

Department of Commerce, Community, and Economic Development

ALCOHOL & MARIJUANA CONTROL OFFICE

550 West Seventh Avenue, Suite 1600 Anchorage, AK 99501 Main: 907.269.0350

MEMORANDUM

TO: Bob Klein, Chair, and Members of the

Alcoholic Beverage Control Board

DATE: February 19, 2019

FROM: Erika McConnell, Director RE: 4274 Mountain High Pizza Pie

Requested

Transfer of ownership

Action:

Statutory Authority: AS 04.11.040(a): "A license issued under this title may not be transferred to another

person except with the written consent of the board."

AS 04.11.470: "A person may object to an application for issuance, renewal, transfer of location, or transfer to another person of a license, or for issuance of a permit, by serving upon the applicant and the board the reasons for the objection. The board shall consider the objections and testimony received at a hearing conducted under AS 04.11.510(b)(2) when it considers the application..."

AS 04.11.510(b)(2): "the board may, on its own initiative or in response to an objection or protest, hold a hearing to ascertain the reaction of the public or a local governing body to an application if a hearing is not required under this subsection; the board shall send notice of a hearing conducted under this paragraph 20 days in advance of the hearing to each community council established within the municipality and to each nonprofit community organization entitled to notification under AS 04.11.310(b);"

Staff Rec.: Hold

Hold a public hearing; approve with delegation to include lifting of Department of

Labor – Employment security objection

Background: An objection to this transfer has been received from the Department of Labor – Employment Security for being non-compliant.

Attachment: Department of Labor – Employment Security objection

Transfer application



Department of Commerce, Community, and Economic Development

ALCOHOL & MARIJUANA CONTROL OFFICE

550 West Seventh Avenue, Suite 1600 Anchorage, AK 99501 Main: 907.269.0350

January 25, 2019

Department of Revenue

License Number:

Department of Labor, Employment Security

Department of Labor, Workers' Compensation

Via email: theresa.mitchell@alaska.gov

elizabeth.glooschenko@alaska.gov

4274

rizalına.olde@alaska.gov velma.thomas@alaska.gov andrea mogil@alaska.gov dor.tax.collections@alaska.gov

License Type:	Restaurant/Eating Place			
Applicant:	Mountain High Pizza Pi	e, LLC		
Doing Business As:	Mountain High Pizza Pi	e		
Transferee EIN:	20-3577347			
Transferor EIN:	20-3577347			
☐ Transfer of Ownersh	ip Application	☐ Transfer of Contr	olling Interest	
each applicable public hea which the applicant's prop This letter serves to provic regarding the above applic return this form to the AN	.11.370(a)(6) require that a lth, fire, safety, and tax cod losed licensed premises are le written notice and requestation (see attached applica lice) Liz Gloo PHONE:	le and ordinance of the st located. st for compliance status for ition documents for more ow.	rom the above referinformation). Pleasemplo	everning body in
☐ Compliant PNor	n-compliant			
COMMENTS:			·	
If you have any guestions,	please send them to the en	nail address below.		

Erika McConnell Director, ABC Board

who it amell

Sincerely,



alcohol.licensing@alaska.gov

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



Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

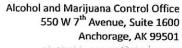
What is this form?

This transfer license application form is required for all individuals or entities seeking to apply for the transfer of ownership and/or location of an existing liquor license. Applicants should review Title 04 of Alaska Statutes and Chapter 304 of the Alaska Administrative Code. All fields of this form must be completed, per AS 04.11.260, AS 04.11.280, AS 04.11.290, and 3 AAC 304.105.

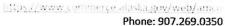
This form must be completed and submitted to AMCO's main office, along with all other required forms and documents, before any license application will be considered complete.

