



MEMORANDUM

TO: Bob Klein, Chair, and Members of the Alcoholic Beverage Control Board DATE: April 29, 2019

FROM: Erika McConnell, Director RE: 4536 Oceanview Restaurant

Requested Action: Reinstatement, renewal, and transfer of license; approval of 1st and 2nd waivers

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."

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 04.11.540: "...If a complete application for renewal has not been filed by February 28 or the required fees and the penalty fees have not been paid by that date, the license expires at 12:00 midnight February 28."

3 AAC 304.160(f): "The board will deny a request for reinstatement submitted under (e) of this section if

- (1) the license became available in accordance with 3 AAC 304.100(2) and was issued to a different applicant, unless the limit of licenses under AS 04.11.400 has not been reached; or
- (2) the board finds that the failure to timely file or pay was caused by
 - (A) the licensee's failure to notify the board of a change of the licensee's mailing address;
 - (B) 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;
 - (C) a lease of the licensed business to another person in violation of AS 04.11.450(c); or
 - (D) 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.: Evaluate reinstatement request in accordance with 3 AAC 304.160(f)

Background: During the last renewal period for the 2017/2018 licensing period, it came to AMCO's attention that the licensee had transferred ownership of the license without board approval. The licensee was informed by email on February 17, 2017, that there were some corrections required on his renewal application and that a transfer application was required as well. The licensee did not submit the corrections or the transfer application. However the AMCO staff member also did not follow up—an expiration letter was never sent to the licensee and the license was never expired in the database. Technically this license expired in the spring of 2017. An expiration and cessation of operations letter was sent on January 24, 2019.

Because the license was never expired in the database, a 2019/2020 renewal application was sent to the licensee who apparently had been operating for all of 2017 and 2018, at which time this situation came to light.

The licensee has submitted a request for reinstatement, a transfer application to transfer ownership from Luis Orta to Oceanview Restaurant, LLC, a complete renewal application, waiver applications for 2017 and 2018, and all required fees.

Attachments: Request for Reinstatement
Transfer Application
Renewal Application
Waiver Applications

January 30, 2019

Via Email and original by US Priority Mail

Ms. Erika McConnell
Director
Alcohol & Marijuana Control Office
550 West 7th Avenue, Suite 1600
Anchorage, Alaska 99501

Re: Request for Reinstatement – Beverage Dispensary License No. 4536

Dear Ms. McConnell:

Pursuant to your request by letter dated January 24, 2019, this is my written request for reinstatement of Beverage Dispensary License No. 4536. I have contacted Mr. Church to arrange payment by telephone of the \$500 penalty (late) fee for my 2017 / 2018 renewal application after he receives my applications by email today. What follows is my statement of good cause for failure to file a complete renewal application and to pay the required fee by February 28, 2017.

My original 2017 / 2018 renewal application was timely submitted with the required renewal fee in December 2016. Because my restaurant location has not changed for many years, and to the best of my recollection, the renewal application that I submitted in December 2016 included the same information provided in my prior renewal applications for 2009 / 2010, 2011 / 2012, 2013 / 2014, and 2015 / 2016, all of which were approved. To the best of my recollection, each time I submitted a renewal application after 2007, I copied information from my prior renewal application to complete the current renewal application. As I understand it, AMCO's concern with my 2017 / 2018 renewal application when originally submitted was a question about ownership of the license / business because of an LLC that was formed in 2007.

At the advice of my contract bookkeeper that it would save taxes, she formed Oceanview Restaurant, LLC in 2007 using online forms through the state of Alaska. I did not consult with an attorney about forming the LLC. I did not consult with an attorney about completing my 2017 / 2018 renewal application, nor did I consult with an attorney on prior year applications before my 2017 / 2018 renewal application. The same bookkeeper who formed the LLC has filed the biennial reports for the LLC since it was created. I did not understand until meeting with a lawyer this week how forming the LLC to save taxes per my bookkeeper's advice related to ownership of my business and ownership of the license. In my mind, because no one else is part of the LLC, I was still the owner of the business and the owner of the license. By way of background explanation, I did not complete high school and English is my second language. I will be using the services of an attorney for future business matters, including all matters related to my beverage dispensary license.

