

# Department of Commerce, Community, and Economic Development

ALCOHOL AND MARIJUANA CONTROL OFFICE

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

#### **MEMORANDUM**

DATE:

TO: Bob Klein, Chair, and Members of the

Alcoholic Beverage Control Board

FROM: Erika McConnell, Director RE: 2587 The Moose Caboose

(formerly The Gandy Dancer Bar)

August 14, 2018

Requested Action:

License renewal

Statutory and Regulatory

**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 the renewal with 30 day abeyance for licensee to submit applications for

waiver of operations for 2016 and 2017

**Update for August meeting:** The licensee provided additional information shortly before and during the June meeting which was not reviewed until after the June meeting. The additional information includes affidavits three notarized affidavits from individuals stating that they had worked at the bar and that alcohol had been available. Based on these affidavits, my recommendation has changed from denying the renewal, to requiring waivers for 2016 and 2017, which would be the 2<sup>nd</sup> and 3<sup>rd</sup> waivers for this license/licensee.

Waivers are warranted because the licensee has not met the requirements of 3 AAC 304.170(j) to show that the license was operated in a similar fashion to other licensed premises for the minimum time required. The licensee was not able to provide record of all purchases of alcoholic beverages for resale on the licensed premises ((j)(6)) or a record of sales with a cash register that retains a record of transactions ((j)(7)).

New attachments: documents provided by licensee in June and July

**Background provided at June meeting:** 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

#### LAW OFFICES OF ERNOUF & COFFEY

A PROFESSIONAL CORPORATION PO Box 212314 Anchorage, Ak 99521

Office Phone: (907) 274-3385

Coffey Cell Phone: (907)

306-6001

Coffey E mail: dancoffey@gci.net

#### MEMO TO ABC BOARD

TO:

**ABC Board Members** 

CC:

Erika McConnell, Executive Director

FROM:

Dan K Coffey

Attorney for Licensee

RE:

Becky Chapek, Owner

Copper River & Northwest Ltd., Licensee

DATE:

5-25-18

#### PURPOSE, STATUTE AND REGULATIONS:

The purpose of this Memo is to present information to the Board demonstrating that the Licensee operated for the required minimum thirty (30) days a minimum of eight (8) hours as required by AS 04.11.330 (3) and is therefore entitled to renew her license.

See Exhibit 1 attached.

In addition to the statute, there are two Regulations that address this situation: (13 AAC 104.170 subsection j) and (3 AAC 304.170). The provisions of both Regulations regarding proof that the license was operated are identical. See

Exhibit 2 attached.

There are seven (7) enumerated provisions in the Regulation that set out the documentation that a Licensee should submit as proof that the Licensee operated for thirty (30) days with each day being at least eight (8) hours. Of those seven (7) provisions, six (6) are applicable to this license. Item # 3 in the enumerated list applies to package stores.

#### PROOF OF COMPLIANCE WITH THE REGULATION

1) Provide signage:

Exhibit 3 attached.

a) Photo of the old sign which was taken down last year in order to make repairs to the wind damaged roof.

See photo of building showing roof sign location.

See photo of the old sign

b) A new sign was ordered, but apparently lost in shipping. The manufacturer is re-shipping the new sign

See billing information attached

2) Offer a variety of malt beverages, wines and distilled spirits:

Exhibit 4 attached.

- a) Photo of recently purchased of a variety of alcoholic beverages.
- b) Photo of alcoholic beverages left over from earlier year purchases.
- 3) Not applicable applies to package store licenses.
- 4) Seating for at least one-half of the maximum number allowed by the occupancy permit:

Exhibit 5 attached.

- a) Floor plan drawn to scale. On file at ABC Board.
- b) New floor plan diagram
- 5) Comply with all state or municipal health, fire and zoning laws:

Exhibits 6a & 6b attached.

- a) State of Alaska Documents: Exhibit 6a
  - i) Confirmation of Business License for 2017. State Department of Commerce
  - ii) Alaska Food Code 2016 Establishment Permit State Division of Environmental Health
  - iii) Alaska Food Code 2017 Establishment Permit State Division of Environmental Health
- b) City of Cordova Documents: Exhibit 6b
  - i) Business License 1-01-2016
  - ii) Business License 1-01-2017
  - iii) Sales Tax Return 12-31-2016
  - iv) Sales Tax Return 12-31-2017
- 6) Record of all purchase of alcoholic beverages.

Exhibit 7 attached.

a) Costco receipt for many items, one of which were alcohol beverage purchases totaling \$53.95.

The Board should understand that this establishment is located at the Cordova airport, 13 miles from downtown. It is not a busy location particularly in the winter months. Even in the summer and fall months, traffic is limited as most people coming into Cordova are going into town and only infrequently do they stop in for food or drink. This accounts for the low volume of alcohol purchases and sales.

7) Record sales with a cash register that retains a record of transactions.

The Licensee does not have a cash register that "retains a record of transactions". The License accepts payment far more frequently by credit card. However, in the past, she has used the credit card machine for this and two other businesses. She has now changed

that practice so that her credit card machine records only purchases from the licensed premises.

Once her license is approved for renewal, she will work with staff to determine if the credit card machine allocated specifically to the operation of the bar will be sufficient to satisfy the 7<sup>th</sup> requirement.

Note that credit card sales are far more prevalent than cash transactions.

### ADDITIONAL PROOF OF COMPLIANCE WITH OPERATING REQUIREMENTS

In addition to the foregoing information, the Licensee also submits the following additional proof of that she has complied with the minimum operating requirements.

#### Payroll Records - Exhibits 8a & 8b:

1 Payroll records for 2016.

Note that the records themselves were keep in an annual calendar on a daily basis. Copies of the handwritten entries were made and are attached.

Also attached is a typed synopsis of the payroll prepared specifically for the Board at this meeting.

#### 2) Payroll records for 2017.

Note that the records themselves were keep in an annual calendar on a daily basis. Copies of the handwritten entries were made and are attached.

Also attached is a typed synopsis of the payroll prepared specifically for the Board at this meeting.

#### 3) Other Payroll records.

Note that payroll records for 2009, 2010, 2011, 2012, 2013, 2014 and 2015 were also kept in this same fashion, but are not attached to this Memorandum. However, they will be available at the Board meeting should the Board wish to review them. The Licensee will

bring each and every one of these record books to the June 12<sup>th</sup> Board meeting.

#### Employee Affidavits - Exhibit 9:

These affidavits by the employees who work for the Licensee state unequivocally that the bar was open and they were paid for working for the times and on the dates showing in the previous exhibits 8a and 8b.

- 1) Affidavit of Kanji D. Christian a nine (9) year employee.
- 2) Affidavit of Jason C. Wendt a two (2) year employee.
- 3) Affidavit of Lewis W. Myers a 25 year employee.

#### Insurance Records - Exhibit 10:

- 1) Alaska National:
  - i) Employees Notice of Insurance 06-18-16 to 6-18-17
  - ii) Employees Notice of Insurance 06-21-17 to 6-21-18
- 2) Insurance Brokers of Alaska-Liquor Liability Renewal 12-04-17
- 3) RISQ
  - i) Policy Declarations: 12-02-16
  - ii) Policy Declarations: 12-02-17
  - iii) Invoice-Liquor Liability \$1,187.00

#### Federal Tax Returns: Exhibit 11:

- 1) Tax return for 2016
- 2) Schedule C is attached

Tax return for 2017 is being prepared. We will attempt to have it available by the meeting date of June 12.

#### **NEW RENEWAL AND REPORTING FORMS**

The Licensee timely filed for renewal of her seasonal license using the new renewal Form AB-17 2018/2019 Renewal License Application.

See Exhibit 12.

The Board should be aware that this Renewal Form states that it was "revised" on October 16, 2017. In truth, this form is **an entirely new form** never used prior to 2018.

Unlike earlier renewal forms, this new Renewal Form asks Licensees three (3) question concerning operations. Previously, two questions concerning operations were asked.

See Exhibit 13.

On the Renewal Form for 2016-2017, page 2, there were two (2) questions that a Licensee was required to answer:

Was your business open at least 30 days for 8 hours each day in 2014?

Was your business open at least 30 days for 8 hours in each day in 2015?

This Licensee answered "yes" to both questions when she renewed her license for the years 2016 and 2017.

See Exhibit 14.

On the Renewal Form for 2014-2015, page 1, there were two (2) questions that a Licensee was required to answer:

Was your business open at least 30 days for 8 hours each day in 2012?

Was your business open at least 30 days for 8 hours each day in 2012?

This Licensee answered "yes" to both questions when she renewed her license for the years 2016 and 2017.

The questions concerning operation of a license business in the brand new five (5) page Renewal Form for the 2018-2019 found on page 4 are very different from previous renewal forms. Now, there are three (3) new and very different options related to minimum operating requirements.

The three (3) questions in the new Renewal Form are as follows:

- 1) The license was regularly operated continuously throughout each year, for 8 or more hours each day.
- 2) The license was regularly operated during a specific season each year, for 8 or more hours each day.
- 3) the license was only operated to meet the minimum requirement of 30 days each year, 8 hours each day.

Seeing these questions for the first time ever, the Licensee marked the second of the three (3) boxes on page 4. That box reads as follows:

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

As the Licensee understood the new form, her selection of the second of the three brand new options was appropriate since she had operated **more than** thirty (30) days each of the two (2) previous years. Since she had operated more than thirty (30) days, she thought it would be inappropriate to check the new third box.

Subsequently, once it was determined that the Licensee was operating to "meet the minimum requirement", the staff sent her form AB-30 Proof of Minimum Operation Checklist.

#### FORM AB-30 PROOF OF MINIMUM OPERATION CHECKLIST

Like the new Renewal Form AB-17, this new form was "revised 10/16/2017". Again, like Renewal Form AB-17, Form AB-30 was not revised. It is a brand new form.

See Exhibit 15

This brand new form contains the following statement (in bold type):

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

The term mandatory documentation is not found in either the statutory or the regulatory provisions that deal with minimum operating requirements. Whoever wrote and approved the new form changed the language from the Regulation, "...at a minimum" to mandatory documentation. Staff has no authority to make such a change in the Regulation simply by preparing a new form.

The actual language of the two identical Regulations is as follows:

... a licensee has the burden of proof to show that the license premises was operated in a similar fashion to other licensed premise of the same type and shall, at a minimum, [the regulation then set out the 7 requirements]

The Regulation DOES NOT require "mandatory documentation" but rather "proof to show that the licensed premises was operated in a similar fashion to other licensed premises of the same type..."

Also found in these same two Regulations is the phrase "[the board will, in its discretion...." This phrase is used four (4) times in this Regulation. Admittedly, this phrase is not stated directly in subsection (j), but clearly the Board has discretion to determine, **on all of the facts**, whether the Licensee "has [met] the burden of proof to show that the licensed premises was operated in a similar fashion to other licensed premises of the same type..."

As this Licensee has clearly demonstrated, she complied with 5 of the 6 items in the Regulations. She has also submitted additional information demonstrating that she operated for the minimum required number of days and hours. Her only failure was to not to own or operate a specific type of cash register that could "record sales … that retains a record of transactions".

Never having been questioned in her numerous earlier renewal filings where no proof of operating was ever required of her and never having to deal with subsection (j) of the regulation in any of her previous renewal filings, the License did not fully comply with all six of the applicable provisions of the Regulations. She complied with 5 of the 6 applicable provision. However, she did not have a cash register that "retains a record of transactions".

One wonders how many other licensed business likewise do not have such a cash register. Having said that, as the numerous submitted documents show,

the Licensee made an honest effort to do what she believed was necessary to lawfully operate and to protect her license.

#### **BOARD'S DELIBERATIONS**

In its deliberations, the questions for the Board are of the following nature:

Has the Licensee demonstrated that she operated for the minimum required days and hours?

Does the documentary evidence submitted prove she has met these requirements?

Has the Licensee shown regard for the requirements as she understood them?

Has the Licensee made efforts to remain in compliance? Has the corrective actions she has taken demonstrate that she will comply in the future?

Finally, and perhaps most importantly, is the lack of a "cash register that retains a record of transactions" an error of such grievous proportions that the license should not be renewed and that the Licensee should lose her liquor license?

The Board, after answering these and any other questions it may have, should use its **discretionary authority** and based, on the materials provided in this Memo and decide that the Licensee has met the minimum operating requirements and grant renewal of her license.

RESPECTFULLY SUBMITTED, this 25th day of May, 2018.

Dan K. Coffey

Alaska Bar Number – 75-050

#### EXHIBIT # 1

Sec. 04.11.330. Denial of license or permit renewal. (a) An application requesting renewal of a license shall be denied if

(1) the board finds, after review of all relevant information, that renewal of the license would not be in the best interests of the public:

(2) the license has been revoked for any cause;

(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;

#### EXHIBIT # 2

# 3 AAC 304.170. Waiver of annual operating requirement and minimum operating requirements

- (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.

(j) If a license is exercised only to satisfy the minimum operating requirement under AS 04.11.330(a)(3) or 13 AAC 104.107(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

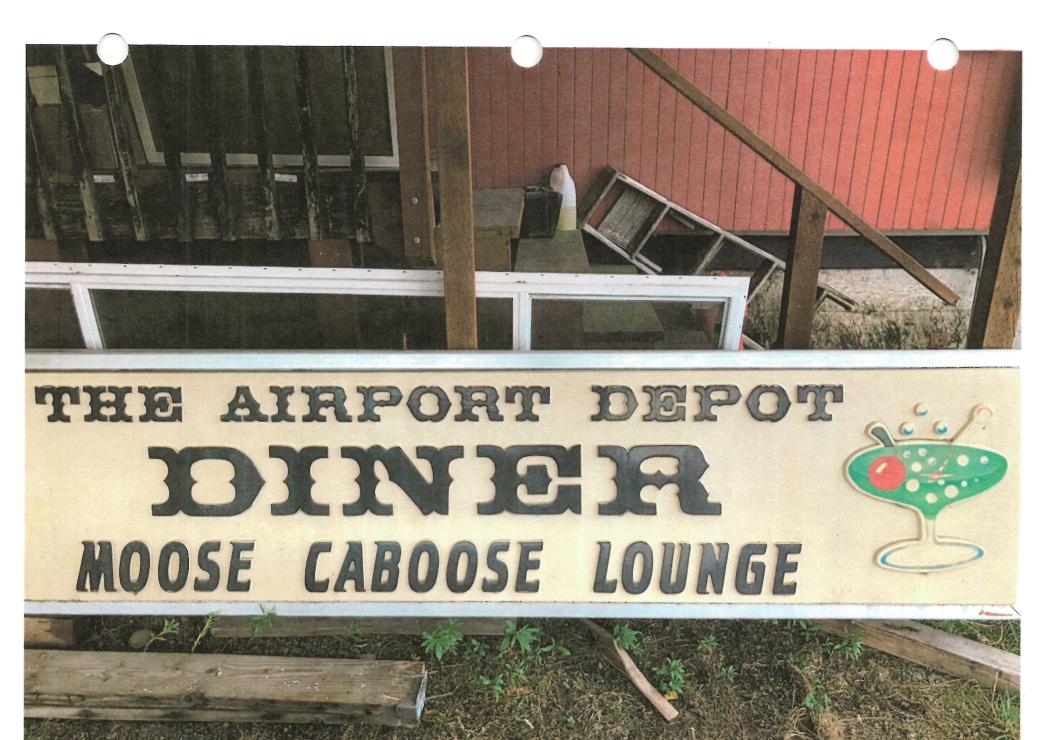
required for the operation of business;

(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. (Eff. 11/30/90, Register 116; am 5/22/92, Register 122; am 5/1/94, Register 130; am 5/11/96, Register 138)





# NEW SIGNED ORDERED

From: Mark Steen alaskan@alaskan.com

Subject: IMG\_0067

Date: May 24, 2018 at 1:00 PM
To: Dan Coffey dancoffey@gci.net

lling Information ill To: **Summary of Charges:** ECKY CHAPEK Subtotal: \$45.98 O. BOX 1564 Promotions: ORDOVA, AK, 99574 nited States Shipping: \$25.42 sa: XXXXXXXXXXXXXX4060 Total: \$55.31 ontact info: inookautorentals@gmail.com 17-424-5356 ontents of This Shipment **Picture** Description Size Material **Custom Sign** 3ft x 6ft Premium Banner (unfinished ClearTabs (4 paci Sign ID: 8349