Section 1 - Transferor Information

Enter information for the current licensee and licensed establishment.								
Licensee:	Told Busilme	Told Busilone License #: 4274						
License Type:	Restaurant a Eating Place Statutory Reference: 45 04.							
Doing Business As:	Mountain than Pizze	Mountain thigh Pizza Pie						
Premises Address:	22165 South C St	rect						
City:	Talkeetina!	State:	AK	ZIP:	99676			
Local Governing Body:	Mutanuska-susit	71a B	borough					
Transfer Type: Regular transfer Transfer with secur Involuntary retrans		ONLY			•			
	OFFICE USE							
Complete Date:	1/24/19	Transe	action #:	989639				
Board Meeting Date:	2/19/19	Licens	e Years:	(9/2	<i>د</i>			
Issue Date:		BRE:		90				



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Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 2 - Transferee Information

Enter information for the neu	w applicant and/or location seeking to	be licensed.				
Licensee:	Mountaun HIGH	PIZZA	Pie, LL	C	,	
Doing Business As:	mountain their	140				
Premises Address:	23/62 South C					
City:	Talkerman	State:	AK		ZIP:	99676
Community Council:	Talkeitma Comu	nunity	Carnail			
	2/27					
Mailing Address:	POBOX 733	т				T
City:	Talkectner	State:	AK		ZIP:	99676
Designated Licensee:	501d Bac-1800	2				
	7000 1506 15M	7	\	Civin	722	7 10711
Contact Phone:	907 841-7537	Business I		1901	12	3-1334
Contact Email:	TKap122000	Mail.	COM			
Seasonal License? Yes No If "Yes", write your six-month operating period: Section 3 – Premises Information						
Premises to be licensed is:						
an existing facility	a new building	a propose	d building			
The next two questions must be completed by <u>beverage dispensary</u> (including tourism) and <u>package store</u> applicants only: What is the distance of the shortest pedestrian route from the public entrance of the building of your proposed premises to the outer boundaries of the nearest school grounds? Include the unit of measurement in your answer.						
	ne shortest pedestrian route from the e nearest church building? Include th	e unit of meas	urement in you			d premises to
Part Control Control		/70	A Landon		AMC	

[Form AB-01] (rev 10/10/2016)

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Phone: 907.269.0350

Form AB-01: Transfer License Application

Section 4 - Sole Proprietor Ownership Information

•			isiip illolliatio	PHU		
If more space is needed, ple	eted by any <u>sole proprietor</u> who is ap ase attach a separate sheet with the ust be completed for each licensee ar	required info	rmation.	to Section	n 5.	
This individual is an:	applicant affiliate					
Name:						
Address:						
City:		State:		ZIP:		
This individual is an:	This individual is an: applicant affiliate					
Name:					INPA CONTRACTOR	
Address:						
City:		State:		ZIP:		
Section 5 — Entity Ownership Information This section must be completed by any entity, including a corporation, limited liability company (ILC), partnership, or limited partnership, that is applying for a license. Sole proprietors should skip to Section 6. If more space is needed, please attach a separate sheet with the required information. 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						
Entity Official:	TOUR BUSINO	•				
Title(s):	Member	Phone:	907 841-753	- % Own	ed: 100	
Address:	PO BOX 133		101 091 1371		1,00	
City:	Talleetner	State:	ALT	ZIP:	99676	
	, , , , , , , , , , , , , , , , , , , ,	AMCC			110,1	

[Form AB-01] (rev 10/10/2016)

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Alcohol and Marijuana Control Office 550 W 7th Avenue, Suite 1600

alcohol.licensing@alaska.gov

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

Phone: 907.269.0350

Anchorage, AK 99501

Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Entity Official:										
Title(s):			Phone	e:				% Owi	ned:	
Address:										
City:			State	•				ZIP:		
Entity Official:		——————————————————————————————————————							-	
			Dhan					9/ 0		
Title(s):			Phon	e:				% Owi	nea:	
Address:									Т	
City:			State	:				ZIP:		
Entity Official:	**************************************									
Title(s):			Phone	e:			XIII.	% Owi	ned:	
Address:	i	A STATE OF THE STA		7.0						
City:	l i		State					ZIP:		
This subsection must be comp standing with the Alaska Divis Alaska.										
DOC Entity #:	96314	AK Formed	Date:	9	27	2005	Home	State:	Alas	Ker
Registered Agent:	todd Bas	done		A		Phone:	907	-841-		7
Agent's Mailing Address:										
City:	talkeetra	State: A	_				ZIP: ()	9676		
Residency of Agent:									Yes	No
Is your corporation or L	LC's registered agent a	n individual re	sident of	the s	state o	of Alaska?			X	
					AM	CO				



