



ALCOHOL AND MARIJUANA CONTROL OFFICE

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

MEMORANDUM

| TO: | | Klein, Chair, and Members of the pholic Beverage Control Board | DATE: | June 12, 2018 |
|------------------------|-----------|---|--|---|
| FROM: | Eril | ka McConnell, Director | RE: | 4597 Boon Dox Bar |
| Requested Action: | d | License renewal | | |
| Statutory Authority | : | AS 04.06.090(b): "The board shall review this title and may order the director to issu licenses and permits authorized under this AS 04.11.330(a)(3): "(a) An application red denied if(3) the applicant has not operat eight-hour days during each of the two pred determines that the licensed premises are u | e, renew, r title." questing re ed the lice ceding cal | evoke, transfer, or suspend enewal of a license shall be nsed premises for at least 30 endar years, unless the board |
| | | determines that the incensed premises are to through no fault of the applicant;" 3 AAC 304.170(j): "If a license is exercised requirement under AS 04.11.330(a)(3) or 3 burden of proof to show that the licensed to other licensed premises of the same type (1) provide signage, of sufficient size and v for business, stating business name and ho (2) offer for sale at the licensed premises, and variety of malt beverages, wines, and distill (3) visibly display the alcoholic beverages s (4) provide seating in beverage dispensary the maximum number allowed by the occur (5) comply with all state or municipal healt required for the operation of business; (6) maintain a record of all purchases of alclicensed premises; and (7) record sales with a cash register that retermines. | d only to si AAC 304 premises we and shall isibility to urs of ope s appropri ed spirits; tock in a li licensed pr pancy per h, fire, and coholic be | atisfy the minimum operating 107(c)(1), a licensee has the vas operated in a similar fashion , at a minimum, show that the premises is open rations; fate to the type of license, a ficensed package store premises; remises for at least one-half of mit; I zoning laws or ordinances verages for resale on the |
| Staff Rec. | : atys | Deny the renewal with 30 day abeyance for of operations for 2017 | r licensee t | o submit application for waiver |

4597 Boon Dox Bar ABC Board June 12, 2018 Page 2

Background: In the renewal application for this license, the licensee indicated that the package store license was only operated to meet the minimum requirements in 2017. Investigation by AMCO Enforcement shows that the licensee was not able to provide the required proof of operating for a minimum of 8 hours per day for 30 days that year. In addition, as noted in Investigator Stonecipher's memo, the licensee admitted to closing early when business was slow.

A final 2018/2019 was issued to the licensee in error.

Attachment: Memo from Investigator Stonecipher regarding minimum operations AB-30 for 2017 Renewal application





Department of Commerce, Community, and Economic Development

ALCOHOL & MARIJUANA CONTROL OFFICE

550 West Seventh Avenue, Suite 1600 Anchorage, AK 99501 Main: 907.269.0350 Fax: 907.292.9412

MEMORANDUM

TO: Sarah Oates, Program Coordinator

DATE: Sunday, June 03, 2018

FROM: Investigator Amanda Stonecipher

RE: Boon Dox Bar Beverage Dispensary #3925 & Boon Dox Bar Package Store #4597

On February 2, 2018, I was tasked with determining if Boon Dox Bar Beverage Dispensary #3925 and Boon Dox Bar Package Store #4597 had met Minimum Operating Requirements during the 2017 licensing period. The licenses were issued January 4, 2017 after I completed an initial inspection of both licensed premises.

The licensee, Mr. Michael Stormont, did not initially provide all requested documents on the AB-30 Proof of Minimum Operating Checklist for both licenses as requested. He initialed he was providing all documents listed on both establishments AB-30 forms. Documents missing included photos of signage displayed at the establishment during all hours of operation, of sufficient size and visibility to show the premises was open for business, and stating the business name and hours of operation. Mr. Stormont did provide photos of the signage on the building, however, the hours of operation were missing. Mr. Stormont stated he was going to return to the bar and put a sign up with the hours. He provided a photo of the hours after they were posted as requested. Mr. Stormont did not provide a full list of alcoholic beverages that were offered for sale at the licensed premises during all hours of operation as requested on the AB-30. Lastly, Mr. Stormont did not provide cash register/point of sale system receipts showing all alcoholic beverage transactions on the premises of the establishments as indicated on the AB-30 form.

