



## MEMORANDUM

TO: Bob Klein, Chair, and Members of the Alcoholic Beverage Control Board      DATE: December 17, 2018

FROM: Erika McConnell, Director      RE: 1064 Sorrento's

**Requested Action:** License reinstatement and 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."

3 AAC 304.160(e): "For the purposes of AS 04.11.540, if a license has expired for failure to file a complete application for renewal by February 28 or for failure to pay the required fees and penalty fees by that date, the board will consider a written request to reinstate the license if the request is accompanied by

- (1) a complete application;
- (2) all required fees and penalty fees; and
- (3) proof of good cause for the failure to file and pay by February 28."

3 AAC 304.160(f): "The board will deny a request for reinstatement submitted under (e) of this section if the board finds that the failure to timely file or pay was caused by

- (1) the licensee's failure to notify the board of a change of the licensee's mailing address;
- (2) a transfer of ownership of the business for which the license was issued without written approval of the board in violation of AS 04.11.040;
- (3) a lease of the licensed business to another person in violation of AS 04.11.450(c); or
- (4) any other action of the licensee whether active or tacit that the board finds constitutes a failure to lawfully operate the business for which the license was issued."

**Staff Rec.:** Reinstate and renew

**Background:** The licensee submitted their 2017/2018 renewal application on January 4, 2018. An expiration warning letter was mailed to them on February 15, 2017. An incomplete letter was

emailed to them on February 28, 2017, giving them seven days to submit corrections. Although corrections were never submitted, AMCO never sent the licensee an expiration letter.

At some point in early 2018, the licensee contacted AMCO to inquire about their license. The information provided to the licensee on the phone is disputed. The licensee began the process to request reinstatement and renewal in May of 2018. An incomplete letter was sent to the licensee on May 29 but it was sent to a bad email address that had been provided by the licensee on the renewal application. After getting no response, the licensing examiner reached out to the licensee on June 29.

At this point, it appears most of the communication between AMCO and the licensee became telephonic. An issue of an unapproved transfer of ownership came up, and the licensee transferred the ownership back to owner of board record, although it was retransferred to the new owner again in October. On November 26, 2018, AMCO received the restaurant receipts affidavit which suggested that Sorrento's had continued selling alcohol throughout 2017 and 2018 despite not having a license. An expiration letter was delivered to Sorrento's on December 6, 2018, at which time they confirmed that they had been operating since the end of 2016.

AMCO never went to check that they had ceased operating although AMCO was aware that they had failed to renew.

A complete renewal application for 2017/2018 has been received, along with required fees and a request for reinstatement. The ownership has been corrected again with the Division of Business, Corporations, and Professional Licensing.

Attachment: Renewal Application  
CBPL Filing  
Request for Reinstatement



**Alaska Alcoholic Beverage Control Board**  
**Renewal License Application**  
**Form AB-17a: Restaurant / Eating Place**

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

**What is this form?**

This renewal license application form is required for all individuals or entities seeking to apply for renewal of an existing restaurant / eating place license that will expire on December 31, 2016. 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 needs to be verified/completed by licensees whose establishments are located within the Municipality of Anchorage or outside of city limits within the Matanuska-Susitna Borough.

This form must be completed correctly and submitted to the Alcohol & Marijuana Control Office (AMCO)'s main office, along with all other required documents and fees, before any renewal license application will be considered complete.

**Section 1 – Establishment and Contact Information**

Enter information for the business seeking to have its license renewed.

Licensee:	Venus Restaurant Corporation	License #:	1064
License Type:	Restaurant/Eating Place	Statute:	AS 04.11.100
Doing Business As:	Sorrento's		
Premises Address:	610 E Fireweed Ln		
Local Governing Body:	Municipality of Anchorage		
Community Council:	Midtown		

Mailing Address:	610 E Fireweed Lane		
City:	Anchorage	State:	AK
		ZIP:	99503

Enter information for the licensee who will be designated as the primary point of contact regarding this application and the license.

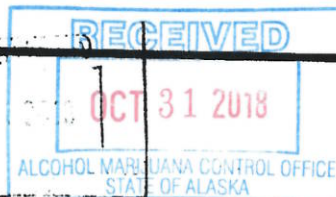
Designated Licensee:	Pete byfteas		
Contact Phone:	907.278.3439	Business Phone:	
Contact Email:	kblackknight@gmail.com		

Seasonal License?    Yes     No

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

RECEIPT # 99469

[Form AB-17a] (rev 10/25/2016)



\* Revised



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Renewal License Application  
Form AB-17a: Restaurant / Eating Place**

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

**Section 2 – Sole Proprietor Ownership Information**

This section must be completed by any sole proprietor who is applying for a license. Entities should skip to Section 3.  
If more space is needed, please attach a separate sheet with the required information.  
The following information must be completed for each licensee and each affiliate (spouse).

