any person othe AMCO staff?	<u>r than</u> a licensee name	d in this application have aut	hority to discuss this license with	
If "Yes", disclose the nan	ne of the individual and	d the reason for this authoriz	ration:	1
Grouge	Court	J.C - A1)	[0.00.6]. Jo	/0
STATE OF THE STATE	ection 3 – Sole	Proprietor Owne	rehin Information	
f more space is needed, plea The following information man	ase attach a separate s ust be completed for ea	etorship who is applying for sheet with the required infor ach licensee and each affiliate filiate		kip to Section 4.
Name:				
Mailing Address:		31300	7.00	
City:		State:	ZIP:	
Email:		•	<u> </u>	
Contact Phone:				
his individual is an: a	applicant a	ffiliate		
Name:				
Mailing Address:				
City:		State:	ZIP:	
Email:			and the	
Contact Phone:				





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Package Store License

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Form AB-17b: 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: 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.

103786							
You must ensure that you are able to certify the following statement before signing your initials in the box to the right: Initials							
ood standing with CBPL and that all cuely listed with CBPL.	rrent entity	officials and stakeholders (listed below)	Sp.			
This subsection must be completed by any entity, including a corporation, limited liability company (LLC), 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							
Patricia Almete							
President, Shaseholder	Phone:	907-942-204	% Owned:	57			
PO BOX 1365							
Hodian	State:	AK	ZIP: 9	9615			
(geosal Conter	JR.						
vice providend wild	Phone:	907.654.5535	% Owned	43			
Mailing Address: 518 w. was ine way # 207							
Thodian	State:	AK	ZIP: Q	9615			
-	Phone:		% Owned	:			
		1					
	State:		ZIP:				
	able to certify the following statement of standing with CBPL and that all curely listed with CBPL. Seleted by any entity, including a corpor renewal. If more space is needed, ration, the following information muston, and for each president, vice-president in the following of or more, and for each manager. Enship, including a limited partnership more, and for each general partner. The content of the conte	able to certify the following statement before signed standing with CBPL and that all current entity dely listed with CBPL. Seleted by any entity, including a corporation, limit for renewal. If more space is needed, please attack ation, the following information must be completed on, and for each president, vice-president, secretary dilability organization, the following information of sor more, and for each manager. Earthip, including a limited partnership, the following more, and for each general partner. Particles of the second of the s	able to certify the following statement before signing your initials in the bound standing with CBPL and that all current entity officials and stakeholders (ely listed with CBPL. Detected by any entity, including a corporation, limited liability company (LLC), for renewal. If more space is needed, please attach additional completed contains, the following information must be completed for each stockholder whom, and for each president, vice-president, secretary, and managing officer. I liability organization, the following information must be completed for each for more, and for each manager. Pership, including a limited partnership, the following information must be compared partner. The contact of	able to certify the following statement before signing your initials in the box to the right of standing with CBPL and that all current entity officials and stakeholders (listed below) ely listed with CBPL. Deleted by any entity, including a corporation, limited liability company (LLC), partnership, or renewal. If more space is needed, please attach additional completed copies of this partition, the following information must be completed for each stockholder who owns 10% on, and for each president, vice-president, secretary, and managing officer. Eliability organization, the following information must be completed for each member with sor more, and for each manager. Inship, including a limited partnership, the following information must be completed for extraorder and partners. Partition Aliasette Phone: State: Phone: Phone:			

[Form AB-17b] (rev 10/16/2017) License #1156 DBA Tony's Liquor





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Package Store License

Form AB-17b: 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.	П	П
The license was regularly operated during a specific season each year, for 8 or more hours each day.		
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?		
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?		7
If "Yes" to either of the previous two questions, attach a separate page to this application listing all NOVs and/or con	victions	i.
Section 7 – Alcohol Server Education		
Read the line below, and then sign your initials in the box to the right of the statement:	1	Initials
certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check identification of a patr 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	on 4	K





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Package Store License

Form AB-17b: 2018/2019 Renewal License Application

Section 8 – Written Orders	
Written orders in calendar years 2016 and 2017:	No
Did you sell alcoholic beverages in response to written orders in calendar years 2016 or 2017?	0
Section 9 – Certifications	
Read each line below, and then sign your initials in the box to the right of each statement:	itials
I certify that all current licensees (as defined in AS 04.11.260) and affiliates have been listed on this application.	F
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.	R
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.	R
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.	h
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 provide all information required by the Alcoholic Beverage Control Board in support of this application and understand that failure 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 My commission expires: My commission expires: OA Printed name of licensee	to e to
Subscribed and sworn to before me this 26th day of December 20	17_
License Fee: \$ 1500.00 Application Fee: \$ 200.00 TOTAL: \$ 1700.00	
Late Fee of \$500.00 – if received or postmarked after 01/02/2018:	
Miscellaneous Fees:	
GRAND TOTAL (if different than TOTAL):	
RECEIVED	