

Barratt Inn Anchorage Airport  
Flying Chinook Bar & Grill  
4610 Spenard RD Anchorage, AK 99517  
TEL (907)865-4600

Dear sir or madam,

My name is Chung K. Choe and I have been operating Barratt Inn and its bar and grill, Flying Chinook, since 2008. I have renewed my liquor license (#1440) about 4-5 times and have had no violations or issues. Flying Chinook serves very good food and provides the best customer service possible to both local residents and tourists.

Unfortunately as for the 2018 renewal, there was a problem getting the liquor license renewed. The ABC board informed me that they sent me an email with instructions to make corrections but I never received anything. I would have responded immediately as I have no reason to jeopardize the reissuance of the liquor license.

I recently tried to contact the ABC board examiner and stopped by to explain the situation, even showing all of my email records; even though I trust the ABC board's emailing system I truthfully did not receive an email from the board. If I did, I would have done everything I was requested to do in order to prevent this from happening.

I truly hope I have a chance to get at least a temporary license until June 2018. I would like to reopen my bar and restaurant as soon as possible for all customers, including tourists, as well as my anxious employees



Sincerely,

Chung K. Choe

4-10-18



Alaska Alcoholic Beverage Control Board

Beverage Dispensary – Tourism License

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

**What is this form?**

This renewal license application form is required for all individuals or entities seeking to apply for renewal of an existing beverage dispensary – tourism liquor license that will expire on December 31, 2017. All fields of this form must be complete and correct, or the application will be returned to you in the manner in which it was received, per AS 04.11.270 and 3 AAC 304.105. The Community Council field only should be verified/completed by licensees whose establishments are located within the Municipality of Anchorage or outside of city limits within the Matanuska-Susitna Borough.

**This form must be completed correctly and submitted to the Alcohol & Marijuana Control Office (AMCO)'s main office, along with all other required documents and fees, before any renewal license application will be considered complete.**

**Section 1 – Establishment and Contact Information**

Enter information for the business seeking to have its license renewed. If any populated information is incorrect, please contact AMCO.

Licensee:	LC Star Investment Co.	License #:	4440
License Type:	Beverage Dispensary - Tourism	Statute:	AS 04.11.400(d)
Doing Business As:	Flying Chinook Bar & Grill		
Premises Address:	4616 Spenard Rd		
Local Governing Body:	Municipality of Anchorage		
Community Council:	Spenard		

Mailing Address:	4616 SPENARD RD				
City:	ANCHORAGE	State:	AK	ZIP:	99517

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:	CHUNG KI CHOE			
Contact Phone:	(907) 602-3304	Business Phone:	(907) 865-4600	
Contact Email:	CHOE 7779 @ HOT MAIL. COM			

Seasonal License?  Yes  No If "Yes", write your six-month operating period: \_\_\_\_\_





Alaska Alcoholic Beverage Control Board

Beverage Dispensary – Tourism License

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

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

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?

Yes: [ ] No: [x]

If "Yes", disclose the name of the individual and the reason for this authorization:

[Empty text box for disclosure]

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

Form with fields: Name, Mailing Address, City, State, ZIP, Email, Contact Phone

This individual is an: [ ] applicant [ ] affiliate

Form with fields: Name, Mailing Address, City, State, ZIP, Email, Contact Phone





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**Section 4 – Entity Ownership Information**

This subsection must be completed by any licensee that is a corporation or LLC. Corporations and LLCs are required to be in good standing with the Alaska Division of Corporations, Business & Professional Licensing (CBPL). You may view your entity's status or find your CBPL entity number by using the following site: <https://www.commerce.alaska.gov/cbp/main/search/entities>  
 Partnerships may skip to the second half of this page. Sole proprietorships should skip to Section 5.

*LC STAR INV. CO. ✓*      *10003717 ✓*

Alaska CBPL Entity #:	<del>QUANTUM INVESTMENTS, LLC</del> # <del>994290</del>
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You must ensure that you are able to certify the following statement before signing your initials in the box to the right: Initials

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



This subsection must be completed by any community or entity, including a corporation, limited liability company, partnership, or limited partnership, that is applying for renewal. If more space is needed, please attach additional completed copies of this page.

- If the applicant is a corporation, the following information must be completed for each *stockholder who owns 10% or more* of the stock in the corporation, and for each *president, vice-president, secretary, and managing officer*.
- If the applicant is a limited liability organization, the following information must be completed for each *member with an ownership interest of 10% or more*, and for each *manager*.
- If the applicant is a partnership, including a limited partnership, the following information must be completed for each *partner with an interest of 10% or more*, and for each *general partner*.