After speaking with Mr. Stormont, he agreed to provide the cash register receipts. What was provided appeared to be incomplete. Mr. Stormont stated his bar manager requested a new register be purchased midway through the operating time period May 4, 2018 Page 2

because the old cash register was not sufficient. Mr. Stormont attempted to retrieve the receipts off both the point of sale systems but was unsuccessful. He was able to contact Northern Business Systems to gain assistance. The representative was able to provide records from both points of sale systems used during 2017. The information provided by the representative indicated the establishments were only open between September 22, 2017 and October 21, 2017; a total of 30 days exactly. Only 12 of the 30 days appeared to be full 8 hour days of operations. Many of the 8 hour days were only determined to be 8 hour operational days due to "No Sales" being indicated on the cash register reports/receipts. It is unclear if the bar and package stores were actually open for business to the public at the time of the "No Sale"; or if the bar manager and/or Mr. Stormont was just opening the cash register for other reasons.

Mr. Stormont admitted the bar manager did not keep records of his hours worked, nor were there any time cards to provide. Mr. Stormont also admitted the bar would shut down early if it was a slow business day.

After reviewing AS 04.11.330(a)(3) and 3 AAC 304.170(j)(1)&(7), the Boon Dox Bar and Package Store did not comply with #1 and #7 of the minimum operating requirements as well as AS 04.11.330(a)(3). Regarding #1, the hours of operation were not initially posted for the public to see until after the investigation began. Regarding #7, the cash register receipts do not depict the actual hours the bar and package stores were open for the sales of alcohol.

In looking at the totality of the documents submitted compared to what is required, it does not appear the licensee met the burden as required in 3AAC304.170(j) on both licenses issued to the licensee.



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).

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

| Enter information for the | licensed establishment. | | | | |
|---------------------------|-------------------------|-------------|---------|------|-------|
| Licensee: | MICHAEL (, STOR | Mon License | Number: | 45 | .97 |
| License Type: | PACKAGE STORE | / | | | |
| DBA: | BOONDOX BAR | liquar | | | |
| Premises Address: | 7271 Richards | nHwy. | | | |
| City: | Satcha | State: | Alaska | ZIP: | 99714 |

Section 2 – Calendar Year & Proof of Operation (All Licenses)

| Calendar | Year | 20 | 17 |
|----------|------|----|----|
| | | | |

Extra documentation may be provided <u>in addition</u> to all items listed below, but a license will not be found to have met the requirements set forth in 3 AAC 304.170(j) unless all mandatory documentation required below has been submitted.

You must be able to certify each statement below. Read and sign your initials next to each of the following:

- 1. I am attaching photos showing the signage displayed at my establishment during all hours of operation, of sufficient size and visibility to show the premises was open for business, and stating my business name and hours of operation.
- 2. I am attaching a list of the variety of malt beverages, wines, and distilled spirits (as appropriate) that were offered for sale at the licensed premises during all hours of operation.
- 3. I am attaching a record of all purchases of alcoholic beverages made by this license for resale on the licensed premises of this establishment.



Initials

| 4. | I am attaching cash register/point of | sale system receipts showing all alcoholic beverage transactions on the premises |
|----|---------------------------------------|--|
| | of this establishment. | |



[Form AB-30] (rev 10/26/2017)



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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-30: Proof of Minimum Operation Checklist