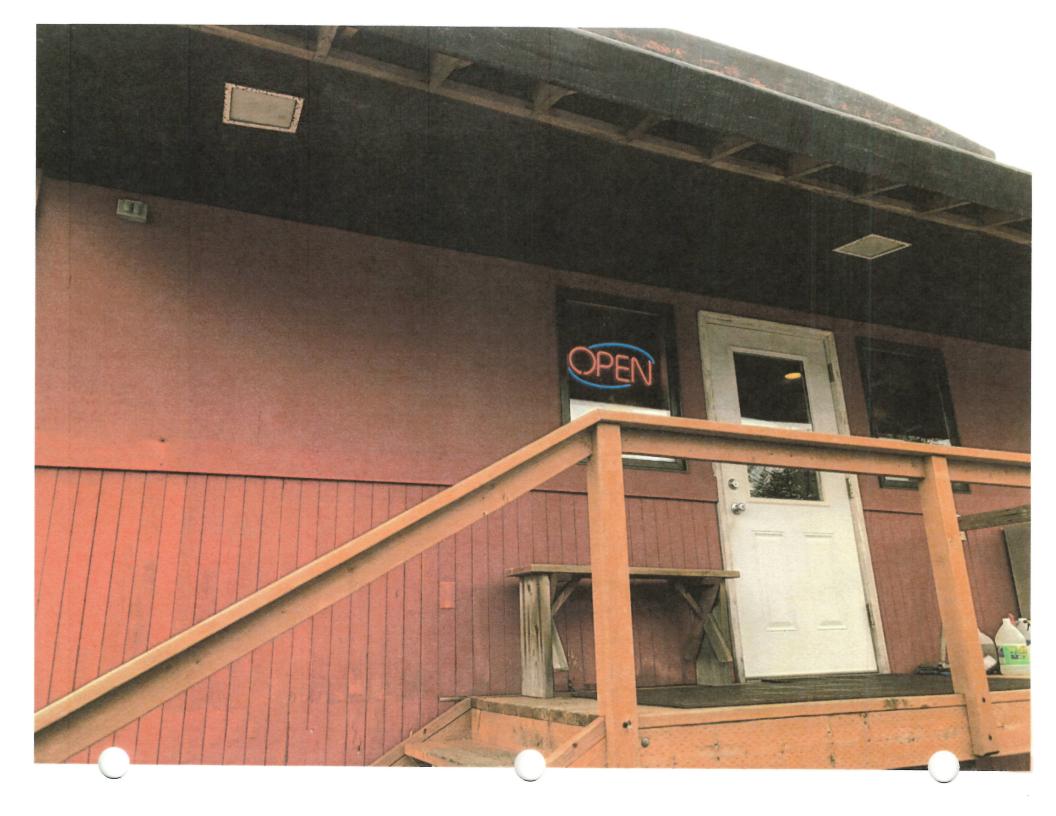
#### IMG\_0067

This shipment was scheduled for May 17th arrival, but it's not here and when I called they said it was "lost" so they are sending a replacement. Hopefully I can have the real one by the time the board meets.

Rebekah A. Chapek Mark A. Steen

<u>alaskan@alaskan.com</u> Phone: 907-424-7253 FAX: 907-424-3190













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D/B/A: Para the Drensed PREMISES DIAGRAM

D/B/A: Para the Drensed PREMISES

PREMISES

PREMISES LOCATION: Vogn To Highway Paid 13- Conder about 99574

INSTRUCTIONS: Draw a detailed floor plan of your current or proposed licensed premises on the graph below; show all entrances and exits, and all fixtures such as counters, bars, coolers, stages, etc.

Indicate scale used by  $\underline{x}$  after appropriate statement.

SCALE A X 1 square = 1 sq. ft.

1 square = 4 sq. ft.

Outline the area to be designated for sale, service and consumption of consumption of alcoholic beverages in RED. TAGLE SENT 5 SAT 坳

STATE OF ALASKA The Gondy Dencer Box D/B/A: 100 the de LICENSED PREMISES DIAGRAM
D/B/A: 100 the licensed Premises Diagram

PREMISES LOCATION: Voga. 7.

INSTRUCTIONS: Draw a detailed floor plan of your current or proposed licensed premises on the graph below; show all entrances and exits, and all fixtures such as counters, bars, coolers, stages, etc.

Indicate scale used by  $\underline{\mathbf{x}}$  after appropriate statement.

SCALE A X 1 square = 1 sq. ft.

1 square = 4 pq. ft.

Outline the area to be designated for sale, service and consumption of consumption of alcoholic beverages in RED. TARLE SEAT Seller TABLE SEAT 1 S 55 SEPT SELT Pilet

#### 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.

O 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 72 - Accommodation and Food Services

Primary NAICS: 721191 - BED-AND-BREAKFAST INNS

Secondary Line of 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 9th 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

### 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

December 11, 2015 through December 31, 2016 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.

Chris Hladick



# Alaska Food Code 2016 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:

CORDOVA

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, 2016** 

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 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:

If you have questions or concerns regarding safe food handling practices call toll free:

1-87-SAFE-FOOD

(in Anchorage call 334-2560)







# City of Cordova Po Box 1/210 Cordova, AK 99574

#### **BUSINESS LICENSE**

Moose Caboose Mile 13 Copper River Highway Cordova (AK 99574 LOCATRION OF BUSINESS

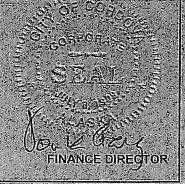
THIS GERTIFIES that the business or individual listed below is hereby-licensed to do business within the CITY OF CORDOVA, CORDOVA, AK 99574

#### Moose Caboose

Raven Lady Enterprises LLC-RO Box 1564 Gordova: AK 99574

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

DATE/ISSUED EXPIRATION DATE 01/01/2016 12/31/2016 SICINUMBER 5080 LICENSE NUMBER





### City of Cordova PO Box 1210

Cordova, AK 99574

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1.1	The contract of the contract of the property of	
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	SIC NUMBER 5030	LICENSE NUMBER 5356
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#### **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.

# <u>City\_of\_C</u>ordova\_



#### REGULAR SALES TAX RETURN City of Cordova For Period Ending \_\_ Business: Maose Caboose Business License: Address: \_\_\_\_ Gross Revenue from Business Sales/Services: 5880° Include both regular and exempted sales but do not include any tax Exemptions as authorized in CMC 5.40.030: 0 Attach an itemized list of exemptions Do not include operating expenses Net Taxable Revenue: Subtract Exemptions from Gross Revenue Sales Tax Due: 172.80 6% of Net Taxable Revenue **PAYING LATE** PAYING ON-TIME LATER THAN ONE MONTH AFTER PERIOD END WITHIN ONE MONTH OF PERIOD END Failure to File Timely Penalty: Compensation for Timely Filing: \$25 for first late filing; \$50 for subsequent late filings 2% of Sales Tax may be deducted if filing within one within one year month of Period Ending not to exceed \$200 3.45 10% - 20% Late Filing Penalty: 10% of Sales Tax for first month late; 15% second Subtract Compensation from Sales Tax Due to month late; 20% third month or more late calculate your Total Due \$\_ 15% Annual Interest: 15% of Sales Tax interest calculated over 365 days **Total Penalties:** Total Due: \$ 169.35

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.

Bodycha	20K	1-25-17	
Signed	Title	Date	

# CITY\_OF\_CORDOVA



#### **REGULAR SALES TAX RETURN**

	Dec 31 2017
Business: <u>Moose caboose</u>	Business License: 5356
Address:	
<b>Gross Revenue</b> from Business Sales/Services: Include both regular and exempted sales but do not in	\$ 3816.56
Exemptions as authorized in CMC 5.40.030:	(\$ O
	ed list of exemptions
Do not include a	pperating expenses
Net Taxable Revenue:	\$ 3816.50
Subtract Exemptions from Gross Revenue	T
Sales Tax Due:	¢ 779.
6% of Net Taxable Revenue	9
PAYING LATE  LATER THAN ONE MONTH AFTER PERIOD END  Failure to File Timely Penalty:  \$25 for first late filling; \$50 for subsequent late fillings within one year  \$	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 Penalties:	
\$	
Total Due: \$ 224.45  I declare, under penalty of making a false statement, the statements made herein are true and correct.	at to the best of my knowledge and belief, the
Becci, chopex	Jan 18,2018
Signed Title	Date
601 First Street P.O. Box 1210 Cordova, Alaska 99574 Ph	none (907) 424-6200 Fax (907) 424-6000





# City of Cordova PO Box 1210

Cordova, AK 99574

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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

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	DATE ISSUED	EXPIRATION DATE
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ું	SIC NUMBER	LICENSE NUMBER
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This license is to be displayed conspicuously at the location of business, and is not transferrable or assignable.

# <u>City\_of\_C</u>ordova\_



#### **REGULAR SALES TAX RETURN** City of Cordova For Period Ending \_\_\_ Business: moose Caboose Business License: Address: \_\_\_\_ Gross Revenue from Business Sales/Services: 2880º Include both regular and exempted sales but do not include any tax Exemptions as authorized in CMC 5.40.030: Attach an itemized list of exemptions Do not include operating expenses Net Taxable Revenue: Subtract Exemptions from Gross Revenue Sales Tax Due: 72.80 6% of Net Taxable Revenue **PAYING LATE PAYING ON-TIME** LATER THAN ONE MONTH AFTER PERIOD END WITHIN ONE MONTH OF PERIOD END Failure to File Timely Penalty: Compensation for Timely Filing: \$25 for first late filing; \$50 for subsequent late filings 2% of Sales Tax may be deducted if filing within one within one year month of Period Ending not to exceed \$200 3.45 (\$\_ 10% - 20% Late Filing Penalty: 10% of Sales Tax for first month late; 15% second Subtract Compensation from Sales Tax Due to month late; 20% third month or more late calculate your Total Due 15% Annual Interest: 15% of Sales Tax interest calculated over 365 days **Total Penalties:**

Total Due: \$ 169.35 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.

Bodycha	2012	1-25-17
Signed	Title	Date

# CITY\_OF\_CORDOVA



#### **REGULAR SALES TAX RETURN**

	ec31, 2017
Business: MOSE Caboose	Business License: 5356
Address:	
Gross Revenue from Business Sales/Services: Include both regular and exempted sales but do not in	\$ <u>3816.50</u>
Exemptions as authorized in CMC 5.40.030:	(\$
Attach an itemize	ed list of exemptions
Do not include o	operating expenses
Net Taxable Revenue: Subtract Exemptions from Gross Revenue	\$ 3816.56
Sales Tax Due:	\$ 229.
6% of Net Taxable Revenue	Ψ
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  \$	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 Penalties:  \$	
Total Due: \$ 224.45  declare, under penalty of making a false statement, the statements made herein are true and correct.	at to the best of my knowledge and belief, the
Becce, choper	Jan 18,2018
igned Title	Date
01 First Street P.O. Box 1210 Cordova, Alaska 99574 Pt	none (907) 424-6200 Fax (907) 424-6000

PAID-3cks =

### Costco Anywhere Visa® Card by Citi



**BECKY CHAPEK** 

Member Since 2002 Account number ending in: 4185 Billing Period: 10/12/17-11/10/17

www.citicards.com Customer Service 1-855-378-6467 TTY-hearing-impaired services only 1-866-210-0617 PO Box 790046 ST. LOUIS, MO 63179-0046

NOVEMBER	STATEMENT
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Minimum payment due: \$25.00 New balance as of 11/10/17: \$635.89 Payment due date: 12/08/17

Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may have to pay a late fee of up to \$37 and your APRs may be increased up to the variable Penalty APR of 29,99%.

For information about credit counseling services, call 1-877-337-8187.

Account Summary	
Previous balance	-\$0.28
Payments	-\$0.00
Credits	-\$39.99
Purchases	+\$676.16
Cash advances	+\$0.00
Fees	+\$0.00
Interest	+\$0.00
New balance	\$635.89
Credit Limit	
Credit Limit	\$6,700
Includes \$1,200.00 cash advance limit	
Available Credit Limit	\$6,064
Includes \$1,200 available for cash advan	ce

#### **ACCOUNT SUMMARY**

Sale Date	Post Date	Description	Amount
Paym	ents, Cr	edits and Adjustments	***************************************
10/23	10/23	COSTCO WHSE #0063 ANCHORAGE AK	-\$39.99
	10/14	BALANCE REMOVED DUE TO 3 MOS INACTIVITY	\$0.28
			**********

### **Total Costco Cash Rewards Balance:**

Costco Cash Rewards Summary	
Costco Cash Rewards balance	

as of last statement .....+\$28.28

Earned this period ......+\$13.42

\$41.70

#### **BECKY CHAPEK**

Stand	lard Pur	chases			Total Costco Cash Downeydo Poloses
10/22	10/22	COSTCO WHSE #0010 A	NCHORAGE	AK	\$53.95 Year To Date:
10/22	10/22	COSTCO WHSE #0010 A	NCHORAGE	AK	S18036 - H plex supplies
10/22	10/22	COSTCO WHSE #0010 A	NCHORAGE	AK	\$204.67 -011 / Blades
10/23	10/23	COSTCO WHSE #0063 A	NCHORAGE	AK	\$6.49.90°C
10/29	10/29	COSTCO WHSE #0063 A	NCHORAGE	AK	\$186.41-5
10/29	10/29	FRED M FUEL #9011 Q76 AI	NCHORAGE	AK	\$35.00 - trosci

#### Fees Charged

TOTAL FEES FOR THIS PERIOD	\$0.00
Interest Charged	
TOTAL INTEREST FOR THIS PERIOD	\$0.00
2017 totals year-to-date	
Total fees charged in 2017	\$0.00
Total interest charged in 2017	\$0.00

Interest	charge	caicu	ation
----------	--------	-------	-------

Days in billing cycle: 30

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Costco Cash Rewards # 13 42 Earned This Period
4% on eligible gas worldwide, including gas at Costco <sup>1</sup> +\$1.40
3% on restaurants+\$0.00
3% on eligible travel worldwide +\$0.00
2% on Costco and Costco.com+\$12.02
1% on all other purchases+\$0.00

# PANROU

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

8:00 AM to 10:45 PM 11:30 AM to 2:15 PM 2:15 PM to 4:45 PM
8:15 AM to 9:00 AM 9:30 AM to 4:45 PM
8:15 AM to 4:15PM
8:00 AM to 10:30 AM 11:00 AM to 1:00 PM 5:15 PM to 8:00 PM
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
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
8:00 AM to 9:30 AM 10:00 to 4:30 PM
8:00 AM to 4:15 PM
8:00 AM to 4:00 PM
9:00 AM to 7:45 PM
8:00 AM to 1:30 PM 2:00 PM to 4:30 PM
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!5 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 December 12	11:45 AM to 7:45 PM 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

October 2016	(Cittobus)  S. M. F. W. F. J. S.  A construction of the constructi	A day without laughter is a day syasted."  A day without laughter is a day syasted."  — Charlie Chaplin  A day without laughter is a day  A day without laughter is a
31 MONDAY	Planners.	8:00 AU - 10:00 AU LUTHURSDAY 3 2hr FTF. G1 11:30-11:40() 11:40-2:1551 2.5hr
		3pm-7:45pm KC (4.45)
NOVEMBER		11.30 cm -1.30 pm 5rc 2hr
		3:45 Por -6:00PM-LW-2/19 6:30 Por -8:15 Por - LW 19/4
2 WEDNESDAY		Saturday 5 ©
		DAYLIGHT SAVINGS THE LIGHT BACK DAYLIGHT SAVINGS THE LIGHT BACK DAYLIGHT SUNDAY 6 10:30 AN - 2:15 PM-33/4 LN
		3.32 pin - 1.45 pm Ke (425)