At the time of AMCO's request for additional information about my 2017 / 2018 renewal application, I was short-handed at the restaurant and handling all aspects of the business – cooking, hosting, serving, deliveries, employee matters, ordering supplies, finances, tax preparation, etc. That time period was especially busy for me in providing care for my wife, who has multiple sclerosis. The work that I was doing in the restaurant in early 2017 involved a lot of paperwork – which I thought included providing all of the information requested by AMCO to complete the renewal application. It

AMCO

FEB 19 2019

Ms. Erika McConnell
January 30, 2019
Page 2 of 2

was not until receiving the January 24, 2019 letter from Ms. McConnell that I had any idea that my 2017 / 2018 license renewal had not been processed.

I can specifically recall speaking with one of the alcoholic beverage vendors in early 2017 about when I should expect to receive the renewed license – he told me that there were changes happening at AMCO and that it might take a little longer than usual to receive the paperwork. The same vendor explained to me that my license was showing as active on the AMCO website and not to worry about it. As I understand it, my beverage dispensary license has been listed as active on the AMCO website since 2017.

Please let me know if any additional information is needed to support my request for reinstatement. I can be reached anytime at 907-617-9755 or by email at luishorta1369@gmail.com.

Respectfully,

Luis H. Orta

A handwritten signature in black ink, appearing to be 'Luis H. Orta', written in a cursive style.

Encl.



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: | LUIS ORTA | | License #: | 4536 | |
| License Type: | BEVERAGE DISPENSARY | | Statutory Reference: | 04.11.090 | |
| Doing Business As: | OCEANVIEW RESTAURANT | | | | |
| Premises Address: | 1831 TONGASS AVE | | | | |
| City: | KETCHIKAN | State: | AK | ZIP: | 99901 |
| Local Governing Body: | CITY OF KETCHIKAN | | | | |

Transfer Type:

- Regular transfer
- Transfer with security interest
- Involuntary retransfer



OFFICE USE ONLY

| | | | |
|---------------------|--|----------------|---------|
| Complete Date: | | Transaction #: | 1036893 |
| Board Meeting Date: | | License Years: | |
| Issue Date: | | BRE: | |



Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 2 – Transferee Information

Enter information for the **new** applicant and/or location seeking to be licensed.

| | | | | | |
|--------------------|--------------------------|--------|----|------|-------|
| Licensee: | OCEANVIEW RESTAURANT LLC | | | | |
| Doing Business As: | OCEANVIEW RESTAURANT | | | | |
| Premises Address: | 1831 TONGASS AVE | | | | |
| City: | KETCHIKAN | State: | AK | ZIP: | 99901 |
| Community Council: | | | | | |

| | | | | | |
|------------------|------------------|--------|----|------|-------|
| Mailing Address: | 1831 TONGASS AVE | | | | |
| City: | KETCHIKAN | State: | AK | ZIP: | 99901 |

| | | | | | |
|----------------------|--------------|-----------------|--------------|--|--|
| Designated Licensee: | LUIS ORTA | | | | |
| Contact Phone: | 907 617 9755 | Business Phone: | 907 255 7566 | | |
| Contact Email: | | | | | |

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 proposed building

The next two questions must be completed by beverage dispensary (including tourism) and package store 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.

.7 MILES HOLYNAME CATHOLIC SCHOOL

What is the distance of the shortest pedestrian route from the public entrance of the building of your proposed premises to the public entrance of the nearest church building? Include the unit of measurement in your answer.

.02 MILES KETCHIKAN SDA CHURCH



Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 4 – Sole Proprietor Ownership Information

This section must be completed by any sole proprietor who is applying for a license. Entities should skip to Section 5.
 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: | |

This individual is an: applicant affiliate

| | | | | | |
|----------|--|--------|--|------|--|
| Name: | | | | | |
| Address: | | | | | |
| City: | | State: | | ZIP: | |

Section 5 – Entity Ownership Information

This section must be completed by any entity, including a corporation, limited liability company (LLC), 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 with an interest of 10% or more*, and for each *general partner*.

| | | | | | |
|------------------|------------------|--------|------------|----------|-------|
| Entity Official: | LUIS ORTA | | | | |
| Title(s): | MANAGER, MEMBER | Phone: | 9076179755 | % Owned: | 100 |
| Address: | 1831 TONGASS AVE | | | | |
| City: | KETCHIKAN | State: | AK | ZIP: | 99901 |



Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

| | | | | | |
|------------------|--|--------|--|----------|--|
| 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: | | | | | |
| City: | | State: | | ZIP: | |

This subsection must be completed by any applicant that is a corporation or LLC. Corporations and LLCs are required to be in good standing with the Alaska Division of Corporations (DOC) and have a registered agent who is an individual resident of the state of Alaska.

| | | | | | |
|--------------------------|------------------|-----------------|----------------|-------------|-------|
| DOC Entity #: | 107869 | AK Formed Date: | 4/15/2007 | Home State: | AK |
| Registered Agent: | LUIS ORTA | | Agent's Phone: | 9076179755 | |
| Agent's Mailing Address: | 1831 TONGASS AVE | | | | |
| City: | KETCHIKAN | State: | AK | ZIP: | 99901 |

Residency of Agent: Yes No

Is your corporation or LLC's registered agent an individual resident of the state of Alaska?