Section 3 – Additional Proof Required of Specific License Types

The following must be submitted for package stores. Read and sign your initials next to each statement. Initials 5a. I am attaching photos showing how the stock of alcoholic beverages was displayed on the licensed premises of my package store during all hours of operation. The following must be submitted for beverage dispensaries. Read and sign your initials next to each statement. Initials 5b. I am attaching documentation showing that seating was provided on the licensed premises of my beverage Dispensary for at least one-half of the maximum number allowed by the occupancy permit. As a liquor licensee, I declare under penalty of perjury that my establishment complies with all state or municipal health, fire, and zoning laws or ordinances required for the operation of the business, and that this form, including all attachments, is true, correct, and complete. -----Y J. FOI Signature of licensee Notary Public in and for the State of Alaska. NOTAR PUBLIC My commission expires: 3-11-2019 TE OF AL Subscribed and sworn to before me this 19 day of OFFICE LISE ONLY

| | | OFFICE | USE UNLY | | 1 | |
|----------------------------|------------|----------------------|-------------------------|-----|--------|--------|
| Investigator: | H. Stone C | iphor | Date: | May | 4.2018 | |
| Req. 1 met? (Y/N): | No | | Req. 2 met? (Y/N): | na | | |
| Req. 3 met? (Y/N): | Seo | | Req. 4 met? (Y/N): | No | | |
| Req. 5a/b met? (Y/N): | 1/2 m | Burden of Proof Met? | | No | | |
| | | | | | | |
| orm AB-30] (rev 10/26/2017 |) | | N 2 2 2018 | | Page | 2 of 2 |
| | | ALCOHOL M | ARLIUANA CONTROL OFFICE | | | |



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

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STATE OF ALASKA

What is this form?

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: | Michael C. Stormont | License #: | 4597 |
|---------------------------------------|------------------------------|------------|--|
| License Type: | Package Store | Statute: | AS 04.11.150 |
| Doing Business As: | Boon Dox Bar | | |
| Premises Address: 7271 Richardson Hwy | | | |
| Local Governing Body: | Fairbanks North Star Borough | | |
| Community Council: | None | | - 14 - 1999 - |

| Mailing Address: | 828 | 2nd AVE | | | |
|------------------|-------|---------|----|------|-------|
| City: | FhKs. | State: | AK | ZIP: | 99701 |

Enter information for the individual who will be designated as the primary point of contact regarding this application. This individual <u>must be a licensee</u> who is required to be listed in and authorized to sign this application.

| Point of Contact: | MicHAELC.S | tarmont |
|-------------------|-----------------------|---------------------|
| Contact Phone: | 907-978-1847 Business | Phone: 907-488-2333 |
| Contact Email: | | |

Seasonal License?

Yes No

If "Yes", write your six-month operating period: _

[Form AB-17b] (rev 10/16/2017) License #4597 DBA Boon Dox Bar



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

| nunication with AMCO staff: | Yes | No |
|--|-----|----|
| Does any person <u>other than</u> a licensee named in this application have authority to discuss this license with AMCO staff? | | |
| '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).

| his individual is an: [| applicant affiliate |
|-------------------------|-----------------------------|
| Name: | MicHAELC. Stormont |
| Mailing Address: | 828 ZICEAUE |
| City: | FDK3 State: JAK, ZIP: 99701 |
| Email: | |
| Contact Phone: | \$ 907-978-1847 |

| Name: | 2 | | 546 |
|------------------------------|-------------|-----------------------|--|
| | | analise engine engine | |
| Mailing Address: | | | |
| City: | | State: | ZIP: |
| Email: | NO | | |
| Contact Phone: | | | |
| | | | RECEIVED |
| orm AB-17b] (rev 10/16/2017) | IN IS C | | DEC 2 Page 2 of |
| cense #4597 DBA Boon Dox Bar | JAL | 2 2 2018 | D L CONTEDL |
| | ALCOHOL MAR | LIUANA I. | ALCOHOL MARIJUANA CONTROL STATE OF ALASKA |

STATE OF AL



Package Store License 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: <u>https://www.commerce.alaska.gov/cbp/main/search/entities</u> Partnerships may skip to the second half of this page. Sole proprietorships should skip to Section 5.

| Alaska CBPL Entity #: | |
|-----------------------|--|
| Alaska CDFL Entity #: | |

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

I certify that this entity is in good standing with CBPL and that all current entity officials and stakeholders (listed below) are also currently and accurately listed with CBPL.