November 2016 mass entrage is the spire side. and or the day that has a will 7145AU - 9115-AM- LW-112 11.00 AM - 1145PM- LW 23/4 @ 7.15 ACT - 9.45 ACT LW 2/2 10 Am - 1 Am 54 3 3pm-8pm 2.10pm - 4:40pm RC 2.5 7.15AU - 9:15 AH-LU 2 CO 8 TUESDAY 120 AM-LW - 34RS 11Am - 1:15pm 3 30pm - 6:30 630pm - 8 Pm 10:30 Am - 1 Pm IN 26 kg 2pm- 4135 KC 2,5405 SATURDAY 12 20 WEDNESDAN 26 MIN 26 MIN 6:20 AU - 9:40 - AU - LW 3.00 MIN - 11:35 - AU - TW 12:20 MIN - 2:30 PO PU - LW 2H2)
15 3:30 - 5:00 pm - 30 4 5041 11 00-12:30 BC, 1.5 12:30-2 CO WOWN 1.5 12:30 - (2:30 (9 SUNDAY 13(10)) 12:30 - 2:30 PM LW-125, 13:30 - 7:45 pm KC

this can do anothing, but November 2016 - David Allen 8:00AU - 10:30AU - LW 2.50HB 11:30 - 2:15 6c 2.75 2:15pm-4:45pm KC 2.5 3/15pm-8pm KC 475 8AW - 10:30 AM - LW - 2.5 11 Am - 1 pm KC - 3 3:00124 - 5py LW - 2 6:30 - 9 pm BC 2.5 15 TUESDAY SUMMY 9:15-9 Am ICC 75 9:30-11:45 FC 2:25 11:45-3:30 BC 3.75 3:30-4:45 LW 1.25 ( 10 ARK C 4/03 74) (1) SATURDAY 19 16 WEDNESDAY SURRY 8'15 - 100 pm BU 4.75 1:00 - 3100 PK LW 2.00 NOV 3pm- 4:15 pm (cc 1.25) NIO SUNDAY 20

"Success is the sum of small efforts. November 2016 repeated day in and day out." - Robert Collier THURSDAY 24 31 MONDAY 8AN - 10:45 AW-LW -2-3/4 HGS CLOSED 15013 11.45AM - 2:45 MI-LW-3,0 HRS THANKISGIVING 3:30pm - 4:30pm KC 1 6pm - 7:15pm KC 1 8AU - 11:00 AU/PN - LW - 3 HBS 32 TUESDAY 8AD1-9130AU1-LW- 1.5 10:00AU1-12:45PM-LW- 2.34 11Am - 2115, 2m Kc 3.25) 12:45pm- 4:30 pmKC-3:75 2115 - 4 pm 5 1.75 SATURDAY 26 23 WEDNESDAY PM - LW 4,5 NOT OPEN 12:3- 4:15 KC 3,75 9:00 AN - 12:15 Ay - LW - 2, 25 12:15 AM - 3:15 PM - W - 3, 25 3:15 PM - 7:45 pm KC - 4.5,019

" Friendship is the only coment that will November 2016 ever hold the world together." - Woodrow Wilson DECEMBER THURSDAY 1 28 MONDAY 20 8AN - 11:00AN - Las 3hos 8:00 AN-10100 AH-LW 2 HRS 1/am-1/30 pm In 25hs 2pm-4:30 pm KC 2.5 1100 Au - 1 pm JU 3:45 Pm - 4.45 pm Ju (21) 29 TUESDAY 8AM - 1/145 AM LW - 225 11.15 - 1145 PM JU 2.5 FRIDAY 2 V 1/10 Auto 10.15AH - LW-2 25 Hz 1/10 Auto 12 15 N - LW - 2.31.715 2118 Am - 4130 PM - JW- 325 5745 pm - 7145 JU J 2pm-415pm KC225 30 WEDNESDAY SHATTLE SANT 9:30-AUG-L/U- 1.5 10:00 AM-11:15 AM-LW-125 11:15 Am-1130 PM 52.25 1:30 PM-3115 PM KC 1.75 3.15 PM-4:30 PM 5W 1.25 SHUTTLE SATURDAY SUNDAY

S

" If you imagine it, you can achieve it. December 2016 If you dream it, you can become it." 8 AM-10 AM JU 2HOMBAY 5 MONDAY 7.45 RM - 7 Bm JU 125 11:45-1:45 BC 2 3:30pm-8:45pmKC 4.25 Kc 1.75 FRIDAY 6 TUESDAY 8, 15 AM - 10.15 IL 265 11: 45 AM - 1.45 PM IL 265 3 20 5 M IN 235 Krs 6, 15pm 8 20 pm Bc 1.75 hrs SATURDAY 10 PLANT HARMOR REMINIBRANT | DAY (U.S.) 11: 45/Am-3:15 rm 3.5 hrs

# PAUROLL 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

# Militalis

11-24-17: 9: AM to 1/140 AM - LW 11.40 - 3115pm KC 3:1501-5:1504 LW

1/-25-17; 9.40 Am-12:15 pm Be 12:1514-3135 - Lw 3.35.55- BC

11.20.17 7 comm-12.603 BC 12:00-3:30 3.5 KG 3:30-6:45 3:55 KG

# HIIIIII.

11-27-17: 3Hz 9. AH-12:00 NOW; LW 12 - 12 - 12 - 15pm - KC 3+45 PH To 5:00 34 Hz LW "12 Aiwing" 11-28-17 9:00 Am 12:120 BC 12:20pm - 4pm KC 4:00pm - 5 PM LW

"STILL RAINING"

# HILLIST

11-29-14: 9: AM -12:15PM3/4 LW 12:15-4:15 PM & 4: PM-5: PM-149-LW

11-30-17 10:00-1:00pm BC 12:30pm-4:00pm-3/2-W 4pm-6:45pm 2.75 KC

DECEMBER 1, 2017 8:30-1.00 - BC 12:30-4:30 - LW

# HIHHH

12-02-17 SATURDAY 8 30AUHO 100 PM - LW 1:00 PM - 4:30 BC

12/3/17 - Sonday 10:40Am-6:40pm Shorke

12/4/17 1:45Am - 4.45pm 8.5ho/cc

12/5/17

8:30Am-4:30pm 8hrs/CC

12/6/17 8:30AM- 4:45pm 8.25hg/C

JASH JOSES 11:-400518 STANO) L1/51/21 11 8m - 40m 31/5/ State 12:30 may 1:8 11/21/21 Jesin - 12:50 mys1:8 12/7/17 ghs 10:45pm - 6:45pm KC 12/8/11 8hrs 7Am - 3pm KC 12/9/17 8hs 2 8m - 5pm JW 12/10/17 "/hrs 1/11/5 Am 3/5 PM 3/5 3:15pm - 7/15pm KC

12/11/17

8115 Am - 12:15 KC 12:15 Am - 5/115 ID

5/1:61 - WYSIS 4/11/21 DI my SIIL - was! 8

21/01/81

541. CT w/s - w/ [ 5-18 L1/6/11 of wde - was 01/2/C1 8/V 12/12/17 4.25/5 8:15/m-12:30pm KC 12.30pm-4:15pm 20 12/13/11 8:10 Am - 12:30 pm 405 KC 12:50 Fm 415 pm 355 12/14/17 4pm - 4pm 3h3/KC 12/15/17 (DAY 15) 8:15Am 12:30pm 4:5/KC 12:30 Am - 115 pm 5 IN

MJ-I- M& OSIE - NG OSIS MJ 5:3 ~ M OSIE - NG C/O MJ 5:3 ~ M OSIE - NG C/O MJ 5:3 ~ M OSIE - NG OSIS MJ 5:3 ~ M OSIE - NG OSIS

25 25 mash of 2011 Mindenson 4 - mg 2011 Mi

# HHHHII

12-20-14 8:30A08-1:0921-4.5-LW 1:00pm-4:45pm-BC 4:45pm-6:36pm RC

12-21-17: 8:00AU- 1:00BU-5HE- LW 2:00PU-5:00 BY-3HESKW

12-22-14 9:00 AM-1008 MAHOS-KW 12:30 pm -5:30 pm - BC.

#### Affidavit of KANJI D. CHRISTIAN

ON THIS 11<sup>th</sup> day of May, 2018, I, Kanji D. Christian being first duly sworn depose and say as follows:

I have worked for Becky Chapek in various capacities for 9 years. Beginning on November 17, 2010 through December 20, 2017 I seasonally worked in her bar at the airport. The timesheets she keeps are true and accurate for the hours I spent working at the bar. On all of the 8 hour days the bar was open alcohol was available for purchase although sales were very rare and no receipts were issued.

IN WITNESS WHEREOF, I whereunto set my hand the day and year hereinabove first Written.

Kanji D. Christian

STATE OF ALASKA

THIRD DISTRICT

**S**S.

THIS IS TO CERTIFY that on the 11th day of May, 2018, before me, the undersigned, a Notary Public in and for the State of Alaska, duly commissioned and sworn as such, personally appeared Kanji D. Christian to me known and known to me executed the foregoing instrument and that he Acknowledged to me that he executed the foregoing instrument as a free and voluntary act and for the uses and purposes therein mentioned, and that he is authorized to execute said instrument.

WITNESS MY hand and seal on the day and year fist above written.

NOTARY PUBLIC in and for Alaska

My commission expires:

7-14-20

#### Affidavit of JASON C. WENDT

ON THIS 11<sup>th</sup> day of May, 2018, I, Jason C. Wendt being first duly sworn depose and say as follows:

I have worked for Becky Chapek in various capacities for just over 2 years. Beginning on November 7, 2016 through December 18, 2017, I seasonally worked in her bar at the airport. The timesheets she keeps are true and accurate for the hours I spent working at the bar. On all of the 8-hour days that the bar was open alcohol was available for purchase although sales were very rare and no receipts were issued.

IN WITNESS WHEREOF, I w	hereunto set my hand the day and year hereinabove first
Written.	, and , as well as more

Jason C. Wendt

STATE OF ALASKA	)	
THIRD JUDICIAL DISTRICT	)	SS

THIS IS TO CERTIFY that on the 11<sup>th</sup> day of May, 2018, before me, the undersigned, a Notary Public in and for the State of Washington, duly commissioned and sworn as such, personally appeared Jason C. Wendt to me known and known to me executed the foregoing instrument and that he Acknowledged to me that he executed the foregoing instrument as a free and voluntary act and for the uses and purposes therein mentioned, and that he is authorized to execute said instrument.

WITNESS MY hand and seal on the day and year fist above written.

NOTARY PUBLIC in and for Washington

My commission expires: 7-14-20

### Affidavit of LEWIS W. MYERS

ON THIS 14 th DAY OF May, 2018, I, Lewis W. Myers being first duly sworn, depose and say as follows:

I have worked for Becky Chapek in various capacities for 25 years.

Beginning on October 29, 2010 through December 22, 2017 I seasonally worked in her bar at the airport. The timesheets she keeps are true and accurate for the hours I spent working at the bar.

On all of the 8-hour days that the bar was open alcohol was available for purchase although sales were rare and no receipts were issued.

IN WITNESS WHEREOF, I whereunto set their hands the day and year herinabove first written.

Lewis W. Myers

STATE OF WASHINGTON ) ss.

THIS IS TO CERTIFY that on the 14 th day of May, 2018, before me, the undersigned, a Notary Public in and for the State of Alaska, duly commissioned and swom as such, personally appeared Lewis W. Myers to me known and known to me executed the foregoing instrument and that he Acknowledged to me that he executed the foregoing instrument as a free and voluntary act and deed for the uses and purposes therein mentions, and that he is authorized to execute said instrument.

Ronda J. Harder

WITNESS MY hand and seal on the day and year fist above written.

NOTARY PUBLIC in and for the State of Washington

My commission expires 12-12-2020

RONDA J. MARDER NOTARY PUBLIC STATE OF WASHINGTON

My Commission Expires December 12, 2020





# EMPLOYER'S NOTICE OF INSURANCE

### TO THE EMPLOYEES OF THE UNDERSIGNED:

Your employer is insured by:

ALAS	KA NATIONAL INSUF	RANCE COMPANY	
Insurer	7001 JEWEL LAK	F ROAD	
Street and Number	1 00 1 0 tues V 1 hors to Cond (1)	LITORD	
ANCHORAGE		ALASKA	99502-2825
City	State		Zip Code
For the period from06/21/17	Through <u>06/21/18</u>	at 12:01 A.M. standard time at er	mployer's address shown on policy
ALAS	KA NATIONAL INSUR	PANCE COMPANY	
Adjusting Company			
Street and Number	7001 JEWEL LAK	E RUAU	
ANCHORAGE	ΔΙΔΟΚΑ	99502-2825	007 000 0007
City	ALASKA State	Zip Code	907-266-9227 Telephone
This insurance pays benefits for job- Compensation Act.	connected injuries, illnes	ses or death as provide	d by the Alaska Workers'
Copper F	River & Northwest Limited, I	Inc.	
<u>dba Moosecaboose</u> Employer	aka The Go	and Donce	
Employer Bocky Charox		,	
Rv (	The second secon	Marine and the second s	
Owner/operator	· · · · · · · · · · · · · · · · · · ·		
•			
Witness			The same of the sa
Witness			
Immediately (not later than 30 days Compensation Division written notice Injury or Illness" form from your emplo	of a lob-related injury, i	ite) give your employer llness, or death. Get th	and the Alaska Workers' ne "Report of Occupational
f you have questions about your riginsurer at the above address and the	hts or benefits under the Alaska Workers' Compe	Alaska Workers' Com Insation Division at the	pensation Act, contact 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 (907) 451-2889	-4586 1111 -4586 Junea	EAU Box 115512 W. 8 <sup>th</sup> Street, Room 305 au, Alaska 99811-5512 465-2790
NOTICE TO EMPLOYER: AS 23.30.060 premises.	requires that you post this	notice in three conspicuo	ous places on the employer's
Additional Notices may be obtained from:	Alaska National Insuranc 7001 Jewel Lake Road Anchorage, Alaska 9950	, ,	

(907) 248-2642

Form 07-6120 (Rev. 04/11)



Date: October 5, 2017 Page 1 of 1

### 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

Policy Number: 16F WW 73447 Audit Period: 06/18/16 - 06/18/17 Final Audit - Revision

			A H w	* * * * * * * * * * * * * * * * * * *
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) Balance to Increased Limits Minimum Residual Market Safe Workplace Credit (.970) Terrorism Alaska Insurance Guaranty Association Surcharge (.0200)	9807 9848 9880 9740 0986	69,000	.020	16 59 [62] 14 41
Total Premium Due Less Premium Previously Billed Total Return Premium				\$2,075 [3,358] [1,283]



# EMPLOYER'S NOTICE OF INSURANCE



TO THE EMPLOYEES OF THE UNDERSIGNED: Your employer is insured by:

Insurer	ASKA NATIONAL INS	URANCE COMPANY	
	7001 JEWEL L	AKE ROAD	
Street and Number			
ANCHORAGE		ALASKA	99502-2825
City	Sta	ite	Zip Code
For the period from 06/18/16	Through06/18/17	at 12:01 A.M. standard time at	t employer's address shown on policy
Adjusting Company	ASKA NATIONAL INSL	JRANCE COMPANY	
	7001 JEWEL LA	KE ROAD	
Street and Number			
ANCHORAGE	ALASKA	99502-2825	907-266-9227
City	State	Zip Code	Telephone
This insurance pays benefits for joil Compensation Act.	b-connected injuries, illn	esses or death as provid	ded by the Alaska Workers'
	r River & Northwest Limited	d, Inc.	
UBA MOCSECOLOGIE AKA	TheGondydoner		
Employer			
By Docking hopek			
OWNER- president CRN	I.W. Ldd. Inc		
Title	The second secon		
Witness		the specific control of the second control o	
Witness			
Immediately (not later than 30 day Compensation Division written notic Injury or Illness" form from your emp	CE OI A IOUS EISIEN INIIN	date) give your employ , illness, or death.  Get	er and the Alaska Workers the "Report of Occupationa
If you have questions about your rinsurer at the above address and the	ights or benefits under t e Alaska Workers' Com	he Alaska Workers' Cor pensation Division at the	mpensation Act, contact the nearest office listed below:
ANCHORAGE 3301 Eagle Street, #304 Anchorage, AK 99503 (907) 269-4980	FAIRBANKS 675 Seventh Avenu Station K Fairbanks, AK 997 (907) 451-2889	JUN 1e P.O 111 01-4586 Jun (907	NEAU 1. Box 115512 1 W. 8 <sup>th</sup> Street, Room 305 eau, Alaska 99811-5512 7) 465-2790
NOTICE TO EMPLOYER: AS 23.30.06 premises.	30 requires that you post the	nis notice in three conspict	uous places on the employer's