Alaska Alcoholic Beverage Control Board
Form AB-01: Transfer License Application

Section 6 – Other Licenses

Ownership 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?

If "Yes", disclose which individual(s) has the financial interest, what the type of business is, and if licensed in Alaska, which license number(s) and license type(s):

Section 7 – 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:

STEVEN KAN TOR 907 617 8419



Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 8 – Transferor Certifications

Additional copies of this page may be attached, as needed, for the controlling interest of the current licensee to be represented.

I declare under penalty of perjury that the undersigned represents a **controlling interest** of the current licensee. I additionally certify that I, as the current licensee (either the sole proprietor or the controlling interest of the currently licensed entity) have examined this application, approve of the transfer of this license, and find the information on this application to be true, correct, and complete.

Signature of transferor

[Handwritten signature]

Printed name of transferor

Subscribed and sworn to before me this 29th day of January, 20 19.

[Handwritten signature]

Signature of Notary Public



Notary Public in and for the State of Alaska.

My commission expires: 11/6/2020

Signature of transferor

Printed name of transferor

Subscribed and sworn to before me this _____ day of _____, 20_____.

Signature of Notary Public

Notary Public in and for the State of _____.

My commission expires: _____



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.

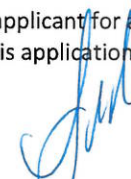
I certify that all proposed licensees have been listed with the Division of Corporations.

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.

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.

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 304, and that this application, including all accompanying schedules and statements, is true, correct, and complete.


Signature of transferee
Luis Orita
Printed name

Subscribed and sworn to before me this 29th day of January, 2019.


Signature of Notary Public



Notary Public in and for the State of Alaska

My commission expires: 11/6/2020



Alcohol and Marijuana Control Office
 550 W 7th Avenue, Suite 1600
 Anchorage, AK 99501
alcohol.licensing@alaska.gov
<https://www.commerce.alaska.gov/web/amco>
 Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board
Form AB-02: Premises Diagram

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.

Section 1 – Establishment Information

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

| | | | | | |
|--------------------|--------------------------|-----------------|------|------|-------|
| Licensee: | OCEANVIEW RESTAURANT LLC | License Number: | 4536 | | |
| License Type: | BEVERAGE DISPENSARY | | | | |
| Doing Business As: | OCEANVIEW RESTAURANT | | | | |
| Premises Address: | 1831 TONGASS AVE | | | | |
| City: | KETCHIKAN | State: | AK | ZIP: | 99901 |



STATE OF ALASKA
ALCOHOL BEVERAGE CONTROL BOARD
Licensed Premises Diagram

INSTRUCTIONS: Draw a detailed floor plan of your present or proposed licensed premises on the graph below; show all entrances and exits, and all fixtures such as tables, booths, games, counters, bars, coolers, stages, etc.

