



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

Alaska Alcoholic Beverage Control Board

## Form AB-17: 2019/2020 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, 2018. 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. Receipt and/or processing of renewal payments by AMCO staff neither indicates nor guarantees that an application will be considered complete, or that a license will be renewed.

### Section 1 – Establishment and Contact Information

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

Licensee:	Old Timers, Inc.	License #:	866
License Type:	Beverage Dispensary	Legal Ref.:	AS 04.11.090
Doing Business As:	Pioneer Bar		
Premises Address:	739 W 4th Avenue		
Local Governing Body:	Municipality of Anchorage		
Community Council:	Downtown		
Mailing Address:	739 W 4th Ave		
City:	Anchorage	State:	AK
		ZIP:	99501

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

Contact Licensee:	Michael Ward	Contact Phone:	907-350-5276
Contact Email:	pioneerbarAK@gmail.com		

**Optional:** If you wish for AMCO staff to communicate with individual who is not a licensee named on this form (eg: legal counsel) about this application and other matters pertaining to the license, please provide that person's contact information in the fields below.

Name of Contact:		Contact Phone:	
Contact Email:			





## Form AB-17: 2019/2020 Renewal License Application

## Section 2 – Entity or Community Ownership Information

This top 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). This number is neither your EIN/tax ID number, nor your business license number. You may view your entity's status or find your CBPL entity number by visiting the following site: <https://www.commerce.alaska.gov/cbp/main/search/entities>

General partnerships and local governments should skip to the second half of this page. Licensees who directly hold a license as an individual or individuals should skip to Section 3.

Alaska CBPL Entity #:	517690
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You must ensure that you are able to certify the following statement before signing your initials in the box to the right: Initials

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

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

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

**Important Note:** The information provided in the below fields (including spelling of names, specific titles, and percentages held) must match that which is listed with CBPL. If one individual holds multiple titles mentioned in the bullets above, all titles must be listed for that individual on this application and with CBPL. Failure to list all required titles constitutes an incomplete application.

Name of Official:	Michael James Ward				
Title(s):	Director, President, Shareholder, Treasurer	Phone:	907-350-5276	% Owned:	50
Mailing Address:	2060 Forest Park Dr.				
City:	Anchorage	State:	AK	ZIP:	99517

Name of Official:	David Phillip Croffot				
Title(s):	Secretary, Shareholder, Vice President	Phone:	907-350-0504	% Owned:	50
Mailing Address:	8700 Jewel Terrace Cir.				
City:	Anchorage	State:	AK	ZIP:	99502

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





**Form AB-17: 2019/2020 Renewal License Application****Section 3 – Sole Proprietor Ownership Information**

This section must be completed by any licensee who directly holds the license as an **individual or multiple individuals** and is applying for license renewal. If more space is needed, please attach a separate sheet that includes all of the required information.

Entities should skip to Section 4. The following information must be completed for each licensee and each affiliate (spouse).

This individual is an: ☐ applicant ☐ affiliate (spouse)

Name:				Contact Phone:	
Mailing Address:					
City:		State:		ZIP:	
Email:					

This individual is an: ☐ applicant ☐ affiliate (spouse)

Name:				Contact Phone:	
Mailing Address:					
City:		State:		ZIP:	
Email:					

**Section 4 – Alcohol Server Education**

This section must be completed **only** by the holder of a **beverage dispensary, club, or pub** license or **conditional contractor's permit**. The holders of all other license types should skip to Section 5.

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

Initials

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

**Section 5 – License Operation**

Check a single box for each calendar year that best describes how this liquor license was operated:

2017 2018

The license was regularly operated continuously throughout each year.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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The license was regularly operated during a specific season each year.

<input type="checkbox"/>	<input type="checkbox"/>
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The license was only operated to meet the minimum requirement of 240 total hours each calendar year.

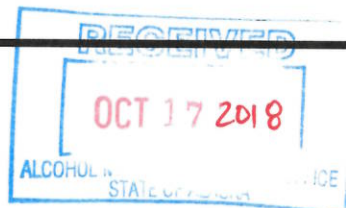
<input type="checkbox"/>	<input type="checkbox"/>
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*If this box is checked, a complete copy of Form AB-30: Proof of Minimum Operation Checklist, and all necessary documentation must be provided with this application.*

The license was not operated at all or was not operated for at least the minimum requirement of 240 total hours each year, during one or both of the calendar years.

<input type="checkbox"/>	<input type="checkbox"/>
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*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, unless a complete copy of the form (including fees) has already been submitted for that year.*



# Notice of Violation

(3AAC 304.525)

This form, all information provided and responses are public documents per Alaska Public Records ACT AS 40.25

Date: 7-13-17

License #/Type: Beverage Dispensary #866

Licensee: Old Timers, Inc.

