

# 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: Beverage Dispensary 253

Licensee: Pioneer Beverages, Inc.

Address: 195 E. Pioneer Ave, Homer, AK

DBA: Alice's Champagne Palace

AMCO Case #: AB17-0763

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 12-13-2017 an inspection was conducted at your establishment. On-duty manager Joshua Tobin was asked to provide proof of alcohol server education. Tobin stated he doesn't have one and was unaware 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 Tobin'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 THE 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)

AMCO

DEC 07 2018

Issuing Investigator: J. Hamilton

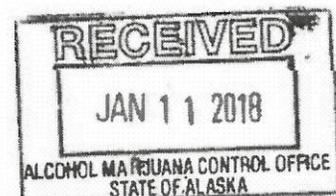
Received by:

SIGNATURE: 

SIGNATURE:

Delivered VIA: Mail

Date:



Alcohol & Marijuana Control Office

ATTN: Enforcement

550 W. 7<sup>th</sup> Ave, Suite 1600

Anchorage, AK 99501

RE: Notice of Violation case #AB17-0763

Liquor License #253

Joshua Tobin's role at the restaurant is largely administrative, he does not serve alcohol, and because of this we did not believe that he needed to have a TAPs card. Joshua Tobin attended the first available server education course on 1/9/2018 and now has a card, please find a copy of that card enclosed. We will make certain that management has alcohol server education training going forward. Please let us know if you need anything else.

Thank you

Joshua Tobin

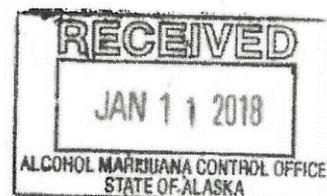
General Manager

Alice's Champagne Palace (Pioneer Beverages, Inc)

203 W Pioneer Ave

Homer, AK 99603

AMCO  
DEC 07 2018





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:	Pioneer Beverages, Inc.	License #:	253
License Type:	Beverage Dispensary	Legal Ref.:	AS 04.11.090
Doing Business As:	Alice's Champagne Palace		
Premises Address:	195 E Pioneer Ave		
Local Governing Body:	City of Homer (Kenai Peninsula Borough)		
Community Council:	None		
Mailing Address:	203 W. Pioneer Ave. STE 2B		
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:	Michael Todd Boling	Contact Phone:	907.235.3225
Contact Email:	Alices@homerbiz.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:	John Kelly	Contact Phone:	907.235.9700
Contact Email:	Alices@homerbiz.com		



# 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 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 #:	10022395
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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 Todd Boling				
Title(s):	Dir, Pres, Sec, Treas	Phone:	907-235-3225	% Owned:	100%
Mailing Address:	203 W. Pioneer Ave. STE 2B				
City:	Homer	State:	AK	ZIP:	991603

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

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.

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-17: 2019/2020 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.

MJB

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.

MJB

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.

MJB

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.

MJB  
Signature of licensee

Michael Todd Boling  
Printed name of licensee

Pamela J. Williams  
Signature of Notary Public  
PAMELA J. WILLIAMS  
Notary Public  
Notary Public State of Alaska  
My Commission Expires Nov 14, 2022  
AK  
My Commission Expires: 11/14/2022

Subscribed and sworn to before me this 5 day of December, 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):					