Alaska National Insurance Company

7001 Jewel Lake Road Anchorage, Alaska 99502-2825

(907) 248-2642

Form 07-6120 (Rev. 04/11)

Additional Notices may be obtained from:



#### 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

	fications	Code Number	Premium Basis: Estimated Annual Remuneration	Rate Per \$100	Estimated Annual Premium
Alaska - State Act	. •			V100	riemium
Automobile - Rental Co Counter Personnel, Drive	All Other Employe	es & 8002	65,400	2.930	1,916
Buildings Or Property Man Managers and Leasing A Salespersons	agement, Propert	9012	If Any	2.510	(
Buildings Or Property Mana Employees			If Any	7,260	. 0
Bar, Discotheque, Lounge,	Nightclub or Tave	rn 🐧 9084	3,600	4.220	152
Residual Market Safe Work Experience Modification (1. Increase Limits (1.008) Balance to Increased Limits Terrorism Alaska Insurance Guaranty (.0200)	00) Minimum	9898 9807 9848 9740	69,000	.020	0 0 17 58 14 43
Minimum	15				
D'	\$708 Premiun	\$1	Estimated ,873 Annual Pre	. Pro i	\$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

#### COMMON POLICY DECLARATIONS

Renewal of CPS2287145

### SCOTTSDALE INSURANCE COMPANY®

**Policy Number** CPS2550348

Home Office:

One Nationwide Plaza Columbus, Ohio 43215 Administrative Office: 8877 North Gainey Center Drive . Scottsdale, Arizona 85258

1-800-423-7675 A STOCK COMPANY

#### ITEM 1. Named Insured and Mailing Address

COPPER RIVER & NORTHWEST LIMITED, INC DBA AIRPORT DEPT DINER (PER UTS-SP-1); PO BOX 1564 CORDOVA, AK 99574

#### Agent Name and Address

GRONINGER & CO, INC DBA SUPERIOR UNDERWRITERS PO BOX 97024

REDMOND, NA 98073

Agent No.: 15016

Program No .: ,

ITEM 2. Policy Period

From: 12/02/2016

12/02/2017

Term: 365 DAYS 12:01 A.M., Standard Time at the mailing address shown in ITEM 1.

Business Description:

RESTAURANT/HOTEL

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy. This policy consists of the following coverage parts for which a premium is indicated. Where no premium is shown, there is no coverage. This premium may be subject to adjustment.

Coverage Part(s)		P	remium Summary
Commercial General Liability Coverage Part		\$	NOT COVERED
Commercial Property Coverage Part		\$	NOT COVERED
Commercial Crime And Fidelity Coverage Part		\$	NOT COVERED
Commercial Inland Marine Coverage Part		\$	NOT COVERED
Commercial Auto Coverage Part		\$	NOT COVERED
Professional Liability Coverage Part		\$	NOT COVERED
Liquor Liability Coverage Part		\$	1,000
THIS IS EVIDENCE OF INSURANCE PROCURED AND DEVELOPED UNDER THE ALASKA SURPLUS LINES LAW, AS 21.34. IT IS NOT COVERED BY THE ALASKA INSURANCE GUARANTY ASSOCIATION ACT, AS 21.80.  GRONINGER & CO., INC. SUPERIOR UNDERWRITERS LICENSE #7913.  OK mjl 11/22/2016	Total Policy Premium: WHOLESALER ACCESS FEE 2.7% S/L STATE TAX 1% FILING FEE	\$\$	1,000.00 150.00 27.00 10.00
	and White the second	\$\$ \$\$	

BELLEVUE, WA

KJF/BS

THIS COMMON POLICY DECLARATION AND THE SUPPLEMENTAL DECLARATION (S), TOGETHER WITH THE COMMON POLICY CONDITIONS, COVERAGE PART(S), COVERAGE FORM(S) AND FORMS AND ENDORSEMENTS, IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.

OPS-D-1 (8-10)

INSURED

aredifile.

COMMON POLICE	CY DECLARATIONS	
	sdale Insurance Company e Office:	Policy Number CPS2764805
Administr	<ul> <li>Columbus, Ohio 43215</li> <li>ative Office:</li> <li>ive Scottsdale, Arizona 85258</li> </ul>	
1-800-423-7675 • /	A STOCK COMPANY	
ITEM 1. Named Insured and Mailing Address		
COPPER RIVER & NORTHWEST LIMITED,		
INC DBA ATREORT DEPOT DINER (PER		
UTS-SP(1); PO BOX 1564		
CORDOVA, AK 99574		
Agent Name and Address	*	
GRONINGER & CO, INC		
DBA SUPERIOR UNDERWRITERS		
PO 30X 97024		
REDMOND, WA 98073	Agent No.: 46016	Program No.: KM
ITEM 2. Policy Period From: 12/02/2017	To: 12/02/2018	Term: 365 baye

12:01 A.M., Standard Time at the mailing address shown in ITEM 1.

To: 12/02/2018

Term: 365 DAYS

Business Description: RESTAURANT/HOTEL

In return for the payment of the premium, and subject to all the terms of this policy, we agree with you to provide the insurance as stated in this policy. This policy consists of the following coverage parts for which a premium is indicated. Where no premium is shown, there is no coverage. This premium may be subject to adjustment. Coverage Part(s) **Premium Summary** Commercial General Liability Coverage Part NOT COVERED Commercial Property Coverage Part NOT COVERED Commercial Crime And Fidelity Coverage Part NOT COVERED Commercial Inland Marine Coverage Part NOT COVERED Commercial Auto Coverage Part NOT COVERED Professional Liability Coverage Part NOT COVERED Liquor Liability Coverage Part 1,000 THIS IS EVIDENCE OF INSURANCE PROCURED AND Total Policy Premium: \$ 1,000.00 DEVELOPED UNDER THE ALASKA SURPLUS LINES LAW, AS 21.34. IT IS NOT COVERED BY THE ALASKA INSURANCE GUARANTY ASSOCIATION ACT, AS 21.80. GRONINGER & CO., INC. SUPERIOR UNDERWRITERS 2.7% S/L STATE TAX \$ LICENSE #7913. 1% FILING FEE \$ 10.00 OK mil 12/29/2017 Policy Total: \$\_ 1,187,00 Form(s) and Endorsement(s) made a part of this policy at time of issue: SEE SCHEDULE OF FORMS AND ENDORSEMENTS

BELLEVUE, WA KJF/BS

THIS COMMON POLICY DECLARATION AND THE SUPPLEMENTAL DECLARATION(S), TOGETHER WITH

THE COMMON POLICY CONDITIONS, COVERAGE PART(S), COVERAGE FORM(S) AND FORM(S) AND ENDORSEMENT(S), IF ANY, COMPLETE THE ABOVE NUMBERED POLICY.

Nationwide'

#### SCHEDULE C (Form 1040)

# Profit or Loss From Business (Sole Proprietorship)

OMB No. 1545-0074

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.

2016 Attachment 19

ura	me of proprietor							Sequence rid, GV
R	ЕВЕКАН СНАРЕК					i		y number (SSN)
	A Principal business or profession, includ	ing prod	uct or service (see instructions)	s)				6016
<del></del>	DRINKING PLACES (A	LCOH	OLIC BEVERAGES	()		•	2241	e from instructions
4	Business name. If no separate business	name.	ieave blank.					ID number (EIN), (see Instr.)
	MOOSE CABOOSE							, (== ,,, (=== ,,,,,,,,,,,,,,,,,,,,,,,,
J	Business address (including suite or roo		<b>-</b>			·		
	City, town or post office, state, and ZIP	code	to the section of the			***************************************		
	Accounting method: (1)		sh (2) Accrual					· · · · · · · · · · · · · · · · · · ·
	Did you 'materially participate'	in the	operation of this busin	nes	during 2016? If 'No,' see instructions f	or limi	t on Ic	sses . X Yes No
ŀ	i if you started or acquired this	busine	ess during 2016, check I	her	e !			<b>-</b> []
	Did you make any payments in	2016	that would require you	u to	file Form(s) 1099? (see instructions)			XIVas DNa
J	If 'Yes,' did you or will you file	requir	ed Forms 1099?					X Yes No
Pi	int Income	<del> </del>						In ias No
1	Gross receipts or sales. See in	struct	inne for line 1 and chae	a), 11	ne box if this income was reported to yo			Ţ
	viri viiii 11-2 and the Statutor	y emp	loyee box on that form	n wa	s checked	<b>→</b> i	1 1	2 050
2	returns and allowances				*****		2	3,053.
3	Subtract line 2 from line 1		***** ****				3	3,053.
4	Cost of goods sold (from line 4	2)					4	3,033. 420.
5	Gross profit. Subtract line 4 fro	ım line	∍3.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				5	2,633.
6	Other income, including regera	and s	state dasoline or fuel ta	ay C	redit or refund			2,033.
7	Gross income Add lines 5 and	<u>.                                    </u>		• • • •	SEE STATEME	MT 2	6	7,200.
Pa	Fynenses Enter overes	u				. , , , <u>*</u>	7	9,833.
8	Advertising.	8	usiness use of your i	hon	ne only on line 30.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
9	Car and truck expenses			-   '	8 Office expense (see instructions)		18	90.
	(see instructions)		312.		<ul><li>9 Pension and profit-sharing plans</li><li>0 Rent or lease (see instructions):</li></ul>		19	
10	Tomas and rees	10		] ^			2.15	
11	Contract labor (see instructions)	111			a Vehicles, machinery, and equipment b Other business property		20a	
12	Depletion.	12		12	1 Repairs and maintenance		20b	***************************************
13	Depreciation and section	<del></del>		_	2 Supplies (not included in Part III)		22	
	179 expense deduction (not included in Part III)			1	3 Taxes and licenses		23	1 240
	(see instructions)	13		2	4 Travel, meals, and entertainment:		3	1,342.
14	Employee henefit programs			1	a Travel		24a	
	(other than on line 19)	14			b Deductible meals and entertainment			
15	Insurance (other than health)	15	2,187.	<b>−</b> 1	(see instructions)	]	24b	
	Interest:	23			Utilities		25	
a h	Mortgage (paid to banks, etc.) Other	16 a		26	Wages (less employment credits)	[	26	
	Legal and professional services	16b			a Other expenses (from line 48)		27a	11,780.
			785.	1	b Reserved for future use	· · · · ·	27b	
29	Tentative profit or flore). Subsect	TOF DI	Jamess use of home. A	4dd	lines 8 through 27a	▶	28	16,496.
30	Expenses for husiness use of vo	ur hon	zo from line /		penses elsewhere. Attach Form 8829		29	-6,663.
	miness round the simbilitied Weth	oa (se	e instructions).					
	Simplified method filers only: er	nter th	e total square footage o	of:	(a) your home:			
	and (b) the part of your home used Method Worksheet in the instruct	for bu	siness:		. Use the Simplified			
	Net profit or (loss). Subtract line			ente	er on line 30	با	30	
	If a profit, enter on both Form			NO.	lima 12) and an			
	Schedule SE, line 2. (If you checand trusts, enter on Form 1041, I	ked th	e box on line 1, see ins	stru	ctions). Estates		31	-6.663
	If a loss, you must go to fine 3	2.				Ľ		-6,663.
32	If you have a loss, check the box	that c	lescribes your investme	ent i	n this activity (see instructions).			
		oss or	hoth Form 1040 line 1	12	(or Form 1040ND line 12) and on		32a [	X All investment is at risk.
	If you checked 32b, you must a		Form 6198, Your loss of	may	he limited	3	32b	Some investment

Marian Vol. Of Cours Sull (SAP Instructions)	476-60-		Pa
33 Method(s) used to value closing inventory: a X Cost b Lower of cost or market c Other (a			
If 'Yes,' attach explanation.  Inventory at beginning of year. If different from last year's closing inventory, attach explanation.		[_] Үе	s X
36 Purchases less cost of items withdrawn for personal use			<del></del>
			42
<ul><li>37 Cost of labor. Do not include any amounts paid to yourself.</li><li>38 Materials and supplies</li></ul>	1 7		<del></del>
38 Materials and supplies			<del></del>
per supplied that the control of the		<del></del>	
== mod od tmodgi Oy		····	420
41 Inventory at end of year	1		
42 Cost of goods sold. Subtract line 41 from line 40. Enter the result here and on line 4.		···	420
Part V. Information on Your Vehicle. Complete this part only if you are claiming car or truck expense required to file Form 4562 for this business. See the instructions for line 13 to find out if you must fi	ses on line! le Form 456	9 and are n 2.	ot
43 When did you place your vehicle in service for business purposes? (month, day, year) ➤ 1/01/11			
Of the total number of miles you drove your vehicle during 2016, enter the number of miles you used your vehicle for	nr:		
# Business E70 to		9.66	7 O
	r		
year verticle divariable for personal use during off-duty nours?			□ N
6 Do you (or your spouse) have another vehicle available for personal use?			N
7a Do you have evidence to support your deduction?	* * * * * * * * *	XYes	□ No
b If 'Yes,' is the evidence written?	* * * * * * * * * * * * * * * * * * * *	XYes	□No
Other Expenses. List below business expenses not included on lines 8-26 or line 30.			
CCOUNTING			125
ANK CHARGES			39.
ASUAL LABOR		1,	075.
REIGHT AND SHIPPING		1,	172.
ND DAMANGE ROOF REPAIR			369.
		·	
		<del></del>	
Total other expenses. Enter here and on line 27a	140		700
	48   Schedule C	/Enm 1040	780.



Alcohol and Marijuana Control Office 550 W 7th Avenue, Sulte 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.

	usiness seeking to have its license renewed. If any populated information Copper River & Northwest Limited, Inc.			License #:	2587
License Type:	Beverage Dispensary - Season	ai		Statute:	AS 04.11.090
Doing Business As:	The Gandy Dancer Bar			<u>. I</u>	1
Premises Address:	Lot 1 Block 88 Cordova Airport				
Local Governing Body:	City of Cordova				
Community Council:	None				· · · · · · · · · · · · · · · · · · ·
Mailing Address:	P.O. BCx 1564				
City:	Cordova	State:	AK	ZIP:	995 14
	vidual who will be designated as the uired to be listed in and authorized to	primary point sign this appli	of contact regard	ling this applicati	on. This individua
Point of Contact:	BECKY CHAPE	Sign this applic	cation.		
Point of Contact:	The state of the s	Business P	hone:	ling this applicati	
Point of Contact: Contact Phone:	BECKY CHAPE (901) 424-5356	Business P	hone:	(901) YZ	1.5356



Alcohol and Marijuana Control Office 550 W 7<sup>th</sup> 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

#### Section 2 - Authorization

Communication with AMCO staff:					Yes	N
Does any person other than a licensee named in this application have authority to discuss this license with AMCO staff?						Z
If "Yes", disclose the name of th	individual and the reason fo	r this authori	ration:			
	n 3 – Sole Propriet					
his section must be completed by a finore space is needed, please atta he following information must be c	ch a separate sheet with the I	required infor	mation.	hould ski	p to Sectio	n 4.
This individual is an: applican	affiliate					
Name:			the state of the s			
Mailing Address:						
City:		State:		ZIP:		
Email:						<del></del>
Contact Phone:				··· · · · · · · · · · · · · · · · · ·		
his individual is an: applicant	affiliate					
Name:		· · · · · · · · · · · · · · · · · · ·	1979 y distribution of the control o	·		
Mailing Address:						
City:		State:	<u> </u>	ZIP:	······································	<u></u>
Email:						<del></del>
Contact Phone:		- Harris - Constant	·			
		g in the second second				
Form AB-17] (rev 10/16/2017)			BOONED		Page 2	nf C
cense #2587 DBA The Gandy Dancer Ba		1 1	DEC 26 2017		· uge i	, we w



Alaska CBPL Entity #:

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

Initials

Alaska Alcoholic Beverage Control Board

73258 D

# 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 vising the following site: <a href="https://www.commerce.alaska.gov/cbp/main/search/entities">https://www.commerce.alaska.gov/cbp/main/search/entities</a> Partnerships may skip to the second half of this page. Sole proprietorships should skip to Section 5.

