

To: ABC Board

Re: Reinstate Lic. Licensing

My name is Susan Cho, 100% ownership in Oriental Garden Restaurant. The Address is 720 Muldoon Rd. Anch. AK 99501.

I am requesting my license to reinstate.

I had paid the fee \$1300 (include) late fee on Feb 22 2018.

I was cleared from my bank. I thought all cleared.

but yesterday I got the letter my license was expired.

The reason what had following up is "Carrie who is Examiner has wrong ~~type~~ type the Email Address. I did not received it, However she had correction.

Finally we got communicate. I did follow up w direction.

please, have concerned of this and get the license and I can served to customer on table.

Thanks so much.

Susan Cho
Oriental Garden
3/15/18





Alaska Alcoholic Beverage Control Board

Master Checklist: Renewal Liquor 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

License Type:	Restaurant Eating Place		License Number:	5352
Doing Business As:	Oriental Garden			
Examiner:	Carrie			
			Transaction #:	41359

Document	Received	Completed	Notes
AB-17: Renewal Application	2/22/2018	3/21/18	
App and License Fees	2/22/2018	2/22/18	

Supplemental Document	Received	Completed	Notes
Tourism/Rec Site Statement			
AB-25: Supplier Cert (WS)			
AB-29: Waiver of Operation			
AB-30: Minimum Operation			
Fingerprint Cards & Fees / AB-08a: Crim. History			
Late Fee	2/22/2018	2/22/18	

Names on FP Cards:	
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- | | | |
|---|--------------------------|-------------------------------------|
| Selling alcohol in response to written order (package stores)? | Yes | No |
| Mailing address different than one in database? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| In "Good Standing" with CBPL (skip this and next question for sole proprietor)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| Officers and stockholders match CBPL and database (if "No", determine if transfer necessary)? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |



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:	Oriental Garden LLC	License #:	5352
License Type:	Restaurant/Eating Place	Statute:	AS 04.11.100
Doing Business As:	Oriental Garden		
Premises Address:	720 Muldoon Road		
Local Governing Body:	Municipality of Anchorage		
Community Council:	Northeast		

Mailing Address:	720 muldoon Road				
City:	Anch	State:	AK	ZIP:	99504

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:	Susan cho		
Contact Phone:	907-720-8800	Business Phone:	907-338-2272
Contact Email:	susan.c.8800@gmail.com		

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





Alaska Alcoholic Beverage Control Board

Restaurant or Eating Place License

Form AB-17a: 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? Yes No

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:					





Alaska Alcoholic Beverage Control Board

Restaurant or Eating Place License

Form AB-17a: 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 #:	Oriental Garden LLC / 10036274
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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:	Oriental Garden LLC Susan cho			
Title(s):	manager	Phone:	907-720-8800	% Owned: 100
Mailing Address:	720 Muldoon Rd			
City:	Anch.	State:	AK	ZIP: 99504

Entity Official Name:	Member Oriental Garden LLC			
Title(s):	member	Phone:		% Owned: 20
Mailing Address:	720 Muldoon Rd			
City:	Anch	State:	AK	ZIP: 99504

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





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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 checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
The license was regularly operated during a specific season each year, for 8 or more hours each day.	<input type="checkbox"/>	<input 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"/>

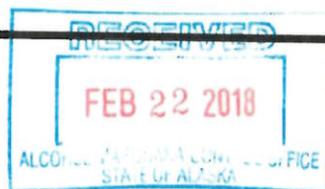
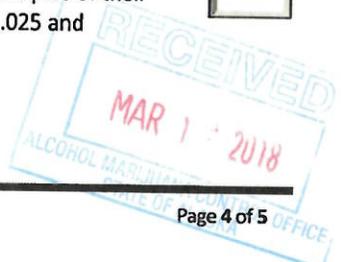
If "Yes" to either of the previous two questions, attach a separate page to this application listing all NOVs and/or convictions.

Section 7 – Alcohol Server Education

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

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





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 550 W 7th Avenue, Suite 1600
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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:	\$ 270,000	2016 Gross Receipts:	\$ 275,000	% From Food:	98 %
2017 Food Receipts:	\$ 45,000	2017 Gross Receipts:	\$ 125,000	% From Food:	96 %
	\$ 432,500		450,000		

Section 9 – Certifications

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

Initials

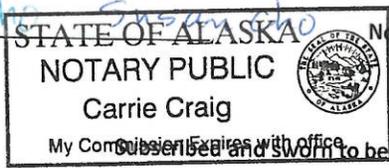
- I certify that all current licensees (as defined in AS 04.11.260) and affiliates have been listed on this application. AJ
- I certify that in accordance with AS 04.11.450, no one other than the licensee(s) has a direct or indirect financial interest in the licensed business. AJ
- I certify that I have 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. AJ
- 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. AJ

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.

Susan Craig
 Signature of licensee

Carrie Craig
 Signature of Notary Public

Susan Craig
 Printed name of licensee

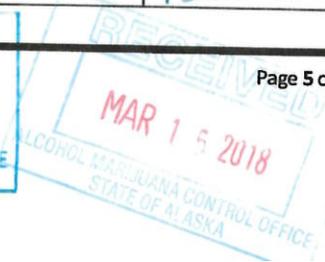


Notary Public in and for the State of Alaska

My commission expires: w/ office

My Commission Expires with Office. I subscribed and sworn to before me this 15 day of March, 2018.