DBA: Ocean View RESTAURANTE

PREMISES LOCATION: 1831 TONGASS AVE

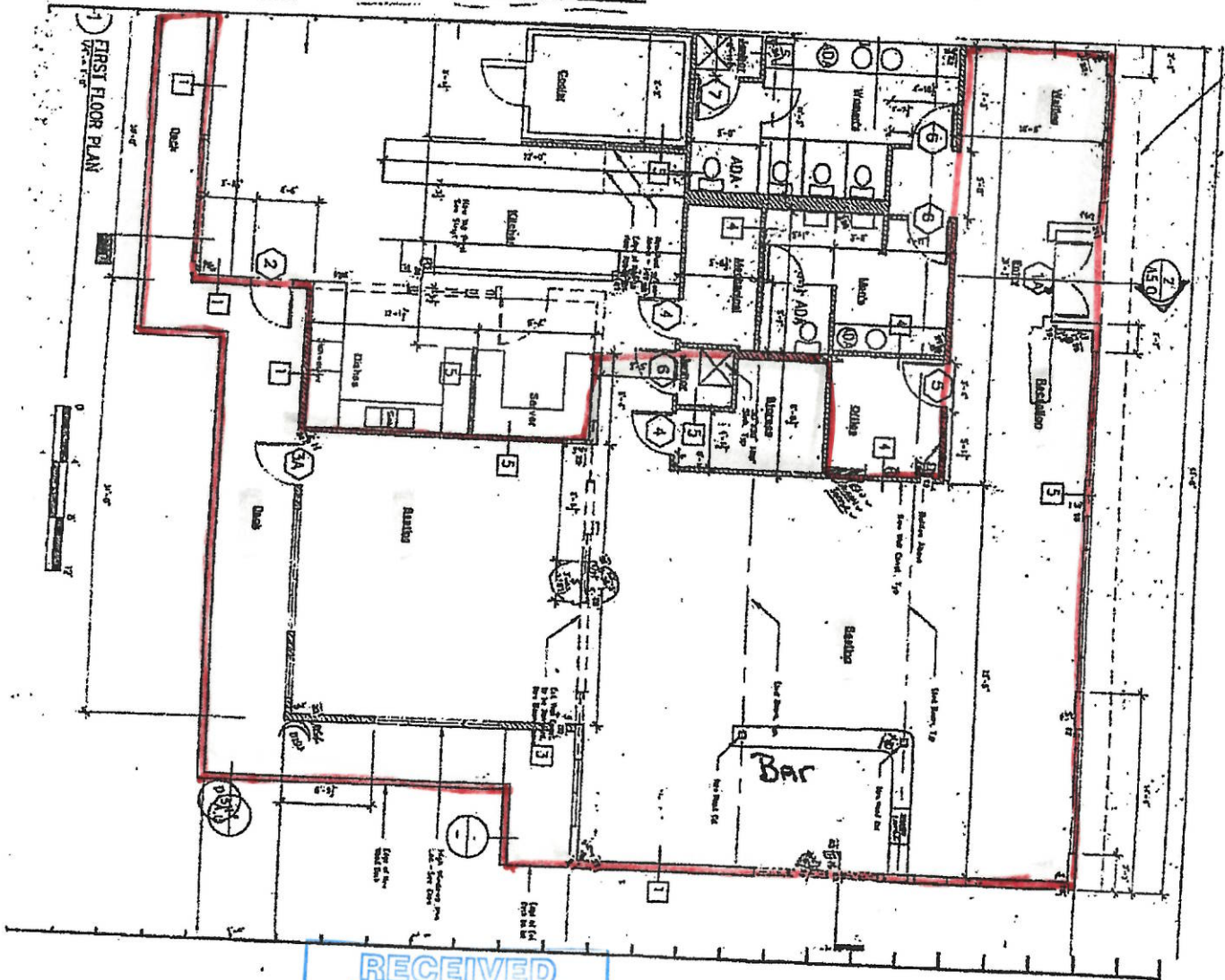
Indicate scale by x after appropriate statement or show length and width of premises. _____ 1 SQ. = 4 FT.

SCALE A: 1/16" 1 SQ. = 1 FT.

SCALE B:

Length and width of premises in feet:

Outline the area to be designated for sale, service, storage, and consumption of alcoholic beverages in red.
DO NOT USE BLUE INK OR PENCIL ON THIS DIAGRAM.



RECEIVED
APR 12 2019
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

RECEIVED
FEB 21 2019
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

AMCO
APR 11 2019



Imagery ©2019 DigitalGlobe, Map data ©2019 Google 100 ft

RECEIVED
APR 08 2019
ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA

OCEANVIEW RESTAURANT LLC

1831 TONGASS AVE

KTN, AK. 99901

(907) 617-9755

LUISHORTA1369@GMAIL.COM

APRIL 1ST 2019

AMCO Staff

Alcohol Marijuana Control Office

550 W 7th Ave STE 1600

ANCH, AK. 99501

907 269 0350

Dear Staff,

Security plan for the Oceanview Restaurant

We plan to serve Alcohol on our restaurant deck. Below outlines our security procedures

1. Only Guests 21 years and older will be permitted entrance. No children or Minors allowed.
2. The venue is fully enclosed with gates doors all monitored by both management members and Staff.
3. All I'd are checked in accordance with our identification verification process.
4. Waitstaff are always on patrol enforcing safety & responsible serving techniques.
5. Servers are all certified with current alcohol server education cards.
6. The Deck is fully fenced and all entrances and exits are through the restaurant itself. Ensuring no customer can access the deck without waitstaff accompaniment.