Initials

This subsection must be completed by any <u>entity</u>, 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 <u>corporation</u>, 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 <u>limited liability organization</u>, 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 <u>partnership</u>, including a <u>limited partnership</u>, the following information must be completed for each *partner* with an interest of 10% or more, and for each general partner.
 Entity Official Names

| Entity Official Name: | | | |
|--|-----------|--------|-------------------|
| Title(s): | | Phone: | % Owned: |
| Mailing Address: | | 1 | |
| City: | | State: | ZIP: |
| | | | |
| Entity Official Name: | | | |
| Title(s): | | Phone: | % Owned: |
| Mailing Address: | N | | |
| City: | | State: | ZIP: |
| | | | |
| Entity Official Name: | \bigvee | | AND |
| Title(s): | l | Phone: | % Owned: |
| Mailing Address: | | | |
| City: | | State: | ZIP: |
| | | | RECEIVED |
| Form AB-17b] (rev 10/16/2017) cense #4597 DBA Boon Dox Ba | | | DEC 2 Page 3 of 5 |



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. | \boxtimes | |
| The license was regularly operated during a specific season each year, for 8 or more hours each day. | \boxtimes | |
| 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. | | \boxtimes |
| 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? | | \mathbf{X} |
| Has any person or entity named in this application been convicted of a violation of Title 04, of 3 AAC 304, or a local | - | - |

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

Section 7 – Alcohol Server Education

Read the line below, and then sign your initials in the box to the right of the statement:

I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check identification of a patron have completed an alcohol server education course approved by the ABC Board and keep current, valid copies of their course completion cards on the licensed premises during all working hours, as required under AS 04.21.025 and 3 AAC 304.465.



Initials

| RECEIVED | DEARM | DECEMED |
|---|---------------------------|---|
| [Form AB-17b] (rev 10/16/2017B 0 1 2018 License #4597 DBA Boon Dox Bar ALCOHOL MAREJUANA CONTROL OFFICE | JAN 2 2 2018 | Page 4 of 5 DEC 2 6 2017 |
| STATE OF ALASKA | ALCOHOL MARIJUANA CONTROL | ALCOHOL MARIJUANA CONTROL OFFICE STATE OF ALASKA |

January 30, 2018

Alcohol Control Office:

I called the Alcohol Control Office on Monday, January 29 about the renewal application for Boon Dox Bar and Liquors. Talked to Mr. Mark Bailey about the last question in Section 5 – License Operation. The license was operated all of year 2016 and six months in 2017, four months by Murray Johnson and two months by myself after licenses were transferred back to myself and premises makeover was completed. Mr. Bailey and myself agreed the last question of Section 5 did not apply to this application and does not have to be checked.

Monies have been sent along with receipts and documents for the licenses.

Could ABC send licenses so I can open for business.

Thank you. 02 Michael C. Stormont





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

Section 8 - Written Orders

| Written orders in calendar years 2016 and 2017: | Yes | No |
|--|-----|-------------|
| Did you sell alcoholic beverages in response to written orders in calendar years 2016 or 2017? | | \boxtimes |

Section 9 - Certifications

| Pood ooch line holow, and then sim your initials to the line of the state of the st | |
|--|----------|
| 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. | 115 |
| 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. | MS |
| 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. | MB |
| 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. | MS |
| 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 approvide all information required by the Alcoholic Beverage Control Board in support of this application and understand that for a liquor license the statement of the second statement | groo to |

do so by any deadline given to me by AMCO staff will result in this application being returned to me as incomplete Signature of licensee

Printed name of licensee

Signature of Notary Public

UBLIC

Notary Public in and for the State of

My commission expires

Subscribed and sworn to before me this \mathcal{L} day of

| License Fee: | \$ 1500.00 | Application Fee: | \$ 200.00 | TOTAL: | \$ 1700.00 |
|--|----------------------|------------------------|-----------|--------|---------------------|
| Late Fee of \$50 | 0.00 – if received o | or postmarked after 01 | /02/2018: | | |
| Miscellaneous | Fees: | | | | |
| GRAND TOTAL | (if different than T | OTAL): | | | |
| | | | | | RECEIVED |
| Form AB-17b] (rev 10 cense #4597 DBA Bo | | | | | DEC 2 6 Page 5 of 5 |