License Fee:	\$ 600.00	Application Fee:	\$ 200.00	TOTAL:	\$ 800.00
Late Fee of \$500.00 – if received or postmarked after 01/02/2018:					500.00
Miscellaneous Fees:					
GRAND TOTAL (if different than TOTAL):					1300.00





THE STATE
of **ALASKA**

Department of Commerce, Community, and Economic Development
Division of Corporations, Business, and Professional Licensing
PO Box 110806, Juneau, AK 99811-0806
(907) 465-2550 • Email: corporations@alaska.gov
Website: Corporations.Alaska.gov

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RE#201820064171

Limited Liability Company
2018 Biennial Report

For the period ending December 31, 2017

- This report is due on January 02, 2018
- \$100.00 if postmarked before February 02, 2018
- \$137.50 if postmarked on or after February 02, 2018

Entity Name: Oriental Garden LLC.
Entity Number: 10036274
Home Country: UNITED STATES
Home State/Province: ALASKA

Registered Agent
Name: Susan Cho
Physical Address: 720 MULDOON RD., ANCHORAGE, AK 99504
Mailing Address: 720 MULDOON RD., ANCHORAGE, AK 99504

Entity Physical Address: 720 muldoon Rd Anch. AK 99504
Entity Mailing Address: 720 muldoon Rd Anch. AK 99504

Please include all officials. Check all titles that apply. Must use titles provided. Please list the names and addresses of the members of the domestic limited liability company (LLC). There must be at least one member listed. If the LLC is managed by a manager(s), there must also be at least one manager listed. Please provide the name and address of each manager of the company. You must also list the name and address of each person owning at least 5% interest in the company and the percentage of interest held by that person.

Name	Address	% Owned	Member	Intentionally	Left Blank										
				Blank	Blank										
Susan cho	Anch. AK 99504 720 muldoon Rd.	100%	X												

If necessary, attach a list of additional officials on a separate 8 1/2 X 11 sheet of paper.

Purpose: Restaurant

NAICS Code: 722110-FULL-SERVICE RESTAURANTS

New NAICS Code (optional):



Signature: **Printed Name:** Susan cho

Date: 3/21/18



THE STATE of ALASKA

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



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Handwritten signature

Corporations Section

State Office Building, 333 Willoughby Avenue, 9th Floor
PO Box 110806, Juneau, AK 99811-0806
Phone: (907) 465-2550 • Fax: (907) 465-2974
Email: corporations@alaska.gov
Website: Corporations.Alaska.Gov

Notice of Change of Officials

Domestic Limited Liability Company (AS 10.50)

- This Notice of Change of Officials form is only for Domestic Limited Liability Companies and is used to report changes between biennial reporting periods in: members, managers, and percentage of interest held.
This Notice of Change of Officials will not be filed if the entity's biennial report is not current. To verify the entity's biennial report due date, go online to www.Corporations.Alaska.Gov and select Search Corporations Database
Standard processing time for complete and correct filings submitted to this office is approximately 10-15 business days. All filings are reviewed in the date order they are received.
The information you submit is a public record and will be posted on the State's website.

1. Important:

AS 10.50.765

Each Domestic Limited Liability Company is required to notify this office when there is a change of officials.
- AS 10.50.765

Failure to meet this requirement may result in involuntary dissolution of the entity's authority to transact business in the State of Alaska.

The Domestic Limited Liability Company is to keep and make available the records of the official(s) changes.
- AS 10.50.860-.870

2. Fee:

\$25 Nonrefundable Filing Fee (CORF)

3 AAC 16.065(b)

Mail this form and the non-refundable \$25 filing fee in U.S. dollars to the letterhead address. Make the check or money order payable to the State of Alaska, or use the attached credit card payment form.

3. Entity Information:

AS 10.50.765

Entity Name: Oriental Garden LLC

Alaska Entity Number: 10036274



4. REMOVE from Record:

AS 10.50.765(b)

The following officials (members and, if applicable, managers) will be completely removed from the record as a result of this filing:

Name: Chen Hsing Liu Name: _____
 Name: _____ Name: _____

If an official is not being removed from record, then list them in Item #5 below (with their current information).

5. ALL Current Officials:

AS 10.50.765(b)

The following is a complete list of ALL remaining and new officials who will be on record as a result of this filing.

- An LLC must have at least one member who owns a % of the LLC. — AS 10.50.155(b)
- Must provide all members who own 5% or more of the LLC. — AS 10.50.765 (b)
- Members must own a % of the LLC. A member may be a manager if the LLC is manager managed.
- An LLC may be managed by a manager if provided in Articles of Organization. A manager may be a member if the manager also owns a % of the LLC. — AS 10.50.075(5) and AS 10.50.110(b)

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- List **ALL** officials and their current information to be on record.
- Manager will only be accepted if the entity is manager-managed per the articles.
- **BOLD** fields are required.

FULL LEGAL NAME	COMPLETE MAILING ADDRESS	% OWNED	MEMBER	Manager
Susan Cho	720 Muldoon Rd Anch, AK 99504	100%		x

→ If necessary, use the following supplement page and include all information required above in Item #5.

6. Required Signature:

AS 10.50.840

The Notice of Change of Officials must be signed by: a member (AS 10.50.840(a)(2)); or a manager if manager managed (AS 10.50.840(a)(1)); or an attorney-in-fact (AS 10.50.840(c)). Persons who sign documents filed with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor.

Signature: [Signature]

Date: 3/15/2018

Printed Name: Susan Cho

Title of Authorized Signer: Member Manager Attorney-in-fact

If signing on behalf of a member or manager which is an entity, then identify the signer's relationship and signing authority with the member entity. For example: John Smith, President of XYZ Inc. the sole member of ABC LLC.

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