

# 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: 12-27-2017

License #/Type: Restaurant / Eating Place - PC

Licensee: KELT, LLC

Address: 276 Ohlson Lane, Homer, AK

DBA: Fat Olives

AMCO Case #: AB17-0755

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.

On 12-12-2017 an inspection was conducted at your establishment. On-duty manager Jacob R. Bailey was asked to provide proof of alcohol server education. Bailey stated did not have one and was unaware that he needed one.

Your attention is directed to AS04.21.025: Server education, AS04.21.030: Responsibility of licensees, agents, and employees, and AS04.16.150: Licensee responsible for violations.

As part of your response, please send a copy of Bailey's server education card.

**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 6436

## Davies, Jason M (CED)

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**From:** Hoelscher, James C (CED)  
**Sent:** Tuesday, January 16, 2018 8:53 AM  
**To:** Davies, Jason M (CED)  
**Subject:** FW: Notice of Violation

### NOV response for Fats Olive

**From:** Hamilton, Joe (CED)  
**Sent:** Tuesday, January 16, 2018 8:15 AM  
**To:** Fat Olives Homer <fatoliveshomer@gmail.com>  
**Cc:** McConnell, Erika B (CED) <erika.mcconnell@alaska.gov>; Hoelscher, James C (CED) <james.hoelscher@alaska.gov>  
**Subject:** Re: Notice of Violation

This will be fine. Thank you

Sent from my iPhone

On Jan 16, 2018, at 6:03 AM, Fat Olives Homer <[fatoliveshomer@gmail.com](mailto:fatoliveshomer@gmail.com)> wrote:

Good morning, Mr. Hamilton  
Thank you for clarifying the need for MODs to have TAMS card. We will make arrangements for our kitchen manager, Jacob Bailey to attend the next scheduled TAMS course in Homer, February 13th. As to the missing signage, we will pick them up from HPD and post as required.  
Will this email serve as our written response or does the board require a written letter ?  
Please advise.  
Regards,  
Lisa

Lisa Nolan / owner  
Fat Olives Restaurant  
276 Ohlson Lane  
POB 297 Homer, Alaska 99603

On Jan 11, 2018, at 4:36 PM, Hamilton, Joe (CED) <[joe.hamilton@alaska.gov](mailto:joe.hamilton@alaska.gov)> wrote:

<CED-PR-AMC-ANC-hplaserjetm680\_Scanned-Doc (002).pdf>

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**KELT, LLC**  
**dba Fat Olives**  
**PO Box 297**  
**Homer, AK 99603**

COMPLETE THIS SECTION ON DELIVERY

A. Signature: Steve Nola  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

9/22/21 NWR

3. Service Type  Yes

- Certified Mail®  Priority Mail Express™
- Registered  Return Receipt for Merchandise
- Insured Mail  Collect on Delivery

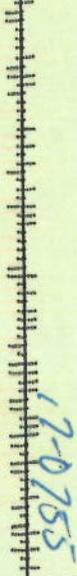
4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
 (Transfer from service label)

9E49 2T96 0000 0522 ETD2

PS Form 3811, July 2013

Domestic Return Receipt



• Sender: Please print your name, address, and ZIP+4® in this box•

**AMCO**  
**550 W. 7th Avenue, Suite 1600**  
**Anchorage, AK 99501**

First-Class Mail  
 Postage & Fees Paid  
 USPS  
 Permit No. G-10

UNITED STATES POSTAL SERVICE



Alaska Alcoholic Beverage Control Board

**Master Checklist: Renewal Liquor License Application**

|                    |  |                 |          |
|--------------------|--|-----------------|----------|
| Doing Business As: | Fat Olives                                   | License Number: | 4315     |
| License Type:      | Restaurant/Eating Place - Public Convenience |                 |          |
| Examiner:          | John   | Transaction #:  | 991334 ✓ |

| Document                   | Received | Completed | Notes |
|----------------------------|----------|-----------|-------|
| AB-17: Renewal Application | 12/10/18 | 12/21/18  |       |
| App and License Fees       | 12/10/18 | 12/10/18  |       |

| Supplemental Document       | Received | Completed | Notes |
|-----------------------------|----------|-----------|-------|
| Tourism/Rec Site Statement  |          |           |       |
| AB-25: Supplier Cert (WS)   |          |           |       |
| AB-29: Waiver of Operation  |          |           |       |
| AB-30: Minimum Operation    |          |           |       |
| AB-33: Restaurant Affidavit | 12/10/18 | 12/10/18  |       |
| COI / COC / 5 Star          |          |           |       |
| FP Cards & Fees / AB-08a    |          |           |       |
| Late Fee                    |          |           |       |

|                    |  |
|--------------------|--|
| Names on FP Cards: |  |
|--------------------|--|

