



MEMORANDUM

TO: Bob Klein, Chair, and Members of the
Alcoholic Beverage Control Board

DATE: June 12, 2018

FROM: Erika McConnell, Director

RE: 2587 The Gandy Dancer Bar

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;"

Staff Rec.: Deny license renewal for non-operations (AS 04.11.370(a)(3)) and misrepresentation of a material fact on the application (AS 04.11.370(a)(1))

Background: After forwarding the complete application for this seasonal beverage dispensary license to the City of Cordova, we were contacted by the city because they were unsure that this license was being operated, and there is a car rental business being operated at the license's address. There was a rumor in Cordova that although the licensee "opens" the establishment for about two weeks per year, there is no food or alcohol available for sale.

A temporary license was issued on February 23.

AMCO opened an investigation into this license and at the staff's recommendation, the board tabled the license renewal at the April board meeting.

In mid-March, an AMCO investigator contacted the licensee and requested business records relating to proving minimum operations. The licensee provided:

- Invoice for an insurance policy for Copper River & Northwest Limited, Inc (the licensee) listing Chinook Auto Rentals and CRNW Transport, but specifically mentioning a liquor liability policy (effective 12/12/17)
- Additional insurance information for Copper River & Northwest Limited, Inc, showing insurance for a “bar, discotheque, lounge, nightclub or tavern” (effective 6/21/17 through 6/21/18)
- A liquor liability application for insurance for Copper River & Northwest Limited, Inc. proposed for 12/4/2017 to 12/2018 noting the name on the liquor license is Gandy Dancer
- A letter regarding an alcohol sales insurance audit addressed to “Airport Depot Diner – Copper River & Northwest Ltd” on which the licensee reported gross sales of \$1,297.05 in December of 2016, and gross sales of \$1060.00 in November of 2017.
- A confirmation of online business licensing for a business called “Northern Nights Inn & Moose Caboose,” owned by “Raven Lady Enterprises LLC” with a secondary industry code (NAICS) of “drinking places (alcoholic beverages)”
- A City of Cordova business license for “Moose Caboose”
- TAPs cards for the licensee and another individual
- 2017 and 2018 DEC Food Code permits, issued to Copper River North West Limited for “Moose Caboose Lounge”
- A DEC Seasonal Invoice sent to Copper River North West Limited for Airport Depot Diner for the 2017 calendar year
- A state business license for “Northern Lights Inn & Moose Caboose,” owned by “Raven Lady Enterprises LLC”
- A 2016 IRS Profit Or Loss From Business statement indicating gross receipts in 2016 were \$3,053
- A City of Cordova sales tax reporting form indicating gross revenue for 2017 of \$3,816.50 for a business called “Moose Caboose” (note: according to the City of Cordova, sales taxes are self-reported, and food sales and alcohol sales are not reported separately)
- One page of a “day/hour log for the time we were open”

These documents indicate that there are a variety of businesses and at least two owners somehow involved with this license, but there is no proof of operations of a liquor license, and only one of the six items required to be provided by 3 AAC 304.170(j) to show proof of minimum operations (the DEC permit).

An AMCO investigator was in Cordova in mid-April and he visited the establishment, spoke with a variety of individuals, and spoke with the licensee. The investigator learned the following:

- Kanji Christian, an employee of the car rental business that operates at the licensed premises address, stated to the investigator that the Gandy Dancer hasn’t “been open in like a decade if not longer.”
- Police Chief Mike Hicks stated that to the best of his recollection, a bar has not been open at this location in 5 to 7 years.
- Luke Lovejoy, a ramp worker at the airport (which is adjacent to the establishment), stated that the bar has not been open in 6 ½ years.

- William Slayton, a ramp worker at the airport, stated that the bar has not been open in 6 years.

The licensee, Becky Chapek, cancelled a meeting with the investigator after learning that the board postponed consideration of her renewal application at the April meeting.

On April 20, 2018, I sent a records request to the licensee, requesting the following by May 4, 2018:

- Cash register receipts for the sale of alcoholic beverages
- Customer order slips showing orders for alcoholic beverages
- Alcohol orders for the establishment showing that a variety of malt beverages, wines, and distilled spirits were available for sale
- Receipts for non-alcoholic beverages used as mixers for drinks
- Alcohol sales taxes remitted to the City of Cordova
- Employee time sheets for employees of The Gandy Dancer
- Workers' compensation documentation directly related to employment at The Gandy Dancer
- IRS filings directly related to The Gandy Dancer
- Evidence of signage, of sufficient size and visibility to show that the premises is open for business, stating business name and hours of operations

Despite a short time extension requested by the licensee's attorney, no information was provided by the deadline. An NOV was issued. Subsequently, the only information provided in response to this request, through Ms. Chapek's lawyer, was copies of a day planner and a personal notebook with notes indicating when the Moose Caboose was open. According to the information provided, Moose Caboose was open for 30 days in 2016 and for 31 days in 2017. This clearly shows the intent to operate to meet minimum requirements only, which was not the option selected on the renewal application for either 2016 or 2017—the licensee indicated she was operating seasonally in both years on her renewal application (see page 4 of the renewal application). Additionally, the information regarding days and hours open gives no indication that alcohol was offered for sale during those times.

I reiterated the request for information and informed Ms. Chapek and her attorney that the deadline to provide information for the board's packet was May 25. The only additional information I received was another document relating to worker's compensation insurance.

3 AAC 304.170(j) states:

(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.

In addition, 3 AAC 304.455(a) states, “A licensee shall retain for at least one year records of the sales, purchases, and expenses of the business, including records sufficient to show the license was actively exercised for at least 30 days during each of the two preceding calendar years as described in AS 04.11.330(a)(3). Licensees shall maintain records of the purchase and sale of alcoholic beverages separate and apart from records of the sale of other goods or services.”

The only record meeting these requirements that has been provided by the licensee is her DEC food permit, which partially meets the requirement of 3 AAC 304.170(j)(5).

Summary:

- Multiple individuals in Cordova indicated that the Gandy Dancer Bar has not been open in many years. The named individuals in this report are willing to testify before the board.
- Ms. Chapek indicated she operates seasonally on her renewal application, yet the limited information she has provided indicates that she opened to meet minimum operating requirements only, and there is a reasonable doubt that she operated this license at all. This is a falsification of her application.
- Ms. Chapek has provided no records indicating she has purchased or sold alcohol in the past two years.

Normally, licensees who fail to meet minimum operating requirements are required to file waivers but then have their licenses renewed (if they haven’t reached a fourth waiver). However, in this situation, not only are there indications that this license hasn’t been operated for longer than two years, but in addition the licensee has falsified her renewal application, stating under penalty of perjury that she operated more than just to meet minimum operating requirements. Under these circumstances, I recommend that the board deny the renewal of this license.

Attachment: First packet of information: insurance records and business licenses
Records request
Second packet of information: log of hours of operation
Third submittal of information: worker’s compensation insurance statement
Renewal application



Insurance Brokers of Alaska

ACRISURE Agency Partner

Copper River & Northwest Limited, Inc
Chinook Auto Rentals & CRNW Transport
PO Box 1564
Cordova, AK 99574

INVOICE

Customer	Copper River & Northwest Limited, Inc
Acct #	125574
Date	12/04/2017
Customer Service	Rose Brice, AAI,CPIW,ACSR Rose Brice, AAI,CPIW,ACSR
Page	1 of 1

Payment Information	
Invoice Summary	\$ 1,187.00
Payment Amount	
Payment for:	Invoice#33005
TBD	

Thank You

Customer: Copper River & Northwest Limited, Inc

Invoice	Effective	Transaction	Description	Amount
33005	12/02/2017	Renew policy	Policy #TBD 12/02/2017-12/02/2018 Scottsdale Insurance Company Liquor Liability. - Renew policy Stamp Fee - Renew policy Surplus Lines Tax - Renew policy Brkg/Ins Company Policy Fee - Renew policy RR	1,000.00 10.00 27.00 150.00
				Total
				\$ 1,187.00

Thank You

Insurance Brokers of Alaska
500 W 36th Ave, Suite 310 P.O. Box 241207
Anchorage, AK 99524

Date

12/04/2017

ITEM 4 CLASS, RATE, OTHER

It is agreed that Item 4, Premium, of the Information Page is amended to read as shown below.