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 are also currently and accu	ngood standing with CBPL and that al rately listed with CBPL.	l current entil	y officials and stakeholder	rs (listed b	elow)
<ul> <li>If the applicant is a corp the stock in the corpora</li> <li>If the applicant is a limit ownership interest of 1</li> <li>If the applicant is a part</li> </ul>	mpleted by any <u>community</u> or <u>entity</u> applying for renewal. If more space in the properties of the provided in the following information mustion, and for each president, vice-president, vice-president, vice-president, vice-president, and for each manager. The following of the following of the provided in the properties of the provided in the provi	ust be comple sident, secret ig information	ase attach additional com Ited for each <i>stockholder</i> v Gary, and managing officer Must be completed for ea	pleted cop <b>vho owns</b> Ich <i>membe</i>	ies of this pag 10% or more o er with an
Entity Official Name:	CODDET RIVERS NEW		-imited Inc	<del></del>	
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Alcohol and Marijuana Control Office 550 W 7<sup>th</sup> 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

#### Section 5 - License Operation

president		
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.	[]	
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?		[ <del>7]</del>
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?		K
If "Yes" to either of the previous two questions, attach a separate page to this application listing all NOVs and/or co	nvictions	
Section 7 – Alcohol Server Education  This section must be completed only by the holder of a <u>beverage dispensary</u> , <u>club</u> , or <u>pub</u> license or <u>conditional cont</u> The holders of all other license types should skip to Section 8.	ractor's r	ermit.
Read the line below, and then sign your initials in the box to the right of the statement:	li	nitials
I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check identification of a pat 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.	F-	80
[Form AB-17] (rev 10/16/2017) License #2587 DBA The Gandy Dancer Bar  DEC 2 2017	Page 4	of 5



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

#### Section 8 - Certifications

Read each line be	low, and then sign you	ur initials in the box to	the right of each state	ment:	8_1a1_8
		ined in AS 04.11.260) a			Initials
I certify that in acc in the licensed bus	ordance with AS 04.11 iness.	.450, no one other than	n the licensee(s) has a	direct or indirect fina	ancial interest
		onal floor plan or reduc e or the ownership (inc ile with the Alcoholic Be			emises, s, or
I certify on behalf o any other form pro	of myself or of the orga vided by AMCO is grou	nized entity that I unde Inds for rejection or dei	erstand that providing a nial of this application	a false statement on or revocation of any	this form or license issued.
provide all informat	ion required by the Ale ne given to me by AMC	CO staff will result in this	Sig	nts, is true, correct, this application and curred to me as incorrect, the state of Notary Pure	and complete. I agree to understand that failure to nplete.  blic  COSKA  7-14-20
License Fee:	\$ 1250.00	Application Fee:	\$ 200.00	TOTAL:	\$ 1450.00
Late Fee of \$500	.00 – if received or p	oostmarked after 01/	<b>02/2018</b> :		¥ 2430.00
Miscellaneous Fe				· · · · · · · · · · · · · · · · · · ·	
GRAND TOTAL (I	f different than TOT	AL):			\$1450.00
			- , · · · · · · · · · · · · · · · · · ·		

[Form AB-17] (rev 10/16/2017) License #2587 DBA The Gandy Dancer Bar



Alcoholic Beverage Control Board 550 W 7<sup>th</sup> Avenue, Suite 1600 Anchorage, AK 99501

☐ Full Year

OR Seasonal

License is:

#### Renewal Liquor License 2016/2017

Phone: (907) 269-0350 Email: alcohol.licensing@alaska.gov http://commerce.alaska.gov/web/abc/Home.aspx

If seasonal, list dates of operation: May 1 - 0431

License Number:	Licen	ise Type:		Statute Reference:	
				oracote nererence.	
2587 Beverage Dispensary			onal	Sec. 04.11.090	
Local Governing Body: Cordova			mmunity Counci	l (if applicable):	
1					
Unorganized Borough Name of Licensee:					
Name of Citerisee:			ing Business As (	DBA):	
Copper River & Northwest L	mited, Inc.	The	Gandy Dancer E	Bar	
Mailing Address:		. Str	Street Address or Location of Premises:		
PA BOX 15	564 CD	WAK	99574		
P.O. BOX 1564 CDU, AK		Lot	Lot 1 Block 88 Cordova Airport		
Phone: Fax:			Email:		
Phone: (907) 424-5355 (907)424-3291			mockaut	orentals egm	Call Carago
		7, , , , , , , , , , , , , , , , , , ,		3,7,10 C 3,7,1	arr comm.
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NOTE: If you need additional space, please attach a separate sheet.

Address:  Affiliate  Date of Birth:  Phone:  Address:  Address:  Affiliate  Phone:	Applicant
Phone: Phone:	Affiliate 🗆
	Date of Birth:
A A CORNAL D	Applicant   Affiliate

SECTION D – SUPPLEMENTAL QUESTIONS		-
Was your business open at least 30 days for 8 hours each day in 2014? Was your business open at least 30 days for 8 hours each day in 2015?	松 Yes ► Yes	□ No □ No
Has any person named in this application been convicted of a felony or Title 4 violation?  If yes, attach a written explanation.	☐ Yes	ÆĮ No
Has the licensed premises changed from the last diagram submitted?  If yes, attach a new diagram with designated premises areas outlined in red.	□Yes	<b>A</b> No

#### **DECLARATION**

- I declare under penalty of perjury that I have examined this application, including the accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete.
- I hereby certify that there have been no changes in officers or stockholders that have not been reported to the Alcoholic Beverage Control Board. The undersigned certifies on behalf of the organized entity, it is understood that a misrepresentation of fact is cause for rejection of this application or revocation of any license issued.
- I further certify that I have read and am familiar with Title 4 of the Alaska statutes and its regulations, and that in accordance with AS 04.11.450, no person other than the licensee(s) has any direct or indirect financial interest in the licensed business.
- I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application.
- As a licensee (sole proprietor or partner), I certify that I have received Alaska alcohol server training and my certification is currently valid.
- As a corporate/LLC licensee, I certify that all agents and employees who serve, sell, or are otherwise responsible for the service, sale, or storage of alcoholic beverages have received Alaska alcohol server training and their certification is currently valid. I further certify that certain shareholders, officers, directors, or members of the entity who are not directly or indirectly responsible for the service, sale, or storage of alcoholic beverages are not Alaska alcohol server training certified and will not be required to be certified.
- As a licensee, I certify that all of my agents and employees tasked with patron identification verification have received alcohol server training and their certification is currently valid.

\$ 1250.00
\$ 200.00
\$ 1450.00
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Licensee Signature	Printed Name & Title:
Hebekoh # Chasel	Rebelon Achquek-pizsident-
Notary Signature	Subscribed and sworn to before me this
MININGE IN THE PROPERTY OF THE	about day of October, 2015
Notary Public in and for the State of: ALASICA	My commission expires: 8-27-16
	から、

Renewal Application

Page 2 of 2

rev, 09/21/2015

#### 2014/2015 Liquor License Renewal

License Number	License Type	Establishment Name
2587	Beverage Dispensary-Seasonal	
If Seasonal Lic.	Seasonal Date From: 07/15	Seasonal Date To: 10.42.1

Mailing Address	Premises Address
Copper River & Northwest Limited Inc.	Lot 1 Block 88 Cordova Airport
PO Box 1564 Cordova, AK 99574	City: Cordova Borough: Unorganized Borough
Community Council/s	
(Anchorage & Mat-Su only)	

#### Please mark the correct box to answer:

Was your business open at least 30 days for 8 hours each day in 2012? Was your business open at least 30 days for 8 hours each day in 2013? Has the licensed premises changed from the last diagram submitted? Has any person named in this application been convicted of a felony or Title 4 violation?  Please answer the following questions:	≥Yes ≥Yes □Yes	□No □No ¤No •No
What is a good contact phone number for us to use? (901) 42	4-539	56
Please give us a fax number if available or write N/A 907 - 424	-3291	
Give us an email address to use in contacting younorthcrnnigh	tsinn o	ehotmail.com
Diagrammit and The Control of the Co	- 23 530	

#### List all corporation/LLC members, managers and shareholders below:

Gwner	100%	424 5356

#### If not a corporation - List all individuals, spouses, or partners that own business below:

4		
Name & Mailing Address	Title T	Phone
	Α.	

ABC Board - 2400 Viking Drive - Anchorage, AK 99501 Phone: 907-263-5900

Fax: 907-263-5930

Page 1 of 2

License Fee	\$ 1250.00
Filing Fee	\$ 200.00
TOTAL	\$ 1450.00
Late Fee of \$500.00 – If Received or Postmarked after 12/31/13	\$
Fingerprint Fee – \$51.50 per person (only for new owners/members)	\$
GRAND TOTAL	\$ 1450

By affixing my signature below:

I declare under penalty of perjury that I have examined this application and to the best of my knowledge and belief state it is true, correct and complete.

I certify that I have read and am familiar with Title 4 of the Alaska statutes and its regulations.

I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application.

As a licensee (a sole proprietor or partner), I certify that I have received alcohol server training and my certification is currently valid.

As a Corporate/LLC licensee, I certify that all agents and employees, who serve, sell or are otherwise responsible for the service/sale/storage of alcoholic beverages have received alcohol server training and their certification is currently valid. I further certify that certain shareholders/officers/directors/members of the entity that are not directly or indirectly responsible for the service/sale/storage of alcoholic beverages are not alcohol server training certified, and will not be required to be certified.

As a licensee, I certify that all my agents and employees tasked with patron identification verification have received alcohol server training and their certification is currently valid.

REBEKAH A-CHAPEK

Notary Signature

Notary Public in and for the State of Alaska

Subscribed and sworn to before me this

My commission expires: 2-1-17

ABC Board - 2400 Viking Drive - Anchorage, AK 9950 Phone: 907-263-5900

Fax: 907-263-5930



Alcohol and Marijuana Control Office 550 W 7<sup>th</sup> Avenue, Suite 1600 Anchorage, AK 99501 <u>alcohol.licensing@alaska.gov</u>

Phone: 907.269.0350

https://www.commerce.alaska.gov/web/amco

Alaska Alcoholic Beverage Control Board

## 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: License Number: License Type: DBA: Premises Address: City: State: Alaska ZIP:

	Section 2 – Calendar Year & Proof of Operation (All Licenses)	
Ca	lendar Year	
Ext	ra documentation may be provided <u>in addition</u> to all items listed below, but a license will not be found to have met t uirements set forth in 3 AAC 304.170(j) unless all mandatory documentation required below has been submitted.	he
You	must be able to certify each statement below. Read and sign your initials next to each of the following:	Initials
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.	of the state of th
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)



Alcohol and Marijuana Control Office 550 W 7<sup>th</sup> Avenue, Suite 1600 Anchorage, AK 99501 <u>alcohol.licensing@alaska.gov</u>

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 ea	ch 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	e dispensaries. Read and sign your initials ne	kt 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 property and complete.	perjury that my establishment complies with a ration of the business, and that this form, incl	all state or municipal health, fire uding all attachments, is true, c	e, and orrect,				
Signature of licensee	Notary	Public in and for the State of Al	aska.				
Printed name of licensee My commission expires:							
	Subscribed and sworn to before me this	day of	_, 20				
	OFFICE USE ONLY						
Investigator:	Date:						
Req. 1 met? (Y/N):	Req. 2 met? (Y/N):						
Reg. 3 met? (Y/N):	Req. 4 met? (Y/N):						
Reg. 5a/b met? (Y/N):  Burden of Proof Met?							
Comments:							

#### LAW OFFICES OF ERNOUF & COFFEY

A PROFESSIONAL CORPORATION PO Box 212314 Anchorage, Ak 99521

Office Phone: (907) 274-3385 306-6001

Coffey Cell Phone: (907)

Coffey E mail: dancoffey@gci.net

#### MEMO TO ABC BOARD

TO:

Alcohol Beverage Control Board

CC:

Board Staff

FROM:

Dan Coffey

RE:

Gandy Dancer

Board Consideration: Item H

DATE:

6-10-18

This Memo addresses the issues raised in the staff Memorandum dated June 12, 2018.

#### **General Information**

The Board should understand that this licensed establishment is located 13 miles from downtown Cordova at the Cordova airport. Traffic in and out of Cordova in the winter months is minimal at best. There is not much business at an airport bar in Cordova 13 miles out of town.

In addition, this license has been operated as a seasonal license during the period of the Licensee's ownership. In addition to the seasonal nature of her licenese, since she has also operated for the minimum required days and hours, it is easy to understand why some people might think that the business is closed. That is a mistaken belief.

In addition to the licensed business, my client operates a car rental business and a shuttle business providing airline travelers with transportation into Cordova from the airport and back to the airport on their departure. My client will testify that "when anyone asks if there's food or drink available, I tell them yes!" and serve them one or both as they request.

#### **Staff Report**

According to staff's report (page 1-Background), there was "a rumor in Cordova" that even though the business was open "there was no food or alcohol available for sale". Note that the acknowledgement that "the business was open". Photos of the alcohol on site were submitted with the initial Memo to the Board. (Exhibit 4).

Should the Board be making decisions based on "rumors"? We think not.

Staff also alleges that the enforcement staff was told by certain individuals that the bar has not been open for several years (page 2 of the staff report at bottom of the page).<sup>1</sup>

Unlike the three (3) employee sworn and notarized affidavits that the Licensee has submitted (Exhibit 9) or the records of employee hours worked which have been kept for several years (Exhibits 8a and 8b)<sup>2</sup>, there are no sworn affidavits from any of these individuals to support the allegations made by staff.

Should the Board be making decisions on "hearsay statements"? Or, should sworn affidavits be the more credible evidence as to what really happened. Hearsay is not credible. Courts of law refuse to allow hearsay testimony for good reason. Sworn statements taken under oath are credible.

Should the Board do less than a Court of Law? We think not, particularly when a Licensee's liquor license is on the line.

What is perhaps most disturbing about the Staff Memo to the Board, is staff's accusation that the Licensee is lying about her operation. On page 4 of the staff Memorandum in the next to the last paragraph, staff alleges that "the licensee has falsified her renewal application" and on that basis, staff recommends "that the Board denial renewal of this license."

On what basis does staff conclude that the licensee has falsified her renewal application? Is the conclusion based on unsworn statements? Is it based on

<sup>&</sup>lt;sup>1</sup> According to staff, Kanji Christian, an employee of the Licensee stated that the business hasn't "been open in like a decade if not longer". However, Kanji signed a sworn affidavit on May 11, 2018 where he swears under oath that the "Time sheets she keeps are true and accurate for the hours I spent working at the bar." (Exhibit 9 to initial Memo).

<sup>&</sup>lt;sup>2</sup> Attached to this Memorandum are additional time records for 2014 and 2015 which likewise demonstrate that the bar was open for more than the requisite days and hours. Time records for 2016 and 2017 were submitted with the initial Memo (Exhibits 8a and 8b).

hearsay and rumor? That is what it appears to be the case and that unsupported assumption should not be sustained.

## Licensee's Memo to the Board setting Forth Proof of Operating the Required Days and Hours

On May 25 (filling deadline for submissions to the Board for this meeting)<sup>3</sup>, the Licensee provided a written Memo to the Board with 15 Exhibits attached. Those 15 exhibits addressed 5 of the 6 items set out in Regulation 3 AAC 304.170. See Memo to ABC Board, pages 2 and 3.

The only item not successfully addressed was item 7, which asks for cash register tapes showing alcohol sales. The Licensee could not supply cash register tapes. The issue for the Board is whether or not this failure to have cash register tapes means that the license should not be renewed.