Sincerely,

Luis Orta

Owner Oceanview Restaurant LLC.





Alcohol and Marijuana Control Office
 550 W 7th Avenue, Suite 1600
 Anchorage, AK 99501
alcohol.licensing@alaska.gov
<https://www.commerce.alaska.gov/web/amco>
 Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Form AB-03: Restaurant Designation Permit Application

What is this form?

A restaurant designation permit application is required for a licensee desiring designation under 3 AAC 304.715 – 3 AAC 304.795 as a bona fide restaurant, hotel, or eating place for purposes of AS 04.16.010(c) or AS 04.16.049. Designation will be granted only to a holder of a beverage dispensary, club, recreational site, golf course, or restaurant or eating place license, and only if the requirements of 3 AAC 304.305, 3 AAC 304.725, and 3 AAC 304.745, as applicable, are met. A **detailed floor plan** of the proposed designated and undesignated areas of the licensed business and a **menu** or expected menu listing the meals to be offered to patrons must accompany this form. Applicants should review AS 04.16.049 – AS 04.16.052 and 3 AAC 304.715 – 3 AAC 304.795. All fields of this form must be completed. The required \$50 permit fee may be made by credit card, check, or money order.

Section 1 – Establishment Information

Enter information for licensed establishment.

| | | | | | |
|--------------------|---------------------------|-----------------|--------------|------|-------|
| Licensee: | Ocean View Restaurant LLL | | | | |
| License Type: | Beverage Dispensary | License Number: | 4536 | | |
| Doing Business As: | Ocean View Restaurant | | | | |
| Premises Address: | 1831 Tongass Ave | | | | |
| City: | Ketchikan | State: | AK | ZIP: | 99901 |
| Contact Name: | Luis Orita | Contact Phone: | 907 617 9755 | | |

Section 2 – Type of Designation Requested

This application is for the request of designation as a bona fide restaurant, hotel, or eating place for purposes of AS 04.16.010(c) or AS 04.16.049, and for the request of the following designation(s) (check all that apply):

- Dining after standard closing hours: AS 04.16.010(c)
- Dining by persons 16 – 20 years of age: AS 04.16.049(a)(2)
- Dining by persons under the age of 16 years, accompanied by a person over the age of 21: AS 04.16.049(a)(3)
- Employment for persons 16 or 17 years of age: AS 04.16.049(c)

NOTE: Under AS 04.16.049(d), this permit is not required to employ a person 18 - 20 years of age.

| OFFICE USE ONLY | | | | |
|-----------------|--|----------------|--|------|
| Issue Date: | | Transaction #: | | BRE: |





Alcohol and Marijuana Control Office
 550 W 7th Avenue, Suite 1600
 Anchorage, AK 99501
alcohol.licensing@alaska.gov
<https://www.commerce.alaska.gov/web/amco>
 Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Form AB-03: Restaurant Designation Permit Application

Section 3 – Additional Information

Enter all hours that your establishment intends to be open. Include variances in weekend/weekday hours, and indicate am/pm:

11am - 10 pm 7 days a week

Are any forms of entertainment offered or available within the licensed business or on the proposed designated portions of the premises?

Yes No

If "Yes", describe the entertainment offered or available:

[Empty box for describing entertainment]

Food and beverage service offered or anticipated is:

table service buffet service counter service other

If "other", describe the manner of food and beverage service offered or anticipated:

[Empty box for describing food and beverage service]

Is an owner, manager, or assistant manager 21 years of age or older always present on the premises during business hours?

Yes No

Blueprints, CAD drawings, or other clearly drawn and marked diagrams may be submitted in lieu of the third page of this form.

I have attached blueprints, CAD drawings, or other supporting documents in addition to, or in lieu of, the third page of this form that meet the requirements of this form.

Yes No



STATE OF ALASKA
ALCOHOL BEVERAGE CONTROL BOARD
Licensed Premises Diagram

INSTRUCTIONS: Draw a detailed floor plan of your present or proposed licensed premises on the graph below; show all entrances and exits, and all fixtures such as tables, booths, games, counters, bars, coolers, stages, etc.

DBA: Ocean View Restaurant

PREMISES LOCATION: 1831 BURGESS AVE