Return Premium: \$1,525

Classifications	Code Number	Premium Basis: Estimated Annual Remuneration	Rate Per \$100	Estimated Annual Premium
Alaska - State Act				
Automobile - Rental Co. - All Other Employees & Counter Personnel, Drivers	8002	65,400	2.930	1,916
Buildings Or Property Management, Property Managers and Leasing Agents & Clerical, Salespersons	9012	If Any	2.510	0
Buildings Or Property Management - All Other Employees	9015	If Any	7.260	0
Bar, Discotheque, Lounge, Nightclub or Tavern	9084	3,600	4.220	152
Residual Market Safe Workplace Credit (TBD)	9880			0
Experience Modification (1.00)	9898			0
Increase Limits (1.008)	9807			17
Balance to Increased Limits Minimum	9848			58
Terrorism	9740	69,000	.020	14
Alaska Insurance Guaranty Association Surcharge (.0200)	0986			43
Minimum Premium	\$708	Deposit Premium	\$1,873	Estimated Annual Premium \$2,200

This endorsement changes the policy to which it is attached and, unless otherwise stated, is effective on the date issued at 12:01 A.M. standard time at your mailing address shown in the policy. **The information below is required only when this endorsement is issued subsequent to commencement of the policy.**

Endorsement Effective June 21, 2017

Policy No. 17F WW 73447

Insured Copper River & Northwest Limited, Inc.

Endorsement No 14

Countersigned By Scott Lincoln

Insurance Brokers of AK/Anchorage



EMPLOYER'S NOTICE OF INSURANCE

TO THE EMPLOYEES OF THE UNDERSIGNED:

Your employer is insured by:

Insurer ALASKA NATIONAL INSURANCE COMPANY
7001 JEWEL LAKE ROAD
Street and Number
City ANCHORAGE State ALASKA Zip Code 99502-2825
For the period from 06/21/17 Through 06/21/18 at 12:01 A.M. standard time at employer's address shown on policy

Adjusting Company ALASKA NATIONAL INSURANCE COMPANY
7001 JEWEL LAKE ROAD
Street and Number
City ANCHORAGE State ALASKA Zip Code 99502-2825 Telephone 907-266-9227

This insurance pays benefits for job-connected injuries, illnesses or death as provided by the Alaska Workers' Compensation Act.

Copper River & Northwest Limited, Inc.

Employer _____
By _____
Title _____
Witness _____
Witness _____

Immediately (not later than 30 days from injury or death date) give your employer and the Alaska Workers' Compensation Division written notice of a job-related injury, illness, or death. Get the "Report of Occupational Injury or Illness" form from your employer for this purpose.

If you have questions about your rights or benefits under the Alaska Workers' Compensation Act, contact the insurer at the above address and the Alaska Workers' Compensation Division at the nearest office listed below:

ANCHORAGE
3301 Eagle Street, #304
Anchorage, AK 99503
(907) 269-4980

FAIRBANKS
675 Seventh Avenue
Station K
Fairbanks, AK 99701-4586
(907) 451-2889

JUNEAU
P.O. Box 115512
1111 W. 8th Street, Room 305
Juneau, Alaska 99811-5512
(907) 465-2790

NOTICE TO EMPLOYER: AS 23.30.060 requires that you post this notice in three conspicuous places on the employer's premises.

Additional Notices may be obtained from:

Alaska National Insurance Company
7001 Jewel Lake Road
Anchorage, Alaska 99502-2825
(907) 248-2642

Superior Underwriters
A Division of Groninger & Co., Inc.
PO Box 97024, Redmond, WA 98073
PH (800) 782-8699 FX (425) 643-2337

Liquor Liability Application

(COMPLETE IN ADDITION TO ACORD GENERAL LIABILITY APPLICATION)

Applicant's Name <u>Betty Chapel</u> Mailing Address <u>P.O. Box 1564</u> <u>Cordova, AK 99574</u> Location #1 <u>mile post 13 C.R. Highway</u> <small>Complete a separate application for each location.</small> Web Site Address _____	Agency Name _____ Agent _____ Address _____ E-Mail _____ Phone _____
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PROPOSED EFFECTIVE DATE: From Dec 1 2007 To Dec 2008 12:01 A.M., Standard Time at the address of the Applicant

LIMITS OF LIABILITY REQUESTED	
Each Common Cause	Aggregate
\$ _____	\$ _____

PLEASE ANSWER ALL QUESTIONS

1. Type of risk:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Bar/Tavern | <input type="checkbox"/> Drive-through Daiquiri Shop | <input type="checkbox"/> Package Store |
| <input type="checkbox"/> Casino | <input type="checkbox"/> Gentlemen's/Strip Clubs | <input type="checkbox"/> Restaurant |
| <input type="checkbox"/> Catering Service | <input type="checkbox"/> Liquor Manufacturer/Microbrewery | <input type="checkbox"/> Wholesaler/Distributor |
| <input type="checkbox"/> Comedy Clubs | <input type="checkbox"/> Night Clubs | |
| <input type="checkbox"/> Convenience/Grocery Store | <input type="checkbox"/> Other (Describe): _____ | |

2. Type of ownership: ☒ Corporation ☐ Individual ☐ Partnership ☐ Other

3. Have you ever been assessed a fine for violation of a law concerning the sale of alcohol, or had your liquor license suspended? ☐ Yes ☒ No
If yes, when and why? _____

4. Name on liquor license: Gandy Dancer **Type of liquor license:** full dispensary

5. Square foot area of establishment: 1200 sq. ft (Maximum Occupancy: 60)

6. Premises within city limits? ☒ Yes ☐ No

IN ACCORDANCE WITH THE ACT, YOU MUST CHOOSE TO SELECT OR REJECT COVERAGE FOR "CERTIFIED ACTS OF TERRORISM" BELOW:

The Note below applies for risks in these states: California, Connecticut, Georgia, Hawaii, Illinois, Iowa, Maine, Missouri, New Jersey, New York, North Carolina, Oregon, Rhode Island, Virginia, Washington, West Virginia, Wisconsin.

NOTE: In these states, a terrorism exclusion makes an exception for (and thereby provides coverage for) fire losses resulting from an act of terrorism. Therefore, if you reject the offer of terrorism coverage, that rejection does not apply to fire losses resulting from an act of terrorism coverage for such fire losses will be provided in your policy.

If you do not respond to our offer and do not return this notice to the Company, you will have no Terrorism Coverage under this policy.

<input checked="checked" type="checkbox"/>	I hereby elect to purchase certified terrorism coverage for a premium of <u>\$100</u>
	I understand that the federal Terrorism Risk Insurance Program Reauthorization Act of 2015 may terminate on December 31, 2020. Should that occur my coverage for terrorism as defined by the Act will also terminate.
<input type="checkbox"/>	I hereby reject the purchase of certified terrorism coverage.

Becky Chapak
Policyholder/Applicant's Signature

Copper River + Northwest Ltd Inc
Named Insured/Firm

BECKY CHAPEK

Print Name

Policy Number, if available

Nov 30-2017

Date

☒ Quote Accepted. We wish to bind coverage effective AS needed upon Expiration of
the current policy

Applicant Signature Betty Chapak Date 11-30-17

Signature of Producer _____ Date _____

NRRA - Applies to Nonadmitted Business Only

The Nonadmitted and Reinsurance Reform Act (NRRA) was enacted into law in July 2010 as part of the Dodd-Frank Wall Street Reform and Consumer Protection Act. Most of the NRRA provisions went into effect July 21, 2011 with some states laws not necessarily matching the federal standards. Regardless of whether a state has taken action, the NRRA standards apply. As the surplus line broker, we are required to look at both NRRA and the home state laws of the insured to determine compliance with all applicable rules. The NRRA establishes a single-state compliance regime for surplus line insurance transactions. Only the "home state of the insured" is permitted to require the payment of surplus line premium tax and to regulate the replacement of a surplus line policy. This requires the broker to comply with the regulatory requirements of the insured's home state regarding diligent search, disclosure language, eligibility requirements, filings, licensing and premium tax requirements.

Quote Number 0093998A

FRAUD WARNING:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

FRAUD WARNING (APPLICABLE IN TENNESSEE AND WASHINGTON):

It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

FRAUD WARNING APPLICABLE IN THE STATE OF NEW YORK:

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

I understand that Liquor Liability is a separate coverage part and the limits requested in this application apply solely to liquor liability coverage and may differ from the General Liability limits afforded in my commercial package policy.