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Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 6 – Other Licenses		
nership and financial interest in other alcoholic beverage businesses:	Yes	No
Does any representative or owner named as a transferee in this application have any direct or indirect financial interest in any other alcoholic beverage business that does business in or is licensed in Alaska?		5
f "Yes", disclose which individual(s) has the financial interest, what the type of business is, and if licensed in A license number(s) and license type(s):	Alaska, wh	ich
Section 7 – Authorization		
	Yes	No
	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:		
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: Heather ZimmerMan. She is my backkeeper and admi		
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: Heather Zimmerman. She is my backkeeper and admit mtppbookkeeper and admit mtppbookkeeper and admit mtppbookkeeper and grant com		
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: Heather ZimmerMan. She is my backkeeper and admi		

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Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 8 - Transferor Certifications

Additional copies of this page ma	y be attached, a	as needed, for the contr	olling interest of the cu	rrent licensee to be repres	ented.
I declare under penalty of perjury that I, as the current licensee (eith application, approve of the transfe	er the sole prop	rietor or the controlling i	nterest of the currently	licensed entity) have exam	ined this
Signature of transferor					
Todd Desilong					
Printed name of transferor	Subscribed	and sworn to before me	this 27 day of N	ovember :	20 <u>18</u> .
		OFFICIAL SEAL Natasja Williams IOTARY PUBLIC-STATE OF ALASI My Comm. Expires March 16, 202		Signature of Nota	ry Public
		Notary Po	ublic in and for the State	e of Haska	
			My commiss	ion expires: $\frac{3/16/23}{}$	2
Signature of transferor					
Printed name of transferor	Subscribed	and sworn to before me	this day of		20
			1//2004/000	# 10 · · · · · · · · · · · · · · · · · ·	
				Signature of Nota	ry Public
		Notary Pu	ıblic in and for the State	e of	2
		,			
			My commissi	on expires:	



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Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 9 - Transferee Certifications

Read each line below, and then sign your initials in the box to the right of each statement:	Initials
I certify that all proposed licensees (as defined in AS 04.11.260) and affiliates have been listed on this application.	T
I certify that all proposed licensees have been listed with the Division of Corporations.	7
I certify 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.	$ \sqrt{1} $
I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check the identification of a patron will complete an approved alcohol server education course, if required by AS 04.21.025, and, while selling or serving alcoholic beverages, will carry or have available to show a current course card or a photocopy of the card certifying completion of approved alcohol server education course, if required by 3 AAC 304.465.	
I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application.	1
As an applicant for a liquor license, I declare under penalty of perjury that I have read and am familiar with AS 04 and 3 AAC 3 that this application, including all accompanying schedules and statements, is true, correct, and complete. Signature of transferee	304, and
Printed name Subscribed and sworn to before me this 27 day of November	20 <u>18</u> .
OFFICIAL SEAL Natasja Williams NOTARY PUBLIC-STATE OF ALASKA My Comm. Expires March 16, 2022	ary Public
Notary Public in and for the State of Alasker	
My commission expires: $3/16/2$	2

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Alaska Alcoholic Beverage Control Board

Form AB-02: Premises Diagram

Alcohol and Marijuana Control Office 550 W 7th Avenue, Suite 1600 Anchorage, AK 99501 <u>alcohol.licensing@alaska.gov</u> https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

What is this form?

A detailed diagram of the proposed licensed premises is required for all liquor license applications, per AS 04.11.260 and 3 AAC 304.185. Your diagram must include dimensions and must show all entrances and boundaries of the premises, walls, bars, fixtures, and areas of storage, service, consumption, and manufacturing. If your proposed premises is located within a building or building complex that contains multiple businesses and/or tenants, please provide an additional page that clearly shows the location of your proposed premises within the building or building complex, along with the addresses and/or suite numbers of the other businesses and/or tenants within the building or building complex.