If the Board determines that the failure to satisfy all 6 criteria precludes renewal, shouldn't the Licensee be afforded the right to make application for a waiver the operating requirement which has been offered to other Licensees at this Board meeting?

We think, at a minimum she should be given that opportunity.

#### Proposed Regulatory Change to 3 AAC 304.170(j)

Finally, staff has proposed that Regulation 3 AAC 304.170(j) (See Tab 75 – Regulation-Operating Requirements) be amended stating that ".... with certain licenses on this agenda, a licensee is unable to provide all the requirement documents....". In short, staff acknowledges the that regulation needs to be changed.

If the regulation needs to be changed than why apply a deficient regulation to this Licensee? We think you should not require strict compliance with this regulation. The Board should apply its discretion<sup>4</sup> and approve the renewal of this license

<sup>&</sup>lt;sup>3</sup> Staff makes much of its "deadlines" and its resulting NOV. Staff has no authority to establish artificial deadlines and then to file NOVs when a License is files the day after the artificial deadline.

<sup>&</sup>lt;sup>4</sup> Regulation 3AAC 304.170 uses the term "discretion" 4 times. It is clear that the Board has great discretion and that this tool which gives the Board great flexibility should be applied in this case.

We also think, as argued in our May 25th Memo, that this Licensee has provided sufficient evidence that she operated for at least the minimum 30 days of 8 hours and her license should be renewed. Alternatively, she should be allowed to file for operating waivers as is being afforded to other licensees.

Respectfully Submitted this 12 day of June, 2018.

Dan K. Coffey

Attorney for the Licensee

Alaska Bar Number 75-0511

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THURSDAY 3



## Department of Commerce, Community, and Economic Development

ALCOHOL AND MARIJUANA CONTROL OFFICE

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

#### **MEMORANDUM**

TO:

Bob Klein, Chair, and Members of the

Alcoholic Beverage Control Board

DATE:

June 12, 2018

FROM:

Erika McConnell, Director

RE:

Potential Regulations Change:

Operating Requirements

Statutory Authority: AS 04.06.100(a): "The board shall adopt regulations governing the manufacture, barter, sale, consumption, and possession of alcoholic beverages in the state that are

consistent with this title and necessary to carry out the purpose of this title in a

manner that will protect the public health, safety, and welfare."

Status:

No draft proposed as yet

Background: 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.

At times, as with certain licenses on this agenda, a licensee is unable to provide all the required documents of 3 AAC 304.170(j), but the documents that are provided give sufficient evidence that the licensee has met minimum operating requirements.

Potential Regulations Change: Minimum Operations ABC Board June 12, 2018 Page 2

Staff proposes to amend this regulation to give more flexibility to what is provided for proof of minimum operations, and to consider whether any changes are needed due to the likely upcoming statutory amendment (SB 45) that changes minimum operating requirements from 30 eight-hour days to 240 hours per year.

In addition, staff proposes to change the regulation at 3 AAC 304.170(h) to require waivers to be submitted for the last board meeting of the year, rather than the last meeting before November 30. Depending on the meeting schedule, this can require (as it would for this year) waiver applications to be submitted in September for an October meeting. (3 AAC 304.170(h): "In addition to the application fee under (c) of this section, the applicant shall pay \$1,000 for an application that is received too late for board consideration at its meeting before November 30 of the year for which waiver is requested.")

If the board is amenable to these ideas, staff will bring a draft to the next meeting.

To whom it may concern,

I have been made aware by my boss Becky Chapek that an enforcement investigator came to Cordova and raised an issue with Becky's liquor license for the Moose Caboose Diner and the Gandydancer Bar at 13 mile where the Chinook Auto Rental office is. I understand that Becky's attempts to meet the minimum requirements to maintain her liquor license are in question. Well, I am a Christian who knows that lying is a sin against God and myself, and I have already signed an affidavit that was properly notarized in my testimony that Becky and her employees, including myself, have diligently maintained the legal minimum requirements of keeping an alcohol selling bar open for the thirty days, eight hours a day each year that I have worked for her.

I understand that said enforcement investigator has made the claim that I said the bar has not been open for ten years, and also that I would be willing to testify to the ABC Board to that. As a Christian I study the importance of context and the error of conflating information in misunderstanding. If I ever referenced the bar not being open for ten years, what I meant was that we have not had a normal functioning for-profit bar open to serve the public on a daily basis as a regular year-round business. Not that we have not opened for thirty days in late fall/early winter to meet our liquor license minimum requirements in order for Becky to maintain one of her legal assets.

So it appears to me that all of the people asked to testify for this investigation of Becky's license are painfully unaware of the reality involved with a generally closed business that is opened enough to simply maintain all proper licenses of an asset that may be used as a full-time business in the future. And so I don't appreciate my comments being conflated in such an unprofessional error and a legal false claim that I somehow agreed to testify to the Board against my previous professional testimony. Those allegations of the so-called enforcement investigator are what would fail in front of the Board.

This situation is simply one of a small, bare minimum bar being opened to meet the minimum requirements to maintain a liquor license thirteen miles outside of a small town in the off season when your average citizen would not even be aware of the fact that we were open for business. If we are required to advertise or meet some minimum requirement to notify the public of our opening, or educate the residents of Cordova on how the minimum requirements to maintain a liquor license work, then please notify us of those minimum requirements and we will abide by them.

On a personal note, I'm a Christian who hates alcohol and would rather there were no liquor licenses at all; but, I respect my bosses right to maintain her legal businesses and licenses without being interfered with by people who don't understand the reality of the laws required for those businesses. It's really not complicated. That is why I will testify to the ABC Board that we have opened the bar annually to meet the minimum requirements of the license and that Becky Chapek has been diligent to see that it was done as properly as she knew how.

Kanji D. Christian 6/11/18

Kanji D Christian PO Box 1386 Cordova, AK 99574

(907)-429-5355

To Whom it may Concern: \

I spoke with Joe Campbell during his visit to Cordova and told him the Bar at the Airport had not been open for several years. In the past The Diner and Bar were run in a traditional manner, but now the building is mainly known as an office for used for a Chinook Auto Rentals.

Although the statement I made was true to the best of my knowledge, at the time I made this statement, I was not aware there was an option for the bar to be open for 30, eight-hour days to keep a license active. During the time it's open, I did not realize that no liquor needed to be sold, nor did any public promotional advertising need to be done. While it is true that the bar and restaurant have not been aggressively operated in a traditional manner for many years, it is possible that efforts were made for the Bar to remain in compliance by opening for the 30 eight-hour days were completed without my knowledge of it happening.

In the future, Ms. Chapek has informed me that she or someone in her employ will be calling the Cordova Police Dept. when the bar opens & again when it closes. This should clear up any misunderstandings about her operation in the future, but with this new knowledge, I would not be able to testify with absolute certainty that the required 30 eight-hour days were not completed by Ms. Chapek and her employees.

Thank you,

MH I William Slayton 6/11/18

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Thank you,

Luke Love Joy Jul

# Skurla\*s POS SOLUTIONS

Alaska's Retail & Réstaurant Cost Control Specialists

524 W. International Airport Rd Anchorage, AK 99518 P: 907-243-2683 F: 907-248-2466

ill To: Walk In Customer

#### **Service Invoice**

**Invoice Number:** 

INV37168

Date:

07/25/2018

**Account Number:** 

WIOO

PO Number:

**Invoice Total:** 

\$65.00

Work Order Date	Work Order No.	
07/20/2018	WO15899	
Payment Terms	Payment Due	

Payment Terms	Payment Due		
Net 30	08/24/2018		
Description			

Call Number	Equipment Number	Serial Number	Make/Model		Labor Charges	Travel Charges	Materials Charges	Other Charges	Total Charges
SC16535	UNKNOWN EQUIPI				\$ 65.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 65.00
Service Date: ocation: Wal	07/24/2018 lk In Customer	Contract Number: PO #: Caller:		Description: Moose	aboose bar - Ne	eds to know if	it works		
,		Contact: Phone: Fax:		Remarks:					

Totals:	\$ 65.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 65.00

lease watch for our monthly newsletters in your email. If you don't receive one, call us or o to www.skurlas.com/blog-menu and sign up for the newsletters you want to receive.

ignature: \_

iredit Card x4060 - VISA to be charged.



Invoice Subtotal: \$65.00 Tax: \$0.00 Invoice Total: \$65.00 \$65.00 **Balance Due:** 



Brown Jug #267 2451 E Sun Mountain Ave Wasilla, AK 99564

Transaction #:

1936435

7/8/2018 Date:

Time: 6:47:25 PM

Cashien: 99999 Register #: 1

CSPC	Description	Amount
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6016008	CAN DRY CLUB SODA 1.OL	\$2.99
6016008	CAN DRY CLUB SODA 1.OL	\$2.99
	CAN DRY CLUB SODA 1.OL	\$2.99
6071044	MASTER MIX BLOODY MARY	\$7.99
2270007	TANQUERAY GIN 750G	\$24.99
	Discount	(\$3.04)
1789051	MGD 30C	\$23.95

Sub Total \$62.86 WASILLA \$1.89 Total \$64.75

Cash Tendered \$65.00 Cash Change \$0.25

Item Quantity: 6

#### You saved \$3,04!



Thank You For Shopping Refunds Available Within 30 Days of Purchase With Receipt

Anchorage #10 330 West Dimond Blvd Anchorage, AK 99515

6U Member 111883431946 E 488 DR. PEPPER 10.49 738392 \*KS NAPKINS\* 9.59 SUBTOTAL 20.08 TAX 0.00 \*\*\*\* TOTAL 20.08 CASH 20.05 0.03 SUBTOTAL TAX 0.00 \*\*\*\* TOTAL CASH 0.20 CHANGE 0/17

TOTAL NUMBER OF ITEMS SOLD = ON 103 12 16:19 10 11 228 12

OP#: 12 Name: SAMIR B (F/E) Thank You!

Please Come Again Whse:10 Trm:11 Trn:228 0P:12

Anchorage #10 330 West Dimond Blvd Anchorage, AK 99515

6U Member 111883431946 52019 BAILEYS 750M 19.89 Date of Birth = xx/xx//xx KEYED 362867 AK SUMMER AL 27.99 47.88 SUBTOTAL 0.00 TAX 47 (8)8 \*\*\*\* TOTAL CASH 50.00 2.12 CHANGE

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See back of receipt for you to win \$1000 ID a:7M40XNQDU







Interior showing additional "Open" sign for the bar



Bar seating with full-time bartender Julie Z.

Booth seating adjacent to the bar







Exterior signage showing bar open.



Notices as required and selection of products.



## MOOSE CABOOSE LOUNGE

Also known as "The Gandydance Bar"
Located at Mile Post 13 on the Copper River Highway
P.O. Box 1564
Cordova, AK 99574
Ph: (907) 424-5356 Fax: (907) 424-3291
beckychapek@gmail.com

On this 27<sup>th</sup> day of July, 2018, I received a packet of information pertaining to License #2587. This license is operated by Becky Chapek at the Merle K. "Mudhole" Smith Airport 13 miles from Cordova, Alaska.

I have accepted the delivery on behalf of Erika McConnell so it can be included in the packet going to the members of the ABC board for their meeting in Denali Alaska on August 14, 2018.

If we're in agreement as to the issuance of a waiver, it will not be necessary to include this information in the board packets for their meeting in August.

Date: 7/27/2018 Time: 3:00 PM

Accepted by:

AS a point of clarification Joe Hamilton is erroneously referred to as Joe Campbell in the Luke Lovejoy & Bill Slayton's refusal to testify.



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Kanji D Christian PO Box 1386 Cordova, AK 99574

(907)-429-5355

Kanji D Alistra

JUL 27 2018

ALCOHOL MARIJUANA CONTROL OFFICE STATE OF ALASKA To Whom it may Concern:

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JUL 27 2018

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JUL 27 2018

ALCOHOL MARIJUANA CONTROL OFFICE STATE OF ALASKA

# Skurla's POS SOLUTIONS

Alaska's Retail & Restaurant Cost Control Specialists

524 W. International Airport Rd Anchorage, AK 99518 P: 907-243-2683 F: 907-248-2466

ill To: Walk In Customer

### **Service Invoice**

**Invoice Number:** 

INV37168

Date:

07/25/2018

**Account Number:** 

WIOO

PO Number:

**Invoice Total:** 

\$65.00

07/20/2018	WO15899		
Payment Terms	Payment Due		
Net 30	08/24/2018		

Work Order Date Work Order No.

Call Number	Equipment Number	Serial Number	Make/Model		Labor Charges	Travel Charges	Materials Charges	Other Charges	Total Charges
SC16535	UNKNOWN EQUIPI				\$ 65.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 65.00
Service Date: Location: Wal	07/24/2018 lk In Customer	Contract Number: PO #: Caller:		Description: Moose c	aboose bar - Ne	eds to know if	it works		
,		Contact: Phone: Fax:		Remarks:					

Totals:	\$ 65.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 65.00
L					

lease watch for our monthly newsletters in your email. If you don't receive one, call us or o to www.skurlas.com/blog-menu and sign up for the newsletters you want to receive.

ignature: \_

iredit Card x4060 - VISA to be charged.

CREDER

Invoice Subtotal: \$65.00

Tax: \$0.00

Invoice Total: \$65.00

Balance Due: \$65.00



MARIJUANA CONTROL OFFICE 27 2018 INF 問題の国小屋の

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2451 E Sun Mountain Ave

Brown Jug #267

Wasilla, AK 99564

Sales Receipt

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See back of receipt for your chance

See back of receipt for your chance

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#10 Anchorage, AK 99515 330 West Dimond Blvd Anchorase

47/ SIS 27.99 47.88 0.00 50.00 19.89 Date of Birth = xx/xx/kx KEYED 6U Member 111883431946 / 52019 BAILEYS 750M 362867 AK SUMMER AL SUBTOTAL \*\*\*\* TOTAL

CHANGE

OF#: 68 Name: Halley M (F/E) FOTAL NUMBER OF ITEMS SOLD =

N

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#10 330 West Dimond Blvd Anchorage, AK 99515 Anchorase

488 DR. PEPPER Member 111883431996 738392 \*KS

SUBTOTAL TOTAL CASH

20,08

20.05

9.59

0.03

0.00

CHANGE

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\$2.99 \$2.99 \$2.99 \$7.99 \$24.99 \$3.04)

Amount

Description

6016008 CAN DRY CLUB SODA 1.0L 6016008 CAN DRY CLUB SODA 1.0L 6016008 CAN DRY CLUB SODA 1.0L 6071044 MASTER MIX BLOODY MARY 2270007 TANQUERAY GIN 750G

Discount MGD 30C

789051

Time: 6:47:25 PM

1936435

ransaction #:

Register #:

66666 7/8/2018

Cashi en:

Date:

\$62.86 \$1.89 \$64.75

Tota)

Sub Total

SUBTOTAL

\$65.00

Cash Change

Cash Tendered

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ONTROSTATION 16:19 10 11 228 12 OP#: 12 Name: SAMIR B (F/E) TOTAL NUMBER OF ITEMS SOLD You Thank

Item Quantity: 6

You sawed \$3.04

Thank You For Shopping Refunds Available Within 30 Days of Purchase With Receipt

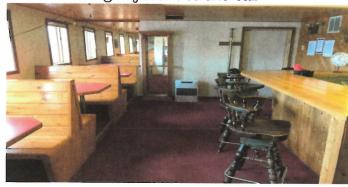


Interior showing additional "Open" sign for the bar



Bar seating with full-time bartender Julie Z.

Booth seating adjacent to the bar







Exterior signage showing bar open.



Notices as required and selection of products.