I further understand that the Company is relying upon statements I have made in this application as an inducement to provide insurance for Liquor Liability coverage.

APPLICANT'S NAME AND TITLE: BECKY CHAPCK PRESIDENT COPPER RIVER +
NORTHWEST LTD. INC

APPLICANT'S SIGNATURE: Becky Chapck
(Must be signed by active owner, partner or executive officer)

DATE: 11-30-17

PRODUCER'S SIGNATURE: _____ DATE: _____



5650 Sanderson Street • Ste Q • Huntsville, AL 35805

Monday, January 08, 2018

Airport Depot Diner - Copper River & Northwest Ltd
Attn: Becky Chapek
PO Box 1564
Cordova, AK 99574-

RE: Nationwide Insurance Company Policy Number CPS2550348 Policy expiration date: 12/02/2017 **Audit ID 662627**

We have been instructed by: Nationwide Insurance Company to complete a telephone audit on your General Liability policy. The requested audit information can be entered on the attached audit forms, which can be mailed or faxed; however, an easy online form can be submitted with great efficiency, as instructed below. **Please submit information immediately**, so we can begin entering the necessary data. A telephone auditor from Wilkinson Insurance Services Inc will be calling to review the information with you.

Please submit the following information, or have it available at the time of our call:

- **You can use the web address & login info at the top of your audit form (under the bar code) to submit the info online.**
- **The accompanying General Liability audit forms are to report your ALCOHOL SALES (beer, wine, liquor) revenue, excluding all sales tax collected. Record the alcohol revenue received in the Sales Section of the audit forms.**
- **In addition to your alcohol sales information, provide a complete description of your operations and your FEIN in the appropriate spaces designated on the audit forms.**
- **Please remember to provide a complete description of your operations because we are required to describe your business operations in detail on the audit when we submit it to your carrier. We are a third party auditing company and we do not have this information.**

This audit is for revenue received, excluding sales tax, from your alcohol sales only.

Social Security Numbers are not necessary to complete your audit. For security purposes please remove all Social Security Numbers from your reports. If you cannot remove Social Security Numbers, please take a minute and redact the documents to black out these numbers.

Your professional insurance agent is also available to answer your questions regarding your coverage or this audit. As you may recall, your deposit premium was based on an **estimated** exposure amount, and the provisions of your policy require a review of your business records to determine the **actual** exposure during the audit period. Our independent report will allow your insurance company to accurately determine the correct premium for the policy.

Online Instructions

As you complete the forms online, please know that we use secure Internet technology and the information will only be seen by authorized parties. You can also attach any additional verification documents. If you have multiple attachments, they can be attached at any of the browse spots on the form.

*Please do not use commas (,) in fields. **"Save"** each form as you go, and click **"Finish Audit Forms"** to submit the forms.

*Any fields that have a pink background are **required** and must be completed before the form can be submitted. Simply open your web browser and type in the following address in the address line.

<https://wilkinson.ausum.net> (Be sure to put the s in the https in the web address)

Log-in using this unique user name: 662627

And unique password: 662627-9879

****NOTE: If the user name and password are not shown here, please look on the top of the attached audit forms.:**

revenue -if applicable). *****REQUIRED*****:

	Gross Sales (less sales tax)
December 2016	1297.05
January 2017	
February 2017	
March 2017	
April 2017	
May 2017	
June 2017	
July 2017	
August 2017	
September 2017	
October 2017	
November 2017	1060
Total of Above	2357.05

	Fed Tax Id Number	Number of Employees at the Time of the Audit	Insureds Email Address	Website address
Please provide (Required):	56-2353069	3	northennights/nnie@hotmail	N/A
How much did you pay to lease or rent equipment for use in your operations?:	NONE			
Did you perform work on any OCIP or CCIP projects during this policy period?:	Yes <input checked="" type="checkbox"/> No			
Authorization of Release: Do you want a copy of the completed audit be released to your insurance agent?:	Yes <input checked="" type="checkbox"/> No			
Contact name of the person completing this form:	Beckifhapet			
Contact phone number:	907-424-5356			
Contact Email:	nnie@hotmail			
Date Completed:	1/9/18			

If filling this out online, please be sure to click the "Save" button to save your form and then click "Finish Audit Forms" at the top of this screen to submit your information. All sections with a PINK background must be completed before the Finish button can be clicked.

Thank you very much for your cooperation. We look forward to speaking with you soon.

Wilkinson Insurance Services
5650 Sanderson Street Suite Q
Huntsville, AL 35805
Phone. (800) 356-7346 Ext 218
Fax. (877) 819-2935 or (256) 297-2427
E-mail. PetersB@wis-inc.com

These forms may be completed online by going to the following address: <https://wilkinson.ausum.net>
UserName: 662627
Password: 662627-9879

Airport Depot Diner - Copper River & Northwest Ltd	Insurance Carrier: Nationwide Insurance Company
PO Box 1564	Policy Number: General Liability / CPS2550348 / 12/02/2016-12/02/2017
Cordova, AK 99574	Phone Audit / Audit ID: 662627 / Auditor: Donna Cope

Entity:

Sole
Proprietorship Partnership Corporation LLC LLP profit
Non-Organization Association Other**

Description of Operations (you can enter up to 250 characters) ***REQUIRED***

Describe what your business does in the text box below (Do NOT use the word editor):

As Required by the State of Alaska we open
our bar to keep our full beverage dispensary
license valid

Did your business experience any
changes during this period, such as
changes in ownership, increase or
decrease in staffing, increase or
decrease in sales or revenue, drops in
clientele, or any other changes that
might affect your payroll or sales?:

Yes ☒ No

**If yes, please explain:

PRINCIPALS/OWNERS - Click the Edit button to enter the Principal/Owner information. ***REQUIRED***

Name	Position/Title	Duties
Rebekah H. Chapel	President C.R.N.W. Ltd Inc	oversee + operate an S corp

Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional
Licensing

State of Alaska > Commerce > Corporations, Business, & Professional Licensing > Business Licensing > Online > Confirmation Page

ONLINE BUSINESS LICENSING

State of Alaska
Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing

Confirmation

STEP 1 - PRINT AND RETAIN THIS PAGE FOR YOUR RECORDS.

This page may be used as proof of licensure until you receive your business license by mail.

STEP 2 - SELECT THE METHOD TO RECEIVE YOUR LICENSE:

* Print your license immediately online.

- OR -

* Receive your license in the mail (mailed within 2 - 3 business days).

STEP 3 - PROCEED

[Business License Detail Page for License #1014716](#)

Business License #1014716 has been renewed

Expiration Date: 12/31/2017

Business Name: NORTHERN NIGHTS INN & MOOSE CABOOSE

Primary Line of
Business: 72 - Accommodation and Food Services

Primary NAICS: 721191 - BED-AND-BREAKFAST INNS

Secondary Line of
Business: 72 - Accommodation and Food Services

Secondary NAICS: 722410 - DRINKING PLACES (ALCOHOLIC BEVERAGES)

Professional Lic #(s): not required

Owner Name: RAVEN LADY ENTERPRISES LLC

Entity Number: 131926

Payment Information

Receipt Number: 10754428

Receipt Date: 1/20/2017

Payor Name: Becky Chapek

Payment Amount: \$50

Juneau Mailing Address

P.O. Box 110806
Juneau, AK 99811-0806

Physical Address

333 Willoughby Avenue
3th Floor
Juneau, AK 99801-1770

Phone Numbers

Main Phone: (907) 465-2550
FAX: (907) 465-2974

Anchorage Mailing/Physical Address

550 West Seventh Avenue
Suite 1500
Anchorage, AK 99501-3567

Phone Numbers

Main Phone: (907) 269-8160
FAX: (907) 269-8156

TAP!
Training for Alcohol Professionals
(not valid for use as identification)

CERTIFICATE # 138201

Name Lewis Myers

Birthdate 12.31.1948

Signature Lewis W. Myers

CHARR
800-478-2427 or
907-274-8133
www.alaskacharr.com

Instructor Webb

EXPIRES ON 9/27/2019

TAP!
Training for Alcohol Professionals
(not valid for use as identification)

CERTIFICATE # 138203

Name Becky Chapek

Birthdate 12.16.1954

Signature Becky Chapek

CHARR
800-478-2427 or
907-274-8133
www.alaskacharr.com

Instructor Webb

EXPIRES ON 9/27/2019



City of Cordova

PO Box 1210
Cordova, AK 99574

BUSINESS LICENSE

Moose Caboose
Mile 13 Copper River Highway
Cordova AK 99574

LOCATION OF BUSINESS

THIS CERTIFIES that the business or individual listed below is hereby licensed to do business within the CITY OF CORDOVA CORDOVA, AK 99574

Moose Caboose
Becky Chapek
PO Box 1564
Cordova AK 99574

This license is to be displayed conspicuously at the location of business, and is not transferrable or assignable.