The second page of this form is not required. Blueprints, CAD drawings, or other clearly drawn and marked diagrams may be submitted in lieu of the second page of this form. The first page must still be completed, attached to, and submitted with any supplemental diagrams. An AMCO employee may require you to complete the second page of this form if additional documentation for your premises diagram is needed.

This form must be completed and submitted to AMCO's main office before any license application will be considered complete.

	Yes	No
I have attached blueprints, CAD drawings, or other supporting documents in addition to, or in lieu of, the second page of this form.		X

Section 1 - Establishment Information

Enter information for the business seeking to be licensed, as identified on the license application.

Licensee:	mountoun High Pizzafie, LLC	License Number: 4274
License Type:	Restaurant or Eating Pla	ie
Doing Business As:	Mountaun Hain Pizza	-P1C
Premises Address:	22165 South Chree	<i>t</i>
City:	Talkectra	State: AL ZIP: 99076

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[Form AB-02] (rev 06/24/2016)

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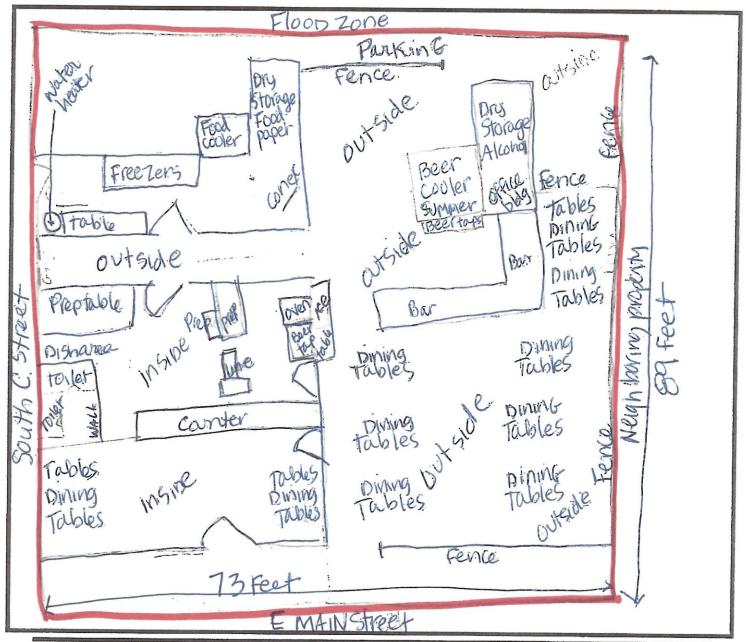
Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Form AB-02: Premises Diagram

Section 2 - Detailed Premises Diagram

Clearly indicate the boundaries of the premises and the proposed licensed area within that property. Clearly indicate the interior layout of any enclosed areas on the proposed premises. Clearly identify all entrances and exits, walls, bars, and fixtures, and outline in red the perimeter of the areas designated for alcohol storage, service, consumption, and manufacturing. Include dimensions, cross-streets, and points of reference in your drawing. You may attach blueprints or other detailed drawings that meet the requirements of this form.



[Form AB-02] (rev 06/24/2016)

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Mountain High Pizza Pie, LLC

Transfer Restaurant/Eating Place License #4274 d/b/a: Mountain High Pizza Pie

AB-02 Diagram, Security Plan

Barrier information:

Mountain High Pizza Pie has a fence around the entire premises. We have a secure entry for employees only in the rear. The front entrance is operated by a host(ess).

Signs are posted on the fences saying "No Alcohol beyond this point".

Personnel and Practices:

Personnel handling/serving alcohol and personnel managing those handling/serving alcohol all have a current TAM card. Management and staff are educated of alcohol laws and trained to enforce alcohol rules. Mountain High Pizza Pie takes this very seriously.

Minors are not allowed at the bar. The bar is monitored by the bartender.