Address: 739 W. 4th Ave, 99501

DBA: Pioneer Bar

AMCO Case #: AB17-0300

This is a notice to you as licensee that an alleged violation has occurred. If the Alcoholic Beverage Control Board decides to act against your license, under the provisions of AS 44.62.330 - AS 44.62.630 (Administrative Procedures Act) you will receive an Accusation and Notice of your right to an Administrative Hearing.

**Note:** This is not an accusation or a criminal complaint.

This office received Anchorage Police Department report #17-019998 regarding an arrest of a drunken person on your licensed premises on 5-20-17 at 0232 hours. This is a violation of Title IV.

Your attention is directed to AS04.16.030: Prohibited conduct relating to drunken persons

**You are directed to respond in writing to this Notice of Violation within 10 days of receipt to explain what action you have taken to prevent a re-occurrence of this violation. FAILURE TO RESPOND TO THIS NOTICE OF VIOLATION WITHIN 10 DAYS WILL RESULT IN YOUR APPEARANCE, EITHER IN PERSON OR TELEPHONICALLY, BEFORE THE ABC BOARD AT THEIR NEXT REGULARLY SCHEDULED BOARD MEETING.**

**\*Please send your response to the address below and include your alcohol license number in your response.**

3 AAC 304.525 (B) provides that upon receipt of a Notice of Violation, a licensee may request to appear before the Director and be heard regarding the Notice of Violation. The request must be made within ten days after receipt of the Notice and the Director must grant an appearance within ten days after receipt of a request. A Licensee shall respond, either orally or in writing, to the Notice.

**Alcohol & Marijuana Control Office**  
**ATTN: Enforcement**  
**550 W. 7<sup>th</sup> Ave, Suite 1600**  
**Anchorage, Alaska 99501**  
[amco.enforcement@alaska.gov](mailto:amco.enforcement@alaska.gov)

Issuing Investigator: J. Hamilton

Received by:

SIGNATURE: 

SIGNATURE:

Delivered VIA: Mail

Date:

7013 2250 0000 9617 5521



# Pioneer Bar

739 West 4<sup>th</sup> Avenue • Anchorage, AK 99501 • Phone: 907-276-7996 • Fax: 907-276-6333  
E-Mail: pioneerbarak@gmail.com

7/20/17

Alcohol & Marijuana Control Office  
ATTN: Enforcement  
550 West 7<sup>th</sup> Avenue, Suite 1600  
Anchorage, AK 99501

Dear Investigator Hamilton:

We at the Pioneer Bar (License #866) are writing this in response to the Notice of Violation (AMCO Case #AB17-0300) we received 7/15/17.

Upon receiving this violation we were very concerned. We immediately sought to find more information to resolve and prevent such an incident from happening again. After meeting with Special Investigator Hoelscher and yourself yesterday and upon reviewing the police reports from the Notice of Violation we immediately contacted the staff from the night in question. After speaking with them we decided to call a mandatory staff meeting for all employees on 7/26/17 to review the incident and review what we could have done better to prevent such an occurrence. We contacted the local Alaska CHARR office and are having one of their training staff hold a refresher course on TAPS training concentrating on the area of recognizing effects of alcohol in people on and entering the premise. We are also starting a new bar log in which employees will be required to make entries every night to assure the employees are in the habit of discussing and reflecting on the night, even if no incident occurs.

We continually seek to improve and better our business and the industry we are involved in. We are confident that with the discussion/additional training we receive during this meeting and in the future we will be able to improve and prevent such an incident from happening again.

We are open to any improvements/recommendations that you think could help us improve our establishment. Please feel free to contact us at pioneerbarak@gmail.com, or directly on our cell phones if you feel the need to bring anything to our attention at any time. Mike (907-350-5276) or Dave (907-350-0504).

Sincerely,



Michael Ward & David Croffut  
Owners of Pioneer Bar



# Alaska Alcoholic Beverage Control Board

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### Section 6 – Violations and Convictions

Applicant violations and convictions in calendar years 2017 and 2018:

Yes No

Have any notices of violation (NOVs) been issued to this licensee in the calendar years 2017 or 2018?



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 2017 or 2018?



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

### Section 7 – 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, and 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 approved and 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.

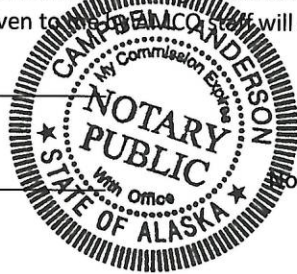


As an applicant for a liquor license renewal, I declare under penalty of perjury that I have read and am familiar with AS 04 and 3 AAC 304, and that this application, including all accompanying schedules and statements, is true, correct, and complete. I agree to provide all information required by the Alcoholic Beverage Control Board or AMCO staff 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 licensee

Michael J Ward

Printed name of licensee



Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: 2/28/2022

Subscribed and sworn to before me this 17 day of October, 2018.

Seasonal License? ☐ Yes ☒ No

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

License Fee:	\$ 2500.00	Application Fee:	\$ 300.00	TOTAL:	\$ 2800.00
Miscellaneous Fees:					
GRAND TOTAL (if different than TOTAL):					