DATE ISSUED 01/01/2017	EXPIRATION DATE 12/31/2017
SIC NUMBER 5030	LICENSE NUMBER 5356

Dave Gray
FINANCE DIRECTOR



Alaska Food Code 2017 Establishment Permit

Division of Environmental Health
Food Safety & Sanitation

Permit Number: 295740089
Issued to: Copper River North West Limited
For: Moose Caboose Lounge
For Operation of: FN-4 Tavern/Bar
Located at: 13 Mile Copper River Hwy; Cordova; 99574

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, 2017

Program Manager:

A handwritten signature in black ink, appearing to read "Kimberly S. O'Neil", is written over the printed name of the 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)





**Alaska Food Code
2018 Establishment Permit**
Division of Environmental Health
Food Safety & Sanitation Program

Permit Number: 4623
Issued to: **Copper River North West Limited**
For: **Moose Caboose Lounge**
For Operation of: **FN-4 Tavern/Bar**
Located at: **Mile 13 Copper River HWY Cordova, AK 99574**

This permit, issued under the provisions of 18 AAC 31, is valid until the noted expiration date or 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, 2018

Program Manager:

A handwritten signature in black ink, appearing to read "Kimberly S. B.", is written over the printed name of the 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)



Seasonal Invoice

State of Alaska
Department of Environmental Conservation
EH Food Safety and Sanitation Program
410 Willoughby Ave, Suite 303
PO Box 111800
Juneau, AK 99811-1800

Invoice Date	Invoice Number
December 09, 2016	FS171593

DEC Use Inv Code: See Memo and/or fss
 DEC's EDNA: 92-6001185 DUNSH 809386837

Copper River North West Limited
Airport Depot Diner
PO BOX 1564
Cordova, AK 99574

Permit #: FS295740089:OWNER1
Facility: Airport Depot Diner

Client ID: 2047
Facility ID: 2047
DEC PJ Name: FS Moose Caboose Lounge

Permit Type: Tavern/Bar

Please make checks payable to State of Alaska and remit to the above address, Attn: User Fee Section.

Detach top portion with your payment.
Please include Permit # and Invoice # with

Date	Description	Amount
Other Charges		
12/9/16	Tavern/Bar - Calendar Year 2017 Annual Fee: Seating 26 to 100.	\$280.00
	Total Non-Labor Charges	\$280.00
	Invoice Balance Due	\$280.00

The Total Amount Due shown above represents your calendar year annual fee for the type of food operations(s) within your food establishment. Payment is due in full by December 31, 2006. Failure to pay this fee by the due date may result in criminal penalties and enforcement action on establishment. The Department will initiate legal action that may result in a court order to close your establishment.

If you have questions, you:
DEC.FSSPermit@alaska.gov

Thank you!

I agree to pay above total amount,
according to card issuer statement
(Merchant agreement if credit cardholder)

AMS Code: EXC MATCH Y
CR2 Code: MATCH M

15:20:45
 Inq #: 04650034
 Account: Online
 Acct Code: 046500

Enter Method Name

418 WILLOUGHBY AVE STE 300
JERSEY, NJ 08601-1724
907-465-5699

on time, please email

To pay online by check or credit card, visit: <http://alaska.gov/go/SXPT>

Or you may complete this form and mail it to the address shown above, or fax it to 907-465-1338, or call 907-465-5089.

Facility ID: 2247

Facility: Airport Depot Diner

Statement Date: 05/04/2017

Inv Codes: 888

If you are paying by Credit Card and would like a confirmation receipt faxed/mailed please check this box: ☒

Credit Card Type: ☒ VISA ☐ MasterCard ☐ Discover Expiration Date (MM/YY): 9/17 Amount to be Charged: \$28.00

Printed name on card Booky Chappelle Phone Number 907-424-5355 Fax Number 424-3291
Card Number _____

CVV Code: 024 Signature: *Boeky Chazotte*

If you have any questions or wish to make special arrangements for pay, contact dee.kupermit@alaska.gov or call 907.269.6299.

Alaska Department of Commerce, Community, and Economic Development

Division of Corporations, Business and Professional Licensing

P.O. Box 110806, Juneau, Alaska 99811-0806

This is to certify that

NORTHERN NIGHTS INN & MOOSE CABOOSE

P.O. BOX 1564 CORDOVA AK 99574

owned by

RAVEN LADY ENTERPRISES LLC

is licensed by the department to conduct business for the period

January 13, 2018 through December 31, 2018

for the following line of business:

72 - Accommodation and Food Services



This license shall not be taken as permission to do business in the state without having complied with the other requirements of the laws of the State or of the United States.

This license must be posted in a conspicuous place at the business location.
It is not transferable or assignable.

Mike Navarre

SCHEDULE C
(Form 1040)

Profit or Loss From Business
(Sole Proprietorship)

OMB No. 1545-0074

2016

Attachment
Sequence No. **09**

Department of the Treasury
Internal Revenue Service (99)

► Information about Schedule C and its separate instructions is at www.irs.gov/schedulec.
► Attach to Form 1040, 1040NR, or 1041; partnerships generally must file Form 1065.

Name of proprietor

REBEKAH CHAPEK

Social security number (SSN)

476-60-6016

A Principal business or profession, including product or service (see instructions)

DRINKING PLACES (ALCOHOLIC BEVERAGES)

B Enter code from instructions

722410

C Business name. If no separate business name, leave blank.

MOOSE CABOOSE

D Employer ID number (EIN), (see instr.)

E Business address (including suite or room no.)

City, town or post office, state, and ZIP code

F Accounting method: (1) ☐ Cash (2) ☐ Accrual (3) ☒ Other (specify) ► HYBIRD

G Did you 'materially participate' in the operation of this business during 2016? If 'No,' see instructions for limit on losses. ☒ Yes ☐ No

H If you started or acquired this business during 2016, check here ☐

I Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions) ☒ Yes ☐ No

J If 'Yes,' did you or will you file required Forms 1099? ☒ Yes ☐ No

Part I Income

1 Gross receipts or sales. See instructions for line 1 and check the box if this income was reported to you on Form W-2 and the 'Statutory employee' box on that form was checked. <input type="checkbox"/>	1	3,053.
2 Returns and allowances	2	
3 Subtract line 2 from line 1	3	3,053.
4 Cost of goods sold (from line 42)	4	420.
5 Gross profit. Subtract line 4 from line 3	5	2,633.
6 Other income, including federal and state gasoline or fuel tax credit or refund (see instructions) SEE STATEMENT 5	6	7,200.
7 Gross income. Add lines 5 and 6	7	9,833.

Part II Expenses. Enter expenses for business use of your home **only** on line 30

8 Advertising	8		18 Office expense (see instructions)	18	90.
9 Car and truck expenses (see instructions)	9	312.	19 Pension and profit-sharing plans	19	
10 Commissions and fees	10		20 Rent or lease (see instructions):		
11 Contract labor (see instructions)	11		a Vehicles, machinery, and equipment	20a	
12 Depletion	12		b Other business property	20b	
13 Depreciation and section 179 expense deduction (not included in Part III) (see instructions)	13		21 Repairs and maintenance	21	
14 Employee benefit programs (other than on line 19)	14		22 Supplies (not included in Part III)	22	
15 Insurance (other than health)	15	2,187.	23 Taxes and licenses	23	1,342.
16 Interest:			24 Travel, meals, and entertainment:		
a Mortgage (paid to banks, etc.)	16a		a Travel	24a	
b Other	16b		b Deductible meals and entertainment (see instructions)	24b	
17 Legal and professional services	17	785.	25 Utilities	25	
28 Total expenses before expenses for business use of home. Add lines 8 through 27a.	28		26 Wages (less employment credits)	26	
29 Tentative profit or (loss). Subtract line 28 from line 7	29		27a Other expenses (from line 48)	27a	11,780.
30 Expenses for business use of your home. Do not report these expenses elsewhere. Attach Form 8829 unless using the simplified method (see instructions). Simplified method filers only: enter the total square footage of: (a) your home: _____ and (b) the part of your home used for business: _____. Use the Simplified Method Worksheet in the instructions to figure the amount to enter on line 30.	30		b Reserved for future use	27b	
31 Net profit or (loss). Subtract line 30 from line 29. • If a profit, enter on both Form 1040, line 12 (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see instructions). Estates and trusts, enter on Form 1041, line 3. • If a loss, you must go to line 32.	31	-6,663.			