## Insurance Brokers of Alaska

ACRISURE Agency Partner

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

## 

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

Paymen	tinformation
Invoice Summary	\$ 1,187.00
Payment Amount	<ul> <li>Ответствення подпечення подпеч</li></ul>
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

İ	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

Г				,			
	Classifications		Code Number	Estimate	n Basis: d Annual eration	Rate Per \$100	Estimated Annual Premium
	Alaska - State Act Automobile - Rental Co All Other En Counter Personnel, Drivers Buildings Or Property Management, P		8002 9012		65,400 If Any		1,916
	Managers and Leasing Agents & Cle Salespersons Buildings Or Property Management - A	erical,	9015				0
	Employees Bar, Discotheque, Lounge, Nightclub o		9084		If Any		0
	tour present eque, counge, reighterup o	or ravein	9064		3,600	4.220	152
E T	Residual Market Safe Workplace Cred Experience Modification (1.00) increase Limits (1.008) salance to Increased Limits Minimum Ferrorism slaska Insurance Guaranty Association (.0200)		9880 9898 9807 9848 9740 0986		69,000	.020	0 0 17 58 14 43
D/A	inimum	Peposit					
1	remium \$708 P	<u>\$1</u>		Estimated Annual Pr		\$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:

	ALASK	A NATIO	NAL INSU	RANCE COMPA	NY	
Insurer		7001 J	EWFI I A	KE ROAD		
Street and Number						
AN	CHORAGE			ALASKA		00502 2025
City	<u> </u>		State		(* *****)	99502-2825 Zip Code
For the period from	06/21/17 T	hrough (	06/21/18	at 12:01 A M standard t		s address shown on policy
		0 _			time at employer	s address shown on policy
	ALASKA	OITAN P	NAL INSU	RANCE COMPA	NY	
Adjusting Company			<u></u>	TO WILL OF WILL A		
Charakanakh		7001 JI	EWEL LA	KE ROAD		
Street and Number						
ANCHOR	AGE		ASKA	99502-28	25	907-266-9227
City		State		Zip Code	Te	lephone
This insurance pays b Compensation Act.	enefits for job-co	nnected in	juries, illne	sses or death as p	provided by t	he Alaska Workers'
Compensation Act.	Copper Rive	or & Northy	voet Limited	Inc		
	Copper Kive	er a mortin	vest Limited	, mc.		
Employer						
Ву						
Title						
Witness						***************************************
Witness						
Immediately (not later Compensation Division Injury or Illness" form f	n written notice of	f a job-rela	ated injury.	late) give your em illness, or death.	iployer and Get the "Re	the Alaska Workers port of Occupational
If you have questions insurer at the above ac	about your rights ddress and the Ala	or benefi aska Work	ts under th	ne Alaska Workers ensation Division a	o' Compensa at the neares	ation Act, contact the st office listed below:
ANCHORAGE 3301 Eagle Street, #304 Anchorage, AK 99503 (907) 269-4980		Station I	enth Avenue K ks, AK 9970			Street, Room 305 ska 99811-5512
NOTICE TO EMPLOYER premises.	R: AS 23.30.060 re	quires that	you post th	is notice in three co	nspicuous pla	ices on the employer's
Additional Notices may be o	obtained from:	7001 Jewe	l Lake Road , Alaska 995	ice Company 02-2825		

Form 07-6120 (Rev. 04/11)

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)

A	oplicant's Name	Crek	uchanat		\ (\lambda_{\alpha\alpha}	na. Nana	
1	A STATE OF THE PROPERTY OF THE						
N.	ailing Address		THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED	Manager was a second of the se	Age	nt	
	·	Cor	dova +	C 99574	Add	ress	385************************************
Lc	cation #1	mile	<u>post+13 C</u>	R. HIWGY		VMASH-MAKAHAMAAA mamperanin agadaanka	
	С	Complete	a separate applic	ation for each location.	E-M	ail months and the second and the se	dada aanaba Wilanagaayayayayayayayayii isaa isaa kiisaa ah aa aanayyyyyyyyyyyyyyyyyyyyyyyyyyy
w	eb Site Address			VSP-refs-1971/1880-refs/fileMediates-refs-refs-refs-refs-type-type-type-type-type-type-type-type	// Pho	1e	
PF	ROPOSED EFFECT	TIVE D	ATE: From[	>cc 1 2467 1	) re Z c	් නි2:01 A.M., Standard Tin	ne at the address of the Applicant
		The Commence of the Commence o		LIMITS OF LIABIL	ITY REC	UESTED	
		n de la companya de l	Each Cor	mmon Cause		Aggregate	
		e de la companya de l	\$		S		
		_	F	PLEASE ANSWER	ALL QL	ESTIONS	und
1.	Type of risk:						
	☑ Bar/Tavern			☐ Drive-thro	ough Dai	aulri Shop	☐ Package Store
	☐ Casino			☐ Gentleme		,	Restaurant
	☐ Catering Service	ce				er/Microbrewery	☐ Wholesaler/Distributor
	☐ Comedy Clubs	i		☐ Night Clu		•	*
	Convenience/G	3rocery	Store	_			
2.	Type of ownersh	ip:	<b>C</b> orport	ation [] Ir	ndividual	☐ Partnershi	p
3.						cerning the sale of alc	cohol, or had
	If yes, when and w	vhy7 _		a element an open was assessed to a company and a person was element of the company of the compa	The chick of the control of the cont		о на водинатични на времени на применения и поторожения в продения объекто положеную должения на водинатичного
4.	Name on liquor li	cense	Gendy P	TO THE COMPANIENCE OF THE STATE	THE FORESTER STATE OF THE STATE	Type of liquor licens	e: full dispensory
5.	Square foot area	of esta	ablishment: _	1200,201	1	(Maximum Occupan	cy: 60
6.				•			∑ 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.

	Risk Insurance Program Reauthorization Act of 2015 may dishal occur my coverage for terrorism as defined by the
I hereby reject the purchase of certified to	errorism coverage
Beckychapex	CopperRiver+Northwest Ltd Inc
Policyholder/Applicant's Signature BECKY CHAPEK	Named Insured/Firm
Print Name	Policy Number, if available
Nov 30-2017	
Pate	ALCONOMIC CONTRACTOR C

Quote Accepted. We wish to bind coverage effective	As need upon Expiration of the current police
Applicant Signature Becky Chapek	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 affect 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, flings, 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 PRESIDEN	T COPPERRIVER +
APPLICANT'S SIGNATURE: Bock 1 Chopet (Must be signed by active owner, partner or executive officer)	NORTHWEST CTD. INC 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 <u>complete description of your operations</u> and your FEIN in the appropriate spaces designated on the audit forms.
- <u>Please</u> remember to provide a <u>complete description of your operations</u> 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	(297 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	1060 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	northern nights innehol	mod N/A	
	d you pay to lease or rent r use in your operations?:	NON	E		
	rm work on any OCIP or during this policy	Yes × N	lo		
Authorization of Release: Do you want a copy of the completed audit be released to your insurance agent?:		∀Yes N	lo		
Contact name of the person completing this form:		$\mathcal{B}_{\epsilon}$	907.424.5356		
Contact phone number:			907.424.5356		
Contact Email:		nniehotmai			
Date Completed:		1/9/18			

<sup>\*\*\*</sup>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

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 ProprietorshipF	artnership Corp	orationLLCLLPI (	Non- profit Association Othe Organization	r**
Description of Operations (you can en	ter up to 250 chara	icters) ***REQL	u <del>rreiseseses</del> IRCO***	***	
Proprietorship Partnership Corporation LLCLL profit Association Other Profit Association Other Proprietorship Partnership Corporation LLCLL profit Association Other Proprietorship Partnership Corporation LLCLL profit Association Other Profit Association Other Proprietorship Partnership Corporation LLCLL profit Association Other Profit					
d your business experience any langes during this period, such as langes in ownership, increase or large in staffing, increase or large in sales or revenue, drops in language in language in sales or revenue, drops in language in sales or revenue, drops in language in la					
	Uberrioge	el i spen sor	7		
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 TNo				2 <sup>1</sup>
**If yes, please explain:					
				**************************************	
Name	Positio	n/Title	e i tali e transcriptorio e e con el respertir i vergori una	Duties	
Kebdon H CHapele	Piesident	C.R.N.	o Ulo Inc		r
			e we we ex-		

#### 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 > Confinnation 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 72 - Accommodation and Food Services

Primary NAICS, 721191 - BED-AND-BREAKFAST INNS

Secondary Line of 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

PO Box 116806 Juneau, AK 99811-0806

#### Physical Address

333 Willoughby Avenue 9th Floor Juneau AK 99801-1770

#### Phone Numbers

Main Phone: (907) 465-2550 FAX: 1997) 465-2974

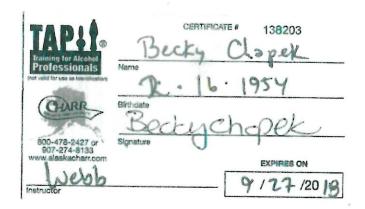
#### Anchorage Mailing/Physical Address

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

#### Phone Numbers

Main Phone (907) 269-8160 FAX (907) 289-8156

TAPA &	Lewis Mules
Professionals and valid for use as identifications	Name 12 - 31 - 1948 Birthdate
800-478-2427 or 907-274-8133 www.alackacharr.com	Sever W. Mefers
Instructor	ÉXPIRES ON 9 / 14 /2018





## 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 DATE ISSUED 01/01/2017 EXPIRATION DATE 12/31/2017

SIC NUMBER LICENSE NUMBER 5030 5356

Voice Stray

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

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:

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:

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

Page I of I

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

December 09, 2016 FS171593

DEC Use Inv Code: See Mema and/or fss
DECS EINE: 92-6001185 DUNS# 809386857

Copper River North West Limited Airport Depot Diner PO BOX 1564 Cordova, AK 99574 Permit #: F\$295740089:OWNER1
Facility: Airport Depot Diner

Client ID: 2047 Facility JD: 2047

DEC PJ Name: FS Moose Caboose Lounge

Permit Type: Tavem/Bar

Please make checks payable to State of A	lasks and remit to the above address, Attn: User Fee Section. Detach top portion with your pa Please include Permit # and Inv	
Date	Description	Amount
Other Charges		· · · · · · · · · · · · · · · · · · ·
139/16	Tavern/Bar - Calendar Year 2017 Annual Fee. Scating 26 to 100.	\$280,00
	Total Non-Labor Charges	\$280.00
	Invoice Balance Due	\$280.00
	ve represents your calendar year annual fee for the type of food operations(s) within your foo	
Payment is due in full by De	t you to	legal action that
can result in criminal penaltic	Departs Constant Cons	nent will initiate
enforcement action on establ-	Departs  Departs  Departs  Departs  Photomorphis  No. 1 and	
If your basis grant and you		
If you have questions, you: DEC.FSSPermit@alaska.gov \(\geq\)	on turn	e. please email
DEC.FSSPermit@alaska.gov	Continue on ten	
ž °		
	Order  Intri kelbal  286  286  286  1 credit van	
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	. See 20 20 7	
T. A. No. of	an providence to the contract of the contract	
AND SECULAR SECURAR SE	The same state of the same sta	MARKET DESCRIPTION PROVIDES
Or you may complete:	To pay online by check or credit card, visit: <a href="http://alaska.gov/go/SXPT">http://alaska.gov/go/SXPT</a> nis form and mail it to the address shown above, or fax it to 907-465-1338, or call 907-465-508:	
		<del>d</del> .,
Facility ID: 2047	Facility: Airport Doped Dinor Statement Date: 05/05/2017 Inv Code: 66	
	ng by Credit Card and would like a confirmation receipt faxed/mailed please check this box:	
	The second secon	\$0-
Printed name on card \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	iky chaple Phone Number 907-424.55 Steen Number 424	-3291
Card Number		
	CVV Code 024 Signature PSQUCACHODO	<b>}</b> ⊸

## 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)

Department of the Treasury Internal Revenue Service (99)

## Profit or Loss From Business (Sole Proprietorship)

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.

2016

Attachment Sequence No. 09

Name of proprietor Social security number (SSN) REBEKAH CHAPEK 476-60-6016 A Principal business or profession, including product or service (see instructions) B Enter code from instructions DRINKING PLACES (ALCOHOLIC BEVERAGES) **722410** Business name. If no separate business name, leave blank Employer ID number (EIN), (see instr.) MOOSE CABOOSE E Business address (including suite or room no.) City, town or post office, state, and ZIP code Cash F Accounting method: (1) X Other (specify) > (2) Accrual (3) G Did you 'materially participate' in the operation of this business during 2016? If 'No,' see instructions for limit on losses H If you started or acquired this business during 2016, check here 1 Did you make any payments in 2016 that would require you to file Form(s) 1099? (see instructions) X Yes No J If 'Yes,' did you or will you file required Forms 1099? No Part I Income 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 1 3,053. 2 Returns and allowances 2 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. Other income, including federal and state gasoline or fuel tax credit or refund SEE STATEMENT 5 (see instructions) 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 18 Office expense (see instructions) 18 90. Car and truck expenses 19 Pension and profit-sharing plans 19 (see instructions) 9 20 Rent or lease (see instructions): 10 Commissions and fees 10 20a a Vehicles, machinery, and equipment Contract labor 11 b Other business property 20b (see instructions) 12 Depletion 21 21 Repairs and maintenance 12 13 Depreciation and section 22 22 Supplies (not included in Part III) 179 expense deduction (not included in Part III) 23 Taxes and licenses 23 1,342. 24 Travel, meals, and entertainment: (see instructions) 13 Employee benefit programs 24a a Travel 14 (other than on line 19) b Deductible meals and entertainment 15 Insurance (other than health) 2,187. 24b 15 (see instructions) 16 Interest: Utilities 25 a Mortgage (paid to banks, etc.) 16 a 26 26 Wages (less employment credits) b Other 27a 16h 11,780. 27 a Other expenses (from line 48). 17 Legal and professional services . 17 785. 27b b Reserved for future use 28 Total expenses before expenses for business use of home. Add lines 8 through 27a 28 16,496. 29 Tentative profit or (loss). Subtract line 28 from line 7 29 -6,663. 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 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 31 and trusts, enter on Form 1041, line 3. -6,663. If a loss, you must go to line 32 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 X All investment is at risk. 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. Some investment If you checked 32b, you must attach Form 6198. Your loss may be limited. is not at risk.