This individual is an:  applicant  affiliate

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

This individual is an:  applicant  affiliate

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

**Section 3 – 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 (DOC). Partnerships may skip to Page 3. Sole proprietors should skip to Section 4.

Alaska DOC Entity #:	41785 D
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Alaska Division of Corporations: Yes No

Is your entity in good standing with the Alaska Division of Corporations?







Alaska Alcoholic Beverage Control Board  
 Renewal License Application  
 Form AB-17a: Restaurant / Eating Place

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 Phone: 907.269.0350

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

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

Entity Official:	Pete Gyfteas			
Title(s):	Owner/President	Phone:	907.278.3439	% Owned: 100
Address:	610 E Fireweed Lane			
City:	Anchorage	State:	Alaska	ZIP: 99503

Entity Official:	Brenda Gyfteas			
Title(s):	Secretary	Phone:	907.278.3439	% Owned: 0
Address:	610 E Fireweed Lane			
City:	Anchorage	State:	AK	ZIP: 99503

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

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

Entity Official:				
Title(s):		Phone:		% Owned:
Address:				
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Phone: 907.269.0350

### Section 4 – Authorization

Communication with AMCO staff:

Yes No

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

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

Kosta Byfteas - General Manager

### Section 5 – License Operation

Check the box that best describes your liquor license operations in calendar years 2015 and 2016:

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, an AMCO employee will contact you after reviewing your 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, an AMCO employee will contact you after reviewing your application.

### Section 6 – Convictions

Applicant convictions in calendar years 2015 and 2016:

Yes No

Has any person 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 2015 or 2016?

If "Yes", list all convictions:







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[alcohol.licensing@alaska.gov](mailto:alcohol.licensing@alaska.gov)  
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Phone: 907.269.0350

**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 if the licensee is an organized entity, that all current entity officials and stakeholders are listed with the Alaska Division of Corporations.

P.G.

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.

P.G.

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.

P.G.

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 or stakeholders) from what is currently on file with the Alcoholic Beverage Control Board.

P.G.


I certify that I have not violated any restrictions pertaining to this particular license type, and that this license has not been operated in violation of a condition or restriction imposed by the Alcoholic Beverage Control Board.

P.G.

I certify that the gross receipts for the sale of food at the restaurant equal at least 50% of the total gross receipts for calendar years 2015 and 2016.

P.G.

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 licensee

  
Signature of Notary Public

PETER CYFTEAS  
Printed name of licensee

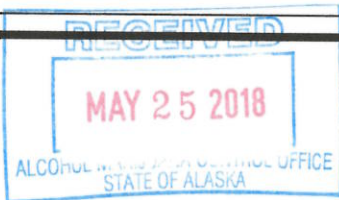


Notary Public in and for the State of Alaska

My commission expires: April 24, 2022

Subscribed and sworn to before me this 23 day of May, 2018.

License Fee:	\$ PAID	Filing Fee:	\$ 200.00	TOTAL:	\$ 200.00
Late Fee of \$500.00 – if received or postmarked after 02/28/2018:					\$ 500.00
Miscellaneous Fees:					
<b>GRAND TOTAL (if different than TOTAL):</b>					<b>\$ 700.00</b>





THE STATE  
of **ALASKA**

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



**COR**

FOR DIVISION USE ONLY  
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Anchorage

DEC 11 2018

CBPL

cc 25 - *[Signature]*

**Corporations Section**

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

**Notice of Change of Officials**

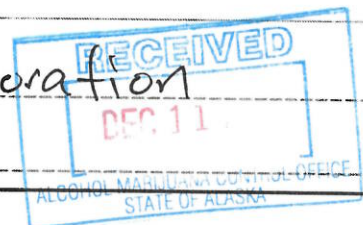
**Domestic Business Corporation (AS 10.06)**

- This Notice of Change of Officials form is only for Domestic Business Corporations and is used to report changes between biennial reporting periods in: officers, directors, alien affiliates, and shareholders.
- This Notice of Change of Officials will not be filed if the entity's biennial report is not current. To verify the entity's biennial report due date, go online to [www.Corporations.Alaska.Gov](http://www.Corporations.Alaska.Gov) and select, *Search Corporations Database*
- Standard processing time for complete and correct filings submitted to this office is approximately 10-15 business days. All filings are reviewed in the date order they are received.
- The information you submit is a public record and will be posted on the State's website.