32 If you have a loss, check the box that describes your investment in this activity (see instructions).

• If you checked 32a, enter the loss on both Form 1040, line 12, (or Form 1040NR, line 13) and on Schedule SE, line 2. (If you checked the box on line 1, see the line 31 instructions). Estates and trusts, enter on Form 1041, line 3.

• If you checked 32b, you must attach Form 6198. Your loss may be limited.

32a ☒ All investment is at risk.

32b ☐ Some investment is not at risk.

Part III Cost of Goods Sold (see instructions)

33	Method(s) used to value closing inventory: a <input checked="" type="checkbox"/> Cost b <input type="checkbox"/> Lower of cost or market c <input type="checkbox"/> Other (attach explanation)	
34	Was there any change in determining quantities, costs, or valuations between opening and closing inventory? If "Yes," attach explanation	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
35	Inventory at beginning of year. If different from last year's closing inventory, attach explanation	35
36	Purchases less cost of items withdrawn for personal use	36 420.
37	Cost of labor. Do not include any amounts paid to yourself.	37
38	Materials and supplies	38
39	Other costs	39
40	Add lines 35 through 39	40 420.
41	Inventory at end of year	41
42	Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4	42 420.

Part IV Information on Your Vehicle. Complete this part **only** if you are claiming car or truck expenses on line 9 and are not required to file Form 4562 for this business. See the instructions for line 13 to find out if you must file Form 4562.

43 When did you place your vehicle in service for business purposes? (month, day, year) ▶ 1/01/11

44 Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle for:

a Business 578 b Commuting (see instructions) _____ c Other 8,680

45 Was your vehicle available for personal use during off-duty hours? ☒ Yes ☐ No

46 Do you (or your spouse) have another vehicle available for personal use? ☒ Yes ☐ No

47a Do you have evidence to support your deduction? ☒ Yes ☐ No

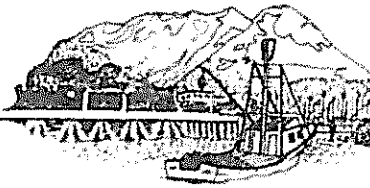
b If "Yes," is the evidence written? ☒ Yes ☐ No

Part V Other Expenses. List below business expenses not included on lines 8-26 or line 30.

ACCOUNTING	125.
BANK CHARGES	39.
CASUAL LABOR	1,075.
FREIGHT AND SHIPPING	1,172.
WIND DAMAGE ROOF REPAIR	9,369.
48 Total other expenses. Enter here and on line 27a	48 11,780.

CE 4165

CITY OF CORDOVA



REGULAR SALES TAX RETURN

For Period Ending Dec 31, 2017Business: Moose CabooseBusiness License: 5356

Address: _____

Gross Revenue from Business Sales/Services:

Include both regular and exempted sales but do not include any tax

\$ 3816.50

Exemptions as authorized in CMC 5.40.030:

Attach an itemized list of exemptions

Do not include operating expenses

(\$ 0)

Net Taxable Revenue:

Subtract Exemptions from Gross Revenue

\$ 3816.50

Sales Tax Due:

6% of Net Taxable Revenue

\$ 229.

PAYING LATE

LATER THAN ONE MONTH AFTER PERIOD END

Failure to File Timely Penalty:

\$25 for first late filing; \$50 for subsequent late filings within one year

\$ _____

10% - 20% Late Filing Penalty:

10% of Sales Tax for first month late; 15% second month late; 20% third month or more late

\$ _____

15% Annual Interest:

15% of Sales Tax interest calculated over 365 days

\$ _____

Total Penalties:

\$ _____

PAYING ON-TIME

WITHIN ONE MONTH OF PERIOD END

Compensation for Timely Filing:

2% of Sales Tax may be deducted if filing within one month of Period Ending not to exceed \$200

(\$ 4.55)

Subtract Compensation from Sales Tax Due to calculate your Total Due

Total Due: \$ 224.45

I declare, under penalty of making a false statement, that to the best of my knowledge and belief, the statements made herein are true and correct.

Signed Rebecca Lopez

Title

Jan 18, 2018

Date

We kept a
day/night log
for the time we
were open - I have
15 pages of this
if you want me
to keep them so
you have all 30
pages for your file



11-29-17:

9:AM - 12:15 PM 3/4 LW
12:15 - 4:15 PM - SC
4: PM - 5:15 PM - 1/4 - LW

11-30-17

10:00 - 1:00 PM - SC
12:30 PM - 4:00 PM - 3/2 - LW
4: PM - 6:45 PM - 3/4 - KC

DECEMBER 1, 2017

8:30 - 1:00 - SC
12:30 - 4:30 - LW



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

**Department of Commerce, Community,
and Economic Development**

ALCOHOL & MARIJUANA CONTROL OFFICE
550 West 7th Avenue, Suite 1600
Anchorage, AK 99501
Main: 907.269.0350

April 20, 2018

Copper River & Northwest Limited, Inc.
DBA The Gandy Dancer Bar
PO Box 1564
Cordova, AK 99574

Re: The Gandy Dancer Bar, License #2587

Dear Copper River & Northwest Limited, Inc.:

In accordance with 3 AAC 304.515(b), please provide AMCO Enforcement with all business records pertaining to the operation of The Gandy Dancer Bar, including but not limited to the following for 2016 and 2017:

- Cash register receipts for the sale of alcoholic beverages
- Customer order slips showing orders for alcoholic beverages
- Alcohol orders for the establishment showing that a variety of malt beverages, wines, and distilled spirits were available for sale
- Receipts for non-alcoholic beverages used as mixers for drinks
- Alcohol sales taxes remitted to the City of Cordova
- Employee time sheets for employees of The Gandy Dancer
- Workers' compensation documentation directly related to employment at The Gandy Dancer
- IRS filings directly related to The Gandy Dancer
- Evidence of signage, of sufficient size and visibility to show that the premises is open for business, stating business name and hours of operations

Please provide these documents no later than close of business on Friday, May 4, 2018.

Please refer any questions to Investigator Hamilton at joe.hamilton@alaska.gov or 269-0063.

Sincerely,

A handwritten signature in cursive script that reads "Erika McConnell".

Erika McConnell
Director

cc: License File

COFFEY CONSULTING, LLC

AN ALASKAN LIMITED LIABILITY COMPANY

PO Box 212314

Anchorage, Ak 99521

Office Phone: (907) 274-3385

Cell Phone: (907) 306-6001

E mail: dancoffey@gci.net

MEMO

TO: Erika McConnell
AMCO
FROM: Dan Coffey
RE: Becky Chapek
d/b/a Gandydancer
DATE: 5-7-18

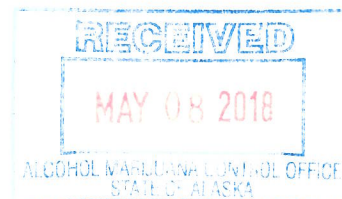
I have been retained by the Gandydancer in Cordova to address the issue of compliance with the annual operating requirements..

In completing the renewal application for 2018-19, the Licensee checked the box on page 4 which states that the license "was operated during a specific season each year for 8 or more hours a day".

The Licensee DID NOT check the "minimum requirement" box. The Licensee never filed form AB-30 - Proof of Minimum Operation Checklist because she did not know that it was required.


My client is now submitting what she has in the way of proof of operating for the minimum thirty (30) days of eight (8) hours per day requirement. This proof in the form of a list of hours operated for the years 2016 and 2017. The lists consist of hours worked each day by various employees in the months of November and December of each year.

These lists were complied by the Licensee based on her employee records which were maintained in a series of note books. Copies of the hand written note books are attached for the years



My client and I will be in attendance at the June 12 Board meeting to meet with the Board. Between now and then, I will come to your office to review my client's license file.

If you have questions or comments, please advise.