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

**LGB 1 Response:**

Waive   
  Protest   
  Lapsed

**LGB 2 Response:**

Waive   
  Protest   
  Lapsed



**Alaska Alcoholic Beverage Control Board**  
**Restaurant or Eating Place License**  
**Form AB-17a: 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 restaurant or eating place 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:             | KELT, LLC                                       | License #: | 4315            |
| License Type:         | Restaurant or Eating Place - Public Convenience | Statute:   | AS 04.11.400(d) |
| Doing Business As:    | Fat Olives                                      |            |                 |
| Premises Address:     | 276 Ohlson Lane                                 |            |                 |
| Local Governing Body: | City of Homer (Kenai Peninsula Borough)         |            |                 |
| Community Council:    | None  |            |                 |

|                  |         |        |       |
|------------------|---------|--------|-------|
| Mailing Address: | POB 297 |        |       |
| 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: | LISA S. Nolan            | Contact Phone: | 509-845-9856 |
| Contact Email:    | FatOlivesHomer@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-17a: 2019/2020 Restaurant 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 using 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 #: | 79343D |
|-----------------------|--------|

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: | Steve Nolan     |        |              |              |
| Title(s):         | Managing Member | Phone: | 509.420-6539 | % Owned: 50% |
| Mailing Address:  | POB 297         |        |              |              |
| City:             | Homer           | State: | AK           | ZIP: 99603   |

|                   |               |        |              |              |
|-------------------|---------------|--------|--------------|--------------|
| Name of Official: | LISA S. Nolan |        |              |              |
| Title(s):         | member        | Phone: | 509.845.9856 | % Owned: 50% |
| Mailing Address:  | POB 297       |        |              |              |
| City:             | Homer         | State: | AK           | ZIP: 99603   |

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



# Form AB-17a: 2019/2020 Restaurant 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) NA

|                  |  |        |  |                |  |
|------------------|--|--------|--|----------------|--|
| 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

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.*





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

## 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?

Yes  No

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?

Yes  No

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 (ABC) 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.

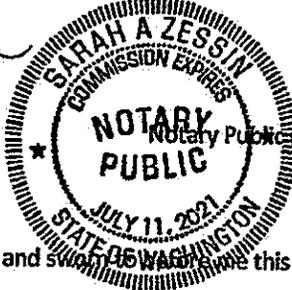
I am submitting as part of this application a completed copy of Form AB-33: Restaurant Receipts Affidavit, to provide evidence to the ABC Board that this establishment met the food sales requirement set forth in AS 04.11.100(e).

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

LISA S. Nolan

Printed name of licensee



Signature of Notary Public

Notary Public and for the State of Washington

My commission expires: 7/11/21

Subscribed and sworn to before me this 6th day of December, 2018

Seasonal License?  Yes  No

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

|  |           |                  |           |        |           |
|--|-----------|------------------|-----------|--------|-----------|
| License Fee:                           | \$ 600.00 | Application Fee: | \$ 300.00 | TOTAL: | \$ 900.00 |
| Miscellaneous Fees:                    |           |                  |           |        |           |
| GRAND TOTAL (if different than TOTAL): |           |                  |           |        | 900.00    |

# Notice of Violation

(3AAC 304.525)

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Date: 12-27-2017

License #/Type: Restaurant / Eating Place - PC

Licensee: KELT, LLC

Address: 276 Ohlson Lane, Homer, AK

DBA: Fat Olives

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

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

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**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: *J. Hamilton*

SIGNATURE:

Delivered VIA: Mail

Date:



7013 2250 0000 9617 6436