



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:	Don Jose's, LLC	License #:	3039
License Type:	Beverage Dispensary	Legal Ref.:	AS 04.11.090
Doing Business As:	Don Jose's Mexican Restaurant		
Premises Address:	205 S Willow St		
Local Governing Body:	City of Kenai (Kenai Peninsula Borough)		
Community Council:	None		

Mailing Address:	127 W Pioneer Ave		
City:	Homer	State:	AK
ZIP:	99603		

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:	Jose Ramos	Contact Phone:	907-229-7196
Contact Email:	Salmualaska@yahoo.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:	LISA Fink	Contact Phone:	678-382-9654
Contact Email:	Finklisa89@gmail.com		





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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 #:	Don Jesus LLC # 568131
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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:	Jose Ramos				
Title(s):	member	Phone:	907-229-7196	% Owned:	51
Mailing Address:	127 W Pioneer Ave				
City:	Homer	State:	AK	ZIP:	99603

Name of Official:	Maria C Ramos				
Title(s):	Member	Phone:	907-229-7196	% Owned:	49
Mailing Address:	127 W Pioneer Ave				
City:	Homer	State:	AK	ZIP:	99603

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





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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.

The license was regularly operated during a specific season each year.

The license was only operated to meet the minimum requirement of 240 total hours each calendar year.

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.

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.





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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

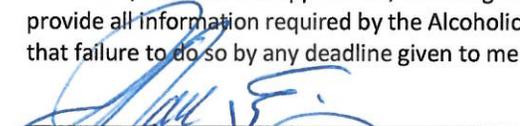
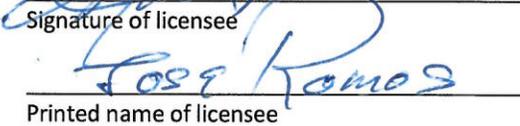
Read each line below, and then sign your initials in the box to the right of each statement: Initials

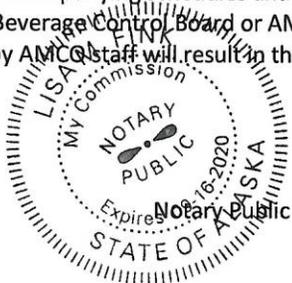
I certify that all current licensees (as defined in AS 04.11.260) and affiliates have been listed on this application, and that in accordance with AS 04.11.450, no one other than the licensee(s) has a direct or indirect financial interest in the licensed business.

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 _____

 Printed name of licensee _____




 Signature of Notary Public _____
 Notary Public in and for the State of AK
 My commission expires: 9-16-20

Subscribed and sworn to before me this 15 day of oct, 20 18.

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):					



Date: 3-31-18

Licensee: Don Jose's LLC

#3311/Beverage Dispensary

AMCO Case #: AB18-0257

I believe this is closed.



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: 3-21-18

License #/Type: #3311 / Beverage Dispensary

Licensee: Don Jose's, LLC

Address: 2052 E. Northern Lights Blvd, Anchorage, AK

DBA: don Jose's Mexican Restaurant

AMCO Case #: AB18-0257

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.

A caterer's permit was drawn by your establishment to host an event at Last Frontier Bar on 3-15-18. During the event, you failed to have Last Frontier Bar cease operations resulting in your establishment selling their alcoholic beverages instead of selling your alcoholic beverages. This is a violation.

Your attention is referred to AS 04.11.230: Caterer's permit

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. 7th Ave, Suite 1600
Anchorage, Alaska 99501
amco.enforcement@alaska.gov

Issuing Investigator: J. Hamilton

Received by:

SIGNATURE: 

SIGNATURE:

Delivered VIA: Mail

Date:

7016 2710 0000 8600 3913

Date: 3-28-18

Licensee: Don Jose's LLC

#3311/Beverage Dispensary

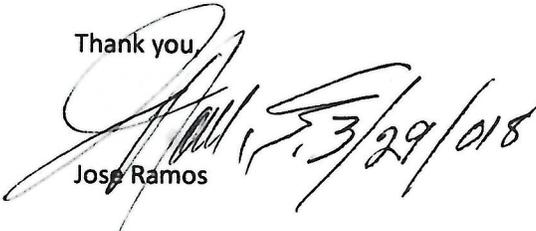
AMCO Case #: AB18-0257

This is to the response in question of catering event 3/15/18 at The Last Frontier Bar. I have spoken with Ivan Ramos in regards to the rules and regulations in using a catering permit. Prior to any offsite catering events, a check list will be created covering all the rules and regulations of offsite catering events.

All alcohol prior to the event found on premise will be placed in a separate locked room not accessible to employees so it may remove any human error in serving. This will be passed on to any staff members working any future events. Alcohol was transported from Don José's to Last Frontier Bar to be sold under Don Jose's catering permit.

Don Jose's LLC has been serving the hospitality industry for 36 years by following the rules and regulations.

Thank you

A handwritten signature in black ink, appearing to read 'Jose Ramos', is written over the printed name. The signature is stylized and includes a date '3/29/18' written in the middle of the signature.
Jose Ramos

Davies, Jason M (CED)

From: Davies, Jason M (CED)
Sent: Friday, March 30, 2018 3:51 PM
To: 'Don Jose's LLC'
Cc: CED AMCO Enforcement (CED sponsored)
Subject: RE: Don Jose's (AB18-0257)

Tracking:	Recipient	Read
	'Don Jose's LLC'	
	CED AMCO Enforcement (CED sponsored)	Read: 3/30/2018 3:51 PM

To Jose Ramos,

Thank you for the initial response to NOV #AB18-0257. Would you please clarify what steps you take to apply for a catering permit. i.e who applies for the permit, who signs the application, and who's alcohol gets used during the catered event.

Jason M Davies – Criminal Justice Tech I
AMCO/ENFORCEMENT
jason.davies@alaska.gov
907-754-3410

From: Don Jose's LLC <iramos@alaskadonjoses.com>
Sent: Friday, March 30, 2018 2:38 PM
To: CED AMCO Enforcement (CED sponsored) <amco.enforcement@alaska.gov>
Subject: Don Jose's (AB18-0257)

Any questions please feel free to contact Jose Ramos 907-229-7196

Date: 3-31-18

Licensee: Don Jose's LLC

#3311/Beverage Dispensary

AMCO Case #: AB18-0257

Steps required in applying for a catering permit.

1. Form AB-04: Caterer's Permit Application
 - a. Must be filled out and completed and then turned into APD, a week prior to schedule event.
 - b. Once approved by APD it then is turned into AMCO for approval.
2. Don Jose's LLC applies for the catering permit
 - a. Jose Ramos owner of the application signs and authorizes the application
 - b. Alcohol being used during the catered event is purchased from liquor distributors and sold under Don Jose's LLC

Jose Ramos

Date:



4/3/18