<b>1. Important:</b>	AS 10.06.813
<p>Each Domestic Business Corporation is required to notify this office when there is a change of officials. — AS 10.06.813</p> <p>Failure to meet this requirement may result in involuntary dissolution of the entity's authority to transact business in the State of Alaska. — AS 10.06.633(5)(7)</p> <p>The Domestic Business Corporation is to keep and make available the records of the official(s) changes. — AS 10.06.430</p>	

<b>2. Fee:</b>	<input checked="" type="checkbox"/> \$25 Nonrefundable Filing Fee (CORF)	3 AAC 16.030(b)
<p>Mail this form and the non-refundable \$25 filing fee in U.S. dollars to the letterhead address. Make the check or money order payable to the State of Alaska, or use the attached credit card payment form.</p>		

<b>3. Entity Information:</b>	AS 10.06.813
<p>Entity Name: <u>Venus Restaurant Corporation</u></p> <p>Alaska Entity Number: <u>41785 D</u></p>	





**4. REMOVE from Record:**

AS 10.06.813(b)

The following officials (officers, directors, shareholders, and alien affiliates) will be completely removed from the record as a result of this filing. If necessary, use the following SUPPLEMENT page.

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Anchorage  
DEC 11 2018

Name: Kosta Gyfteas

Name: \_\_\_\_\_

Name: Laura Gyfteas

Name: \_\_\_\_\_ CBPL

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

**5. ALL Current Officials:**

AS 10.06.813(b) and  
AS 10.06.950

The following is a complete list of ALL remaining and new officials who will be on record as a result of this filing. Domestic Business Corporations must have a President, Secretary, Treasurer, and at least one Director. The President and the Secretary cannot be the same person unless the President is 100% shareholder. The entity must also provide all shareholders who own 5% or more of the issued shares, and all alien affiliates.  
— AS 10.06.453 and 10.06.483

List **ALL** officials and their current information to be on record.

**BOLD** fields are required.

FULL LEGAL NAME	COMPLETE MAILING ADDRESS	% Owned	Shareholder	PRESIDENT	Vice-President	SECRETARY	TREASURER	DIRECTOR	Assistant Secretary	Assistant Treasurer	Alien Affiliate
Pete Gyfteas	6720 Dickerson Dr. Anchorage, AK 99504	100	✓	✓			✓	✓			
Brenda Gyfteas	6720 Dickerson Dr. Anchorage, AK 99504	0				✓					

→ If necessary, use the following SUPPLEMENT page.

**6. Required Signature:**

AS 10.06.813(b) and  
AS 10.06.825

The Notice of Change of Officials must be signed by the President or Vice-President of the corporation. Persons who sign documents filed with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor.

Signature: [Handwritten Signature]

Printed Name: Kosta Gyfteas

Title of Authorized Signer:  President

RECEIVED  
Date: 12-11-18  
DEC 11 2018  
ALCOHOL MARIJUANA CONTROL OFFICE  
STATE OF ALASKA  
 Vice-President



THE STATE  
of **ALASKA**

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

**COR**

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DEC 11 2018  
CBPL

**Corporations Section**

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

**Contact Information**

- Return this form with your filing
- This information may be used by the Division to assist with processing your attached filings
- This form will not be filed for record, or appear online

<b>Entity Information</b>		Enter your entity information as it appears on this filing.
Entity Name:	Venus Restaurant Corporation	
AK Entity #:	41785D	

<b>Contact Person</b>		Whom may we contact with any questions or problems with this filing?
Company:		
Contact:	Pete Gyftcas	
Mailing Address:	Address: 6720 Dickerson Dr.	
	City: Anchorage	State: AK ZIP: 99504
Phone:	907- <del>278</del> -3439	
Email:	sorrentosak@gmail.com	

<b>Document Return Address</b>		Provide an address for the return of your filed documents.
<input checked="" type="checkbox"/> Return my filings to the address provided <b>ABOVE</b> <input type="checkbox"/> Return my filings to this address provided <b>BELOW</b>		
Company:		
Contact:		
Mailing Address:	Address:	
	City:	State: ZIP:



May 25, 2018

Venus Restaurant Inc.  
DBA Sorrento's  
610 E Fireweed Lane  
Anchorage, AK 99503

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

Dear AMCO Board of Directors:

This letter is a request for reinstatement for the liquor license #1064 issued to Venus Restaurant, Inc. (dba Sorrento's). The license was submitted for renewal and renewal paperwork along with appropriate fees were sent in by the due date. The paperwork was submitted by our company's bookkeeper who has record of the timely submission. The AMCO office found an error on the renewal form and sent 1 email requesting the error be fixed in 7 business days. This email was never received and no paperwork was mailed so we had no idea there was an issue. As soon as the General Manager at Sorrento's realized a new license had not been sent in January of 2018 he contacted our bookkeeper. She has been trying to get answers as to what was wrong and what needed to be fixed ever since. We were told the issue was going to be addressed at the last board meeting but no other information was given or requested and we heard nothing afterwards. With the help of the AMCO staff they finally gave us direction on what needed to be completed on May 10, 2018. We corrected the error and are submitting a new renewal form along with the additional fees for reinstatement of this license.

We kindly ask you approve this reinstatement as this was a clerical error on our part which has been corrected as requested as quickly as direction was given.

Sincerely,

Pete Gyfteas  
Owner/Licensee  
Sorrento's Restaurant