Part III Cost of Goods Sold (see instructions)	476-60-6	016	Page
33 Method(s) used to value closing inventory: a X Cost b Lower of cost or mark	et e Other Istiach aucta-	naline)	<del></del>
Was there any change in determining quantities, costs, or valuations between opening if 'Yes,' attach explanation.	a and closing inventory?	Ye:	s XNo
35 Inventory at beginning of year. If different from last year's closing inventory, attach explanation			» Kinc
36 Purchases less cost of items withdrawn for personal use			420
37 Cost of labor. Do not include any amounts paid to yourself.	37	territation and the second	
38 Materials and supplies	.,	PRIS vinder debbe «Cul» manus squayey	V/-C-748800ML 44440Mm
39 Other costs	39	irindi dilikan manin sa mgaya	
40 Add lines 35 through 39	40	general part of the Philippin of the Space o	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.			420.
Part IV Information on Your Vehicle. Complete this part only if you are claiming required to file Form 4562 for this business. See the instructions for line 13 to file	g car or truck expenses on line	9 and are n	ot
44 Of the total number of miles you drove your vehicle during 2016, enter the number of miles you a Business 578 b Commuting (see instructions)	c Other	8,6	80
45 Was your vehicle available for personal use during off-duty hours?		XYes	☐ No
46 Do you (or your spouse) have another vehicle available for personal use?		XYes	No
47a Do you have evidence to support your deduction?		X Yes	No
bit 'Yes,' is the evidence written?		XYes	□No
Part V Other Expenses. List below business expenses not included on lines 8-26 or	r line 30.		
ACCOUNTING	or down total from time from some front good good total time.	tion the second	125.
BANK CHARGES			39.
CASUAL LABOR	. In our was not the second	1	,075.
FREIGHT AND SHIPPING		1	,172.
VIND DAMANGE ROOF REPAIR		9	, 369.
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The many services are the last that the last to see that the set and the see that see the see that the see the	SMA art and 600 bit out and our new ANN 100 100 100.	and a Marie William was also far the Marie Marie Annual Annual Annual Annual Annual Annual Annual Annual Annua	Western over the second second
	and the are are to the are and the total of the same o	**************************************	HADDWAY CHICKEN CONTRACT
48 Total other expenses. Enter here and on line 27a	48	11	,780.
The appearance will not only an and C.d.	Schedule (	C (Form 104	D) 2016

## CITY\_OF\_CORDOVA\_\_



## **REGULAR SALES TAX RETURN**

	ec 31, 20 <u>17</u>
Business: Muse Cebase	Business License: 5356
Address:	
Gross Revenue from Business Sales/Services: Include both regular and exempted sales but do not in	\$ <u>3816.56</u>
Exemptions as authorized in CMC 5.40.030:	(\$
Altach an itemize Do not include c	ed list of exemptions  operating expenses
Net Taxable Revenue: Subtract Exemptions from Gross Revenue	<u>\$_381656</u>
Sales Tax Due:	\$ 229.
6% of Net Taxable Revenue	Page Control
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  \$	PAYING ON-TIME WITHIN ONE MONTH OF PERIOD END Compensation for Timely Filing:  2% of Sales Tax may be deducted it filing within on month of Period Ending not to exceed \$20  (\$
\$	
Total Penalties:	
\$	
Total Due: \$ 224.45 declare, under penalty of making a false statement, the latements made herein are true and correct,	at to the best of my knowledge and belief, the
Roccychopes	Jan 18,2018
igned Title	Date

Active to the sale A STATE OF THE STA

11-29-17; 9:24 -12-15 PABLY LO 1215- -15 PM -18C 41-14- 5:124-149-LU

11-30-17 10:00 -1100-1100-11 isc. 12:30ph-4100ph-3/2-12 4/2/n-6:453/1 375 KC

DECEMBER 1, 2017 8:30 -1.00 - BC 12:30-4:30 - KO



## 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,

Erika McConnell

Euha M. Connell

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
	2.00 1141



## 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!5 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



COPY

Moose Calmose OPEN:

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9:00 ACH - 12:30-31/2 Low
12:30 pm - 5 pm 4.5 KC

11. 22-14

9:00 ACH - NOON - 3 HR5 Low
12:00 - 5:30 pm 3.5 BC

11/23/17/

9:11 00 mm 4:30

9:30 pm = 25 mm 2:30

RECEIVED

MAY 08 2018

ALCOHOL MARIJUANA CONTROL OFFICE STATE OF ALASKA

"A smile is an inexpensive way wont a friend in lington Ger a dog DECEMBER to improve your looks." - ANDY ROONEY - HARRY TRUMAN NOVEMBER THURSDAY THURSDAY 4 1 MONDAY 2,155:45 - 8130- KC **FRIDAY**  $2_{\frac{\text{TUESDAY}}{\text{Election Day}}}$ 8:45 AM- 10:45 13:66 DAYS

ERA CANCED-WX

12-NOON 5:15 LET

6:5-7:15-KC (ERA

Camulla) FRIDAY 5 ERA CANCED -WX SATURDAY C 3 WEDNIRDA 8:00 ANTO 12:00 NON & BILL SUNDAY 34 12:00 NOON - 2:00 PH - BILL 3:30pm-7:45pm- Kc (4.25) 10H

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ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

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11-25 17, 9.00 Am - 12:15 pm for 12:15 BM - 3:35 - LW 3:35 - 5:35 - BC

11 20 17 1 cc 11m - 12 00 35 12:00 - 3:30 35 km 3:30 - 6:45 3:5 KC

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ALCOHOL MARWUANA CONTROL OFFI

## HIIIIIII

11-27-17: 3/m 9. AH-12:00 NOWY: LW 12. MAN TO 5:00 34 HE LW 41/5 PH TO 5:00 34 HE LW "174:WING"

11-28-17 9 00 Am 12:20 BC

12:20pm-4pm KC 4:00pm-5PM LW

"STILL PLAINING"



# FITTITIE

11-29-14; 9: AM -12:15 PM3/4 LW 12:15-4:15 pm & 4: PM-5: PM-148-LW

11-30-17 10:00-1:00pm BC 12:30pm-4:00pm-3/2-W 4pm-6:45pm 2.75 KC

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## MITTILLE

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OLIMARIUUANA CONTROL OFFICI

JASIH MOESIEL MASIS 11/11/12 ABY SKE 12:30 cm - 12:30 pm 425/21 13,51/17 | 12:50 4,25/17 12/17/17 HIIIIIII 12/7/17 BLG 10:45pm - 6:45pm KC 12/8/11 3pm KC 12/9/17 8hrs 9 RM - 5 pm JW 12/10/17 "1hrs 11815 Am 315 PAJW 3:15pm - 7115 pm KC 12/11/17 KC 8115Am - 12:15 12115 pm - 4115 170

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ALCOHOL MARIJUANA CONTROL OFFICE STATE OF ALASKA

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STATE OF ALASKA

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OL MARIJUANA GUNTH

MAY 0.8 2018

ALCOHOL MARIJUANA CONTROL OFFIC

Children S W 1 W 1 U 2	A day without laughter is a day  overline  A day without laughter is a day  - Charlie Chaplin  A U RAVN - DASH-S
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	WINTIN

November 2016

nes courage is the quiet your could be the day that save I will

Mary Anne Radmacher

THURSDAY 10.

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7:45AH - 9:15-AM-LW-1/2 11:60 AM - 1:45PM-LW 23/4 3 pm - 8pm 7.15.24-9:15 AH-Lev 2 00

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11 00-12:30 BC 1.5N.0.
12:30 2 00 Walk 1.5

0 14 MONDAY 11.30 - 2:15 SC 2.75

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15 TUISDAY SURINY

November 2016

9:15-9 Am | CC 175 | 11 Am - 10:30 AM - LW - 2.5 9:30 - 11:45 Am | EC 2:25 3:00 Pm | KC - 3 11:45 - 3:30 | BC 3:75 | 6:30 9 pm | BC 2:5 16:40 - 4:45 LW 1:25 16:40 - 4:45 LW 1:25

16 WEDNESDAY SURRY 8:15 - 1 00 pm &c 4.75 1.00 - 3:00 PK LW 2.00

3pm - 4:15 pm (cc 1,253)

Sent call do anyming but

- David Allen

# 8,00AM - 10130AM - LW 2.50HB 11 Am - 1 PM BC 2.00

SUNDAY 20

RECEIVED MAY 08 2018

MAY 08 2018

ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

Success is the sum of small efforts, November 2016 repeated day in and day out." - Robert Collier THURSDAY 24 31 MONDAY 8AN - 10:45 AM-LW -23/4 HRS CLOSED GOR 11:45AM - 2:45 M-LW-3,0 HRS THANKSGIVING 3:30pm - 4:30pm KC 1 6 pm - 7:15pm KC 1 8AU - 11:00 AU/PH-LW-3 HBS 22 TUESDAY 8A01 - 9130A01 - LW - 1.5 10:00A01-12:45PM-LW - 2.34 11Am - 2115, pm KC 3.25) 12:45 gin- 4:30 pm/C-3:75 2115 - 4 pm 56 1.75 SATURDAY 26 23 WEDNESDAY PM - LW 4,5 NOT OPEN 12:30-4:15 KC 3,75 SUNDAY 27 You AN-12:15 PM-LW-3.25 12:15PM-3:15 PM JW -3 3:15 PM = 7:45 pm KC-4.5 05/



November 2016  SM   W   1   5   1   1   1   1   1   1   1   1	December "Friendship is the only cement that will ever hold the world together."  4
28 MONDAY  18 KANY - 11:00 ANY - LW 3hrs  11 Am - 1130 PM IN 25hrs  2pm - 4:30 pm   KC 2.5	8,00 AM - 10100 AH - LW 2 HRS 11100 Au - 1 pm JW 2 hrs 2,45 pm - 4.45 pm IV 2 hrs 13 5.15 pm - 9 pm + C 3.75
29 TUESDAY 8AM - 11:45 AM-LW-3.25 11:15-1148 PM JU 2.5	FRIDAY 2 20 FRIDAY 2 20 HX
2pm-415pm KC225	1/10 20 to 12 40 Ni - LW - 201.75 2114 Pm - 4130 PM - 50-228 5748 gm - 7145 IL 2 8.75
30 WEDNESDAY SHUTTLE 8 SAM- 9:30 - AUG-LW - 1.5 10:00 M - 11.15 AUG-LW - 1.25 11:05 Aug 1130 PM JUN 2.25	Saturday 3
1:30 pm - 3115 pm KC 1.75 3.15 pm - 4.30 pm IN 1.25	Sunday 4



December 2016  S M T W T 1 S  4	lanuary 17 - "If you magine it, you can achieve it.  S M T W T F S If you dream it, you can become it."  J T S I S I S S S S S S S S S S S S S S S
(3) 5 MONDAY 7,45 pm - 9 AM JLJ 1035 9:30 AM - 12 pm 54 215 12 pm - 2:45pm LC 1.75 2:45pn - 4:30 pm LC 1.75	8 pm-10 pm Judition 8/26
120m - 2:45pm LC 1.75	3:30pm-8:45pmKC 4.25
8.25	8.75
6 TUESDAY	FRIDAY 9
	8: 15 AM - 10:15 IL 2 Lis 11: 45 AM - 1.45 PM IL 225 hrs 6: 15 pm 8: wan Bu 1.75 hrs
	6:15pm 3: wpm Bc 1.75hrs
	8.9
7 WEDNESDAY PEARL HARRIER REMEMBRANCE DAVIUS	Saturday 10
	Sunday 11
The second secon	11.12-10- 71-20 3515

SUNDAY 11'9 11: 45AM-3:15 PM 3.5 hrs 3:16pm-7:45 KC 4.5 hrs

"You only live once, but if you do it December 2016 right, once is enough." - Mae West 23 12 MONDAY 1.00 Am - 18:30 PM 50 3 Ms 11 An - 2:00 PM 50 3 Ms 2pm - 4:30 pm KC 2.5 THURSDAY 15 Seam - Hoopin Be 5'm 3.300,n - 8:30pm /cc 5hr FRIDAY 16 13 TUESDAY SATURDAY 17 14 WEDNESDAY MAY 08 2018 SUNDAY 18



Date: October 5, 2017 Page 1 of 1

## 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

Policy Number: 16F WW 73447

Audit Period: 06/18/16 - 06/18/17

Final Audit - Revision

Code Number	Reported Payroll	Rate Per \$100	Premium
8002	65,400	2.840	1,857
9084	3,600	4.180	150
9807 9848 9880 9740 0986	69,000	.020	16 59 [62] 14 41
	,		
	(* 104	8 - A	
	5 <sub>2</sub> 5 2		
	9084 9807 9848 9880 9740	Number         Payroll           8002         65,400           9084         3,600           9807         9848           9880         69,000	Code Number         Reported Payroll         Per \$100           8002         65,400         2.840           9084         3,600         4.180           9807         9848         9880           9740         69,000         .020

Less Premium Due
Less Premium Previously Billed
Total Return Premium

\$2,075 [3,358] [1,283]



alcohol.licensing@alaska.gov

Phone: 907.269.0350

https://www.commerce.alaska.gov/web/amco

#### 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.

	ection 1 - Establishment siness seeking to have its license rene				please contact AM
Licensee:	Copper River & Northwest Limited, Inc.  License #: 2587				
License Type:	Beverage Dispensary - Seasona			Statute:	AS 04.11.090
Doing Business As:	The Gandy Dancer Bar			1	1
Premises Address:	Lot 1 Block 88 Cordova Airport			-	-
Local Governing Body:	City of Cordova				
Community Council:	None		Transcription Advanced in the Control of the Contro		
Mailing Address:	P.O. Box 1564	<b>-</b>			
City:	Cordova	State:	AK	710	
	C 01 00 Vec	State.	AN	ZIP:	99574
nter information for the indi ust be a licensee who is req	vidual who will be designated as the puired to be listed in and authorized to	rimary point sign this appli	of contact regard		195 /9
nter information for the indi	vidual who will be designated as the p	orimary point original sign this application	of contact regard cation.	ling this applica	tion. This individual
nter information for the indi ust be a licensee who is req Point of Contact:	vidual who will be designated as the puired to be listed in and authorized to BECKY CHAPE	orimary point of sign this applied to the sign this applied to the sign of the	of contact regard cation.		tion. This individual



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

#### **Section 2 - Authorization**

Communication with AMCO	staff:					Yes	No
Does any person <u>other than</u> a staff?	a licensee named ir	n this application h	ave authority	to discuss this license with	AMCO		1
If "Yes", disclose the nam	e of the individual	and the reason fo	r this author	zation:			
So This section must be comple		-		ership Information		to Saction	<b>n</b> 4
If more space is needed, pleated the following information mutures.	ase attach a separa	ite sheet with the	required info	rmation.	snoula Skip	to sectio	n 4.
Name:	0.00				and v	en e	
Mailing Address:		W-11	NAME OF THE PARTY				
City:			State:		ZIP:	***************************************	
Email:			<del>dana </del>				
Contact Phone:	1000	MINISTER SERVICE SERVI					
This individual is an: a	pplicant	affiliate					
Name:							
Mailing Address:							
City:			State:		ZIP:		
Email:			-			***************************************	
Contact Phone:							







Alaska CBPL Entity #:

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

alcohol.licensing@alaska.gov

Initials

https://www.commerce.alaska.gov/web/amco Phone: 907.269.0350

**Alaska Alcoholic Beverage Control Board** 

73258 D

## 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 vising the following site: <a href="https://www.commerce.alaska.gov/cbp/main/search/entities">https://www.commerce.alaska.gov/cbp/main/search/entities</a> Partnerships may skip to the second half of this page. Sole proprietorships should skip to Section 5.

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 a are also currently and accura	good standing with CBPL and that all on a stand that all on the standard with CBPL.	current entity	officials and stakeholders	(listed below	v) BC
<ul> <li>If the applicant is a corpe the stock in the corporat</li> <li>If the applicant is a <u>limite</u> ownership interest of 10</li> <li>If the applicant is a <u>partrr</u></li> </ul>	npleted by any <u>community</u> or <u>entity</u> , is pplying for renewal. If more space is <u>oration</u> , the following information mution, and for each <i>president</i> , <i>vice-president</i> , vice-president, vice-president, vice-president, vice-president, vice-president, vice-president, and for each manager.  Note: The state of the state	needed, plea st be complet ident, secreta information p, the following	se attach additional comp ted for each stockholder w try, and managing officer. must be completed for eac	leted copies ho owns 109 ch member w	of this page. % or more of with an
Entity Official Name:	Copper River? Nort				
Title(s): President	Rebekon A. Chopek	Phone:	907) 424-5356	% Owned	1: 100%
Mailing Address:	P.O. BOX 1564			-	
City:	Cordova	State:	Aloska	ZIP:	19574
Entity Official Name:					
Title(s):					
		Phone:		% Owned	:
Mailing Address:					
City:		State:		ZIP:	
Entity Official Name:					
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City:		State:		ZIP:	
	DECEMBE				- 113
[Form AB-17] (rev 10/16/2017) License #2587 DBA The Gandy Da	FEB 1 6 2018  ALCOHOL MAREJUANA CONTROL ( STATE OF ALASKA		DEC 26 2017  MANUANA CONTROL OFFICE STATE OF ALASKA		Page 3 of 5



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Phone: 907.269.0350

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.	П	
The license was regularly operated during a specific season each year, for 8 or more hours each day.	X	X
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?		7
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?		Y
If "Yes" to either of the previous two questions, attach a separate page to this application listing all NOVs and/or co	nviction	s.
Section 7 – Alcohol Server Education		
This section must be completed only by the holder of a <u>beverage dispensary</u> , <u>club</u> , or <u>pub</u> license or <u>conditional conf</u> . The holders of all other license types should skip to Section 8.	tractor's	permit.
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 partial have completed an alcohol server education course approved by the ABC Board and keep current, valid copies of the course completion cards on the licensed premises during all working hours, as required under AS 04.21.025 and 3 AAC 304.465.		BC





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Page 5 of 5

#### 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. 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. 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. 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. 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 of Notary Public BECKY CHAPEK Notary Public in and for the State of Printed name of licensee My commission expires: / 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 \$50					
Miscellaneous	Fees:				
GRAND TOTAL	(if different than T	OTAL):			\$1450.00

FEB 1 6 2018 DEC 2 6 2017

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