

April 5th, 2018

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

Expiration and Mandatory Cessation of Operation of License #4735 DBA China Sea Restaurant

To whom it may concern,

My name is Kyung Yoo, owner and operator of China Sea in Whittier, AK. I am requesting a reinstatement of my liquor license that was expired due to an incomplete filing of my application renewal.

I made a mistake filing my renewal of my application on page 4 because I misunderstood that it was requesting I file only a single check box. English is my second language and I often have difficulty understanding specific instructions. I apologize for making the mistake and will do my best to not make mistakes going forward. I have been an alcoholic beverage licensee since 1991 with good standing.

I was not able to make corrections to the incomplete application renewal because the notice of incomplete application was sent to my junk folder in my e-mail. Although I check my email often, I do not check my junk email and was not able to catch the mistake in time. This problem has never occurred before and I usually get a physical email or phone call when problems arise.

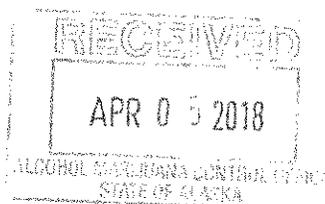
The accident was genuine and I am requesting reinstatement of my liquor license.

Thank you for taking the time to review this letter.

Sincerely,

Kyung ok Yoo

Kyung Yoo
China Sea Owner





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alcohol.licensing@alaska.gov
<https://www.commerce.alaska.gov/web/amco>
 Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board
Restaurant or Eating Place License
Form AB-17a: 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 restaurant or eating place 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:	Kyung O Yoo	License #:	4735
License Type:	Restaurant/Eating Place - Public Convenience Seasonal	Statute:	AS 04.11.400(g)
Doing Business As:	China Sea Restaurant		
Premises Address:	Lot 6 & 7 Whittier Harbor Triangle		
Local Governing Body:	City of Whittier		
Community Council:	None		

Mailing Address:	PO BOX 656		
City:	Whittier	State:	AK
ZIP:	99693		

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:	Kyung OK Yoo		
Contact Phone:	267-670-2319	Business Phone:	907-473-3663
Contact Email:	Kyung.Yoo@Lyle.com		

Seasonal License? Yes No

If "Yes", write your six-month operating period: *May - Sep*





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Section 2 - Authorization

Communication with AMCO staff:

Yes No

Does any person other than a licensee named in this application have authority to discuss this license with AMCO staff?

Form with checkboxes: Yes (empty), No (checked)

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

Empty rectangular 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: [X] applicant [] affiliate

Form with handwritten entries: Name: KYUNG OK YOO, Mailing Address: PO Box 656, City: Whittier, State: AK, ZIP: 99693, Email: Kyung.yoo@Live.com, Contact Phone: 267-670-2319

This individual is an: [] applicant [X] affiliate

Form with handwritten entries: Name: Younghi Shik Yoo, Mailing Address: PO Box 656, City: Whittier, State: AK, ZIP: 99693, Email: Younghi Yoo @ G mail . com, Contact Phone: 907-205-7954





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Section 5 – License Operation

Check a single box for each calendar year that best describes how this liquor license was operated:	2016	2017
The license was regularly operated continuously throughout each year, for 8 or more hours each day.	<input 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

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.





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Section 8 – Gross Receipts

Enter the dollar amounts of the food and gross (food + alcohol) receipts on the licensed premises, and calculate the percentage of gross receipts that are from food sales on the licensed premises for each calendar year. (Food Receipts ÷ Gross Receipts x 100 = %)

2016 Food Receipts:	\$ 137,436.45	2016 Gross Receipts:	\$ 145,060.00	% From Food:	94.7 %
2017 Food Receipts:	\$ 156,518.00	2017 Gross Receipts:	\$ 164,624.00	% From Food:	95.1 %

Section 9 – Certifications

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

I certify that all current licensees (as defined in AS 04.11.260) and affiliates have been listed on this application.

Initials

KY

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.

KY

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.

KY

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.

KY

As an applicant for a liquor license renewal, I declare under penalty of perjury that I have read and am familiar with AS 04 and 3 AAC 304, and that this application, including all accompanying schedules and statements, is true, correct, and complete. I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application and understand that failure to do so by any deadline given to me by AMCO staff will result in this application being returned to me as incomplete.

[Signature]
 Signature of licensee



[Signature]
 Signature of Notary Public

KYUNGB OK YOO
 Printed name of licensee

Notary Public for the State of Alabama

My commission expires: 05-11-2020

Subscribed and sworn to before me this 10 day of November, 2017.

License Fee:	\$ 300.00	Application Fee:	\$ 200.00	TOTAL:	\$ 500.00
Late Fee of \$500.00 – if received or postmarked after 01/02/2018:					
Miscellaneous Fees:					
GRAND TOTAL (if different than TOTAL):					