Dan K. Coffey
Alaska Bar Number 75-05011



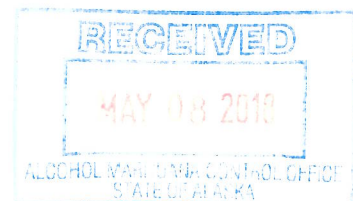
MOOSE CABOOSE – 2017

November 21	9:00 AM to 5:00 PM
November 22	9:00 AM to 5:00 PM
November 23	11:00 AM to 7:00 PM
November 24	9:00 AM to 5:15 PM
November 25	9:00 AM to 5:30 PM
November 26	9:00 AM to 6:45 PM
November 27	9:00 AM to 5:00 PM
November 28	9:00 AM to 5:00 PM
November 29	9:00 AM to 5:00 PM
November 30	10:00 AM to 6:45 PM
December 1	8:30 AM to 4:30 PM
December 2	8:30 AM to 4:30 PM
December 3	10:40 AM to 6:40 PM
December 4	7:45 AM to 4:45 PM
December 5	8:30 AM to 4:30 PM
December 6	8:30 AM to 4:45 PM
December 7	10:45 AM to 6:45 PM
December 8	7:00 AM to 3:30 PM
December 9	9:00 AM to 5:00 PM
December 10	11:15 AM to 7:15 PM
December 11	8:15 AM to 4:15 PM
December 12	8:15 AM to 4:15 PM
December 13	8:10 AM to 4:15 PM
December 14	11:00 AM to 7:00 PM
December 15	8:15 AM to 4:15 PM
December 17	10:15 AM to 6:45 PM
December 18	8:30 AM to 4:30 PM
December 19	9:00 AM to 5:30 PM
December 20	8:30 AM to 6:30 PM
December 21	8:00 AM to 5:00 PM
December 22	9:00 AM to 5:00 PM



MOOSE CABOOSE – 2016

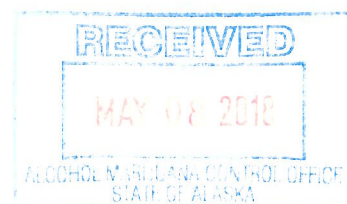
November 3	8:00 AM to 10:00 AM 11:30 AM to 2:15 PM 3:00 PM to 7:45 PM
November 4	8:10 AM to 10:40 PM 11:30 AM to 1:30 PM 3:45 PM to 6:00 PM 6:30 PM to 8:15 PM
November 5	10:30 AM to 2:15 PM 3:30 PM to 7:45 PM
November 6	10:30 AM to 2:15 PM 3:30 PM to 7:45 PM
November 7	7:15 AM to 9:45 PM 10:00 PM to 1:00 PM 2:10 PM to 4:30 PM
November 9	6:20 AM to 9:40 AM 11:00 AM to 11:35 AM 11:40 AM to 2:30 PM 3:30 PM to 5:00 PM
November 10	7:45 AM to 9:15 AM 11:00 AM to 1:45 PM 3:00 PM to 8:00 PM
November 11	7:15 AM to 9:15 AM 11:00 AM to 1:15 PM 3:30 PM to 6:30 PM 6:30 PM to 8:00 PM
November 13	11:00 AM to 12:30 PM 12:30 PM to 2:30 PM 3:00 PM to 7:45 PM



November 14	8:00 AM to 10:45 PM 11:30 AM to 2:15 PM 2:15 PM to 4:45 PM
November 15	8:15 AM to 9:00 AM 9:30 AM to 4:45 PM
November 16	8:15 AM to 4:15PM
November 17	8:00 AM to 10:30 AM 11:00 AM to 1:00 PM 5:15 PM to 8:00 PM
November 18	8:00 AM to 10:30 AM 11:00 AM to 1:00 PM 3:00 PM to 5:00 PM 6:30 PM to 9:00 PM
November 21	8:00 AM to 10:45 AM 11:45 AM to 2:45 PM 3:30 PM to 4:30 PM 6:00 PM to 7:15 PM
November 22	8:00 AM to 9:30 AM 10:00 to 4:30 PM
November 23	8:00 AM to 4:15 PM
November 25	8:00 AM to 4:00 PM
November 27	9:00 AM to 7:45 PM
November 28	8:00 AM to 1:30 PM 2:00 PM to 4:30 PM
November 29	8:00 AM to 1:45 PM 2:00 PM to 4:15 PM



November 30	8:00 AM to 9:30 PM 10:00 AM to 4:30 PM
December 1	8:00 AM to 10:00 AM 11:00 AM to 1:00 PM 2:45 PM to 4:45 PM 5:15 PM to 9:00 PM
December 2	8:00 AM to 10:15 PM 11:00 AM to 4:30 PM 5:45 PM to 7:45 PM
December 5	7:45 AM to 9:00 AM 9:30 AM to 12:00 PM 2:45 PM to 4:30 PM
December 8	8:00 AM to 10:00 AM 11:45 AM to 1:45 PM 3:00 PM to 5:15 PM 6:15 PM to 8:00 PM
December 9	8:15 AM to 10:15 AM 11:45 AM to 1:45 AM 3:00 PM to 5:15 PM 6:15 PM to 8:00 PM
December 11	11:45 AM to 7:45 PM
December 12	8:00 AM to 10:30 AM 11:00 AM – 4:30 PM
December 15	8:00 AM to 1:00 PM 3:30 PM to 8:30 PM



2017 ①

COPY

"2017"
MOOSE CABOOSE OPEN!

11-21-17

9:00 AM - 12:30 - 3 1/2 Lw
12:30 pm - 5 pm 4.5 KC

11-22-17

9:00 AM - NOON - 3 HRS Lw
12:00 - 5:30 pm 5.5 BC

11/23/17/

11:00 AM 4:30 PM
7 KC
4:30 pm - 7:30 pm 2.5 KC

RECEIVED

MAY 08 2018

ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

NOVEMBER

want a friend in
ingron? Get a dog.
— HARRY TRUMAN

1 MONDAY

THURSDAY 4

2 TUESDAY
Election Day

FRIDAY 5

3 WEDNESDAY

4 - Bill
m - KC
n - SC
DAY
Ends 10th

DECEMBER						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

"A smile is an inexpensive way
to improve your looks."
— ANDY ROONEY

ERA CANCELED - WX
21 THURSDAY
③ 2:00 AM - 4:30 AM - Bill
⑤ 12:00 P - 5 PM - LET
2:15 5:45 - 8:15 - KC

22 FRIDAY

8:45 AM - 10:45 Bill
ERA CANCELED - WX
12 NOON 5:15 LET
6:15 - 7:15 - KC (ERA Canceled)

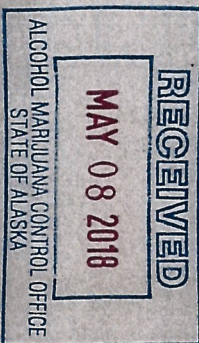
ERA CANCELED - WX

2-3 inches 23 of SNOW
SATURDAY 24

8:00 AM to 12:00 Noon - Bill
1 PM - 5 PM Lynn

24 SUNDAY

9:30 AM - 11:30 AM - Bill
12:00 Noon - 2:00 PM - Bill
3:30 PM - 7:45 PM - KC (4.25)



2017 - ②

11-24-17:

9 AM to 11:40 AM - LW

11:40 - 3:15 PM KC

3:15 PM - 5:15 PM LW

11-25-17:

9:00 AM - 12:15 PM POC

12:15 PM - 3:35 - LW

3:35 - 5:30 - BC

11-26-17

9:00 AM - 12:00 PM BC

12:00 - 3:30 3.5 LW

3:30 - 6:45 3.25 KC

RECEIVED

MAY 08 2018

ALCOHOL MARIJUANA CONTROL BOARD
STATE OF ALASKA

2017 ③

11-27-17: 3 Hr

9 AM - 12:00 Noon - LW

12:00 Noon - 4:15 PM - KC

3:45 PM to 5:00 $\frac{3}{4}$ Hr LW

4/1/5

"RAINING"

11-28-17

9 00 AM - 12:20 BC

12:20 PM - 4 PM KC

4:00 PM - 5 PM LW

"STILL RAINING"

RECEIVED

MAY 08 2018

ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

2017 - (4)

11-29-17;