Entity Official Name:	CHUNG KI CHOE				
Title(s):	VICE PRESIDENT MEMBER ✓	Phone:	(907) 602-3304	% Owned:	100%
Mailing Address:	4616 SPENARD RD				
City:	ANCHORAGE	State:	AK	ZIP:	99517

Entity Official Name:	CHUNG KI CHOE				
Title(s):	PRESIDENT/SECRETARY	Phone:		% Owned:	
Mailing Address:	4616 SPENARD RD				
City:	ANCHORAGE	State:	AK	ZIP:	99517

Entity Official Name:					
Title(s):		Phone:		% Owned:	
Mailing Address:					
City:		State:		ZIP:	





Alaska Alcoholic Beverage Control Board

Beverage Dispensary – Tourism License

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Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
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Phone: 907.269.0350

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.

Grid of checkboxes for 2016 and 2017 with handwritten marks.

The license was regularly operated during a specific season each year, for 8 or more hours each day.

The license was only operated to meet the minimum requirement of 30 days each year, 8 hours each day. If this box is checked, a complete copy of Form AB-30: Proof of Minimum Operation Checklist, and all necessary documentation must be provided with this application.

The license was not operated at all or was not operated for at least the minimum requirement of 30 days each year, 8 hours each day, during one or both of the calendar years. If this box is checked, a complete copy of Form AB-29: Waiver of Operation Application and corresponding fees must be submitted with this application for each calendar year during which the license was not operated for at least the minimum requirement.

Section 6 – Violations and Convictions

Applicant violations and convictions in calendar years 2016 and 2017: Yes No

Have any notices of violation (NOVs) been issued to this licensee in the calendar years 2016 or 2017?

Yes/No checkboxes for NOVs.

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?

Yes/No checkboxes for convictions.

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: 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.

Handwritten initials in a box.





Alcohol and Marijuana Control Office  
 550 W 7<sup>th</sup> Avenue, Suite 1600  
 Anchorage, AK 99501  
[alcohol.licensing@alaska.gov](mailto:alcohol.licensing@alaska.gov)  
<https://www.commerce.alaska.gov/web/amco>  
 Phone: 907.269.0350

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**Beverage Dispensary – Tourism License**  
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**Section 8 – Certifications**

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

- |   |  |
|---|--|
| <p>I certify that all current licensees (as defined in AS 04.11.260) and affiliates have been listed on this application.</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>I am submitting as part of this application a written statement that meets the attached Tourism Statement Guidelines, for review by the Alcoholic Beverage Control Board.</p> | <p>Initials</p> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px auto; display: flex; align-items: center; justify-content: center;">OK</div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px auto; display: flex; align-items: center; justify-content: center;">OK</div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px auto; display: flex; align-items: center; justify-content: center;">OK</div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px auto; display: flex; align-items: center; justify-content: center;">OK</div> <div style="border: 1px solid black; width: 40px; height: 40px; margin: 5px auto; display: flex; align-items: center; justify-content: center;">OK</div> |
|---|--|

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.

*Chung Ki Cho*  
 Signature of licensee

*Megan N. Leggett*  
 Signature of Notary Public

CHUNG KI CHO  
 Printed name of licensee

Notary Public in and for the State of Alaska

My commission expires: 08/30/2021  
 Subscribed and sworn to before me this 2<sup>nd</sup> day of January, 2018.

License Fee:	\$ 2500.00	Application Fee:	\$ 200.00	TOTAL:	\$ 2700.00
Late Fee of <b>\$500.00</b> – if received or postmarked after 01/02/2018:					
Miscellaneous Fees:					
GRAND TOTAL (if different than TOTAL):					\$ 2700.00

Notary Public  
**MEGAN N. LEGGETT**  
 State of Alaska  
 My Commission Expires Aug. 30, 2021

**RECEIVED**  
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**JAN 03 2018**  
 ALCOHOL MARIJUANA CONTROL OFFICE  
 STATE OF ALASKA

BARRATT INN/FLYING CHINOOK  
4610 SPENARD RD  
ANCHORAGE, AK 99517

#### Tourism Statement Guidelines

- 1) Explain how issuance of a liquor license at your establishment has/will encourage tourism.

We make sure that each of our customers enter and leave our establishment happy and satisfied. I have trained all of my employees to be aware of possible cultural differences as we have had tourists from many different countries; we do our absolute best making everyone feels welcomed and has a positive experience here in Anchorage.

- 2) Explain how the facility was/will be constructed or improved in accordance with this application.

We have changed our counter and have added newer seating stools in addition to more up-to-date decor. A jukebox has been installed as well as a karaoke system for tourists and customers.

- 3) Who operates the facility for which a liquor license is being applied?

I, Chung Ki Choe, will be operating the facility.

- 4) Do you offer room rentals to the traveling public?

Yes, we have 95 rooms and a conference room. There is also a public kitchen and 6 rooms with a kitchen. *WE DO NOT STOCK ALCHOL IN GUEST ROOM.*

- 5) Does your establishment include a dining facility?

Yes.

- 6) Are additional amenities available to your guests through your establishment?

Yes, we have a good walking track and we have put in new karaoke systems for tourists.



*Chung Ki Choe*  
4-10-18