9:AM - 12:15 PM $3\frac{1}{4}$ LW

12:15 - 4:15 PM ~~BC~~

4:15 PM - 5:15 PM - ~~14A~~ - LW

11-30-17

10:00 - 1:00 PM BC

12:30 PM - 4:00 PM - $3\frac{1}{2}$ - LW

4 PM - 6:45 PM 2.75 KC

DECEMBER 1, 2017

8:30 - 1:00 - BC

12:30 - 4:30 - LW

RECEIVED

MAY 08 2018

ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

2017 - ⑤

12-02-17 - "SATURDAY"
8:30 AM to 1:00 PM - LW
1:00 PM - 4:30 - BC

12/3/17 - Sunday
10:40 AM - 6:40 PM 8 hrs KC

12/4/17
7:45 AM - 4:45 PM 8.5 hrs KC

12/5/17
8:30 AM - 4:30 PM 8 hrs KC

12/6/17
8:30 AM - 4:45 PM 8.25 hrs KC

RECEIVED

MAY 08 2018

ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

2017 ⑥

12/15/17 8:15am - 12:30pm 4:25 KC
12/15/17 12:30pm - 4:25pm 3:15 KC

DAY 25

12/14/17 11am - 4pm 5hrs
4pm - 7pm 3hrs KC

12/13/17 8:10am - 12:30pm 4:25 KC
12:30pm - 4:15pm 2:15 KC

12/12/17 8:15am - 12:30pm 4:25 KC
12:30pm - 4:15pm 2:15 KC



12/7/17 8hrs
10:45pm - 6:45pm KC

12/8/17 8hrs
7am - 3pm KC

12/9/17 8hrs
9am - 5pm JW
~~FAR~~

12/10/17 4hrs
11:15am 3:15pm 5hrs
3:15pm - 7:15pm KC

12/11/17
8:15am - 12:15 KC
12:15pm - 4:15pm JW

RECEIVED

MAY 08 2018

ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

12/10/17 8:15pm - 11:15am 3 hrs KC
11:15am - 3:15pm 3 hrs KC

12/11/17 7:15am - 5pm 5 hrs KC
5:15pm - 8:15pm 3 hrs KC

12/12/17 7am - 3pm 6 hrs KC

12/13/17 10:45pm - 12:45am 2 hrs KC

12/12/17 8:15am - 12:30pm 4.25 hrs KC
12:30pm - 4:15pm 3.75 hrs KC

12/13/17 8:10am - 12:30pm 4.25 hrs KC
12:30pm - 4:15pm 3.75 hrs KC

12/14/17 11am - 4pm 5 hrs KC
4pm - 7pm 3 hrs KC

12/15/17 DAY 15 8:15am - 12:30pm 4.25 hrs KC
12:30pm - 4:15pm 3.75 hrs KC



2017-0

12-17-17
(25-14)
9:00 AM - 12:00 PM - 3.5 - LW
12:30 PM - 3 PM - 2.5 - KC
3:30 PM - 5:30 PM - 2.0 - BC

12-18-17
8:30 AM - 12:00 PM - 3.5 - LW
12:30 PM - 3:30 PM - 3.5 - LW
3:30 PM - 4:30 PM - 1 - LW

12/17 Sunday
10:15 AM - 1:00 PM - 4
12:00 PM - 4:00 PM - 4
4 PM - 6:45 PM - 2.75 - KC

12-20-17
8:30 AM - 1:00 PM - 4.5 - LW
1:00 PM - 4:45 PM - BC
4:45 PM - 6:30 PM - KC

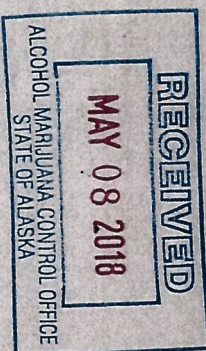
12-21-17:
8:00 AM - 1:00 PM - 5:45 - LW
2:00 PM - 5:00 PM - 3:45 - LW

12-22-17
9:00 AM - 1:00 PM - 4:15 - LW
12:30 PM - 5:30 PM - BC



2016

Pages 1-7



October 2016

31 MONDAY

NOVEMBER
1 TUESDAY

2 WEDNESDAY

October
S M T W T F S

November
S M T W T F S

A day without laughter is a day wasted.
- Charlie Chaplin

AM RAVN - DASH-8
8:00AM - 10:00AM THURSDAY 3hr
• Flt. 61 11:30 - 11:40
11:40 - 2:15PM 2.5hr

3pm - 7:45pm KC (4.75)

8:30 - 10:40 PM LW FRIDAY 4hr
11:30 am - 1:30 pm SM 2hr
3:45 PM - 6:00 PM - LW - 2 1/4
6:30 PM - 8:15 PM - LW 1 3/4

11:20 - ~~5:45~~ PM - OPEN
DAYLIGHT SAVINGS TIME SET BACK
DAYLIGHT SAVING TIME ENDS DAYLIGHT SUNDAY 6
10:30 AM - 2:15 PM - 3 3/4 LW

3:30 PM - 7:45 PM KC (4.25)

2

November 2016

November
S M T W T F S

November
S M T W T F S

I don't always take
my courage in the quiet voice
and on the day that says I will
no longer.

- Mary Anne Radmacher

(x) 7 MONDAY
7:15 AM - 9:45 AM LW 2 1/2
10 AM - 1 PM JW 3
2:10 PM - 4:40 PM KC 2.5
8.0

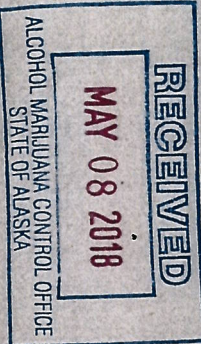
(5) 8 TUESDAY
6:15 AM - 9:20 AM LW - 3 HRS
10:30 AM - 1 PM JW 2 1/2
2 PM - 4:30 PM KC 2.5 HRS
8.0

(9) 9 WEDNESDAY
6:20 AM - 9:40 AM LW 3.0
11:00 AM - 11:35 AM JW 1/2
11:40 AM - 2:30 PM LW 2 HRS
3:30 - 5:00 PM BC 1.5 HRS
8.25

THURSDAY 10
7:45 AM - 9:15 AM LW - 1 1/2
11:00 AM - 1:45 PM LW 2 3/4
3 PM - 8 PM KC 5
9.25

FRIDAY 11
7:15 AM - 9:15 AM LW 2.00
11 AM - 1:15 PM KC 2.25
3:30 PM - 5:30 PM BC 3.00
6:30 PM - 8 PM JW 1.0
8.75

SATURDAY 12
11:00 - 12:30 BC 1.5 N.O.
12:30 - 2:00 LW 1.5
SUNDAY 13
11:00 - 12:30 BC 1.5
12:30 - 2:30 PM LW 1.5
3 PM - 7:45 PM KC 9.25



November 2016

10 14 MONDAY
 8AM - 10:45 AM - LW - 2.34
 11:30 - 2:15 BC 2.75
 2:15pm - 4:45pm KC 2.5
 2.00

15 TUESDAY sunny
 8:15 - 9 AM KC 1.75
 9:30 - 11:45 AM KC 2.25
 11:45 - 3:30 BC 3.75
 3:30 - 4:45 LW 1.25
~~6:30 - 7:30 PM LW 1.00~~

16 WEDNESDAY sunny
 8:15 - 1:00 PM BC 4.75
 1:00 - 3:00 PM LW 2.00
 3pm - 4:15 pm KC 1.25

November 2016

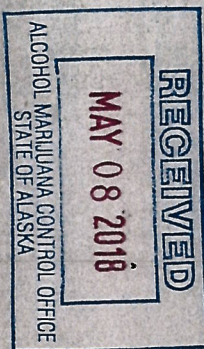
- David Allen

THURSDAY 17
 8:00AM - 10:30AM - LW 2.50
 11 AM - 1 PM BC 2.00
 3:15pm - 8pm KC 4.75
 2.00

FRIDAY 18
 8AM - 10:30 AM - LW - 2.5
 11 AM - 1pm KC - 3
 3:00 PM - 5 PM LW - 2
 6:30 - 7 pm BC 2.5
 2.00

N.O. SATURDAY 19

N.O. SUNDAY 20



4

RECEIVED
MAY 08 2018
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

November 2016

November						
S	M	T	W	T	F	S
	1	2	3	4	5	
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			

21 MONDAY
8AM - 10:45AM - LW - 2 3/4 HRS
11:45AM - 2:45 PM - LW - 3.0 HRS
3:30pm - 4:30pm KC 1
6pm - 7:15pm KC 1.25
8//

22 TUESDAY
8AM - 9:30AM - LW - 1.5
10:00AM - 12:45PM - LW - 2.34
12:45pm - 4:30pm KC 3.75
8//

23 WEDNESDAY PM
8AM - 12:30PM - LW 4.5
12:30 - 4:15 KC 3.75
8//

December						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

"Success is the sum of small efforts,
repeated day in and day out."
— Robert Collier

THANKSGIVING Day (US) THURSDAY 24
CLOSED FOR
THANKSGIVING

FRIDAY 25
8AM - 11:00AM/PM - LW - 3 HRS
11AM - 2:15pm KC 3.25
2:15 - 4pm JL 1.75
8//

SATURDAY 26
NOT
OPEN

SUNDAY 27
9:00AM - 12:15PM - LW - 3.25
12:15PM - 3:15 PM JW - 3
3:15 PM - 7:45pm KC - 4.5
10//

November 2016

November						
S	M	T	W	T	F	S
						1
						2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

28 MONDAY

8 AM - 11:00 AM - LW 3 hrs
 11 AM - 1:30 PM JW 2.5 hrs
 2 PM - 4:30 PM KC 2.5

2.0

29 TUESDAY

8 AM - 11:05 AM - LW - 3.25
 11:15 - 1:45 PM JW 2.5
 2 PM - 4:15 PM KC 2.25

8.0

30 WEDNESDAY

SHUTTLE

8 AM - 9:30 AM - LW - 1.5
 10:00 AM - 11:15 AM - LW - 1.25
 11:15 AM - 1:30 PM JW 2.25
 1:30 PM - 3:15 PM KC 1.75
 3:15 PM - 4:30 PM JW 1.25

8.0

December						
S	M	T	W	T	F	S
						1
						2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

"Friendship is the only cement that will ever hold the world together."

— Woodrow Wilson

DECEMBER

THURSDAY 1

8:00 AM - 10:00 AM - LW 2 HRS
 11:00 AM - 1 PM JW 2 hrs
 2:45 PM - 4:45 PM JW 2 hrs
 5:15 PM - 9 PM KC 3.75

9.75

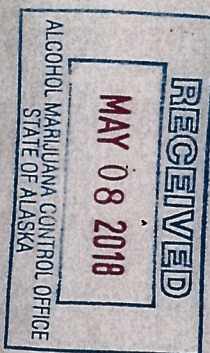
FRIDAY 2

1:00 AM to 10:15 AM - LW - 2.25 HRS
 11:00 AM to 12:45 PM - LW - 2.25 HRS
 2:15 PM - 4:30 PM - JW - 2.25
 5:45 PM - 7:45 PM - JW 2

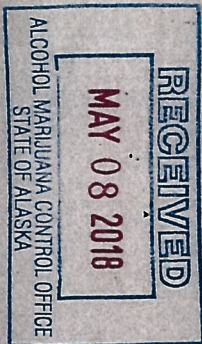
8.75

SATURDAY 3

SUNDAY 4



6



December 2016

December						
S	M	T	W	T	F	S
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

(25) 5 MONDAY
 7:45 AM - 9 AM JW 1.25
 9:30 AM - 12 PM JW 2.5
 12 PM - 2:45 PM 2.75
 2:45 PM - 4:30 PM KC 1.75
 8.25

6 TUESDAY

7 WEDNESDAY PEARL HARBOR REMEMBRANCE DAY (US)

January						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

"If you imagine it, you can achieve it.
 If you dream it, you can become it."
 - William Arthur Ward

8 AM - 10 AM JW 2 hrs 8 (26)
 11:45 - 1:45 BC 2
 3:30 PM - 8:45 PM KC 4.25
 8.25

8:15 AM - 10:15 AM JW 2 hrs
 11:45 AM - 1:45 PM JW 2 hrs
 3 PM - 5 PM JW 2 hrs
 6:15 PM - 8:00 PM BC 1.75 hrs
 8.0

SATURDAY 10

SUNDAY 11
 11:45 AM - 3:15 PM 3.5 hrs
 3:15 PM - 7:45 KC 4.5 hrs

December 2016

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

"You only live once, but if you do it right, once is enough."

— Mae West

12 MONDAY

8:00 am - 10:30 am KC 2.5
11 am - 2:00 pm KC 3.0

2 pm - 4:30 pm KC 2.5

8.0

13 TUESDAY

14 WEDNESDAY

THURSDAY 15

8 am - 1:00 pm KC 5.0

3:30 am - 8:30 pm KC 5 hr

10.0

30

FRIDAY 16

SATURDAY 17

SUNDAY 18

RECEIVED

MAY 08 2018

ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

**WORKERS COMPENSATION
 AUDIT ADJUSTMENT STATEMENT**

Named Insured: Copper River & Northwest Limited, Inc. P.O. Box 1564 Cordova, AK 99574-1564	Producer: Alaska USA Insurance Brokers, LLC P.O. Box 196530 Anchorage, AK 99519-6530
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Policy Number: 16F WW 73447	Audit Period: 06/18/16 - 06/18/17	Final Audit - Revision
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Classifications	Code Number	Reported Payroll	Rate Per \$100	Premium
Alaska - State Act				
Automobile - Rental Co. - All Other Employees & Counter Personnel, Drivers	8002	65,400	2.840	1,857
Bar, Discotheque, Lounge, Nightclub or Tavern	9084	3,600	4.180	150
Increased Limits-Coverage B (1.008)	9807			16
Balance to Increased Limits Minimum	9848			59
Residual Market Safe Workplace Credit (.970)	9880			[62]
Terrorism	9740	69,000	.020	14
Alaska Insurance Guaranty Association Surcharge (.0200)	0986			41
Total Premium Due Less Premium Previously Billed Total Return Premium				\$2,075 [3,358] [1,283]



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

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:	Copper River & Northwest Limited, Inc.	License #:	2587
License Type:	Beverage Dispensary - Seasonal	Statute:	AS 04.11.090
Doing Business As:	The Gandy Dancer Bar		
Premises Address:	Lot 1 Block 88 Cordova Airport		
Local Governing Body:	City of Cordova		
Community Council:	None		

Mailing Address:	P.O. Box 1564		
City:	Cordova	State:	AK
		ZIP:	99574

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:	BECKY CHAPEK		
Contact Phone:	(907) 424-5356	Business Phone:	(907) 424-5356
Contact Email:	beckychapek@gmail.com		

Seasonal License? ☒ Yes ☐ No

If "Yes", write your six-month operating period: July 1 - Dec 31





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Alaska Alcoholic Beverage Control Board

Form AB-17: 2018/2019 Renewal License Application

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:

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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Alaska Alcoholic Beverage Control Board

Form AB-17: 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 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 #:	732581D
-----------------------	---------

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:	Copper River & Northwest Limited, Inc.					
Title(s):	Secretary President	Rebekah A. Chapek	Phone:	(907) 424-5356	% Owned:	100%
Mailing Address:	P.O. Box 1564					
City:	Cordova	State:	Alaska	ZIP:	99574	

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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Alaska Alcoholic Beverage Control Board

Form AB-17: 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.	<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 checked="" type="checkbox"/>	<input checked="" 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 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.	<div style="border: 1px solid black; padding: 5px; display: inline-block;">BC</div>





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Alaska Alcoholic Beverage Control Board

Form AB-17: 2018/2019 Renewal License Application

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.

BC

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.

BC

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.

BC

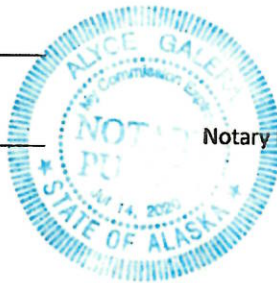
I certify on behalf of myself or of the organized entity that I understand that providing a false statement on this form or any other form provided by AMCO is grounds for rejection or denial of this application or revocation of any license issued.

BC

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.

Becky Chapex
Signature of licensee

BECKY CHAPEK
Printed name of licensee



[Signature]
Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: 7-14-20

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

License Fee:	\$ 1250.00	Application Fee:	\$ 200.00	TOTAL:	\$ 1450.00
Late Fee of \$500.00 – if received or postmarked after 01/02/2018:					
Miscellaneous Fees:					
GRAND TOTAL (if different than TOTAL):					\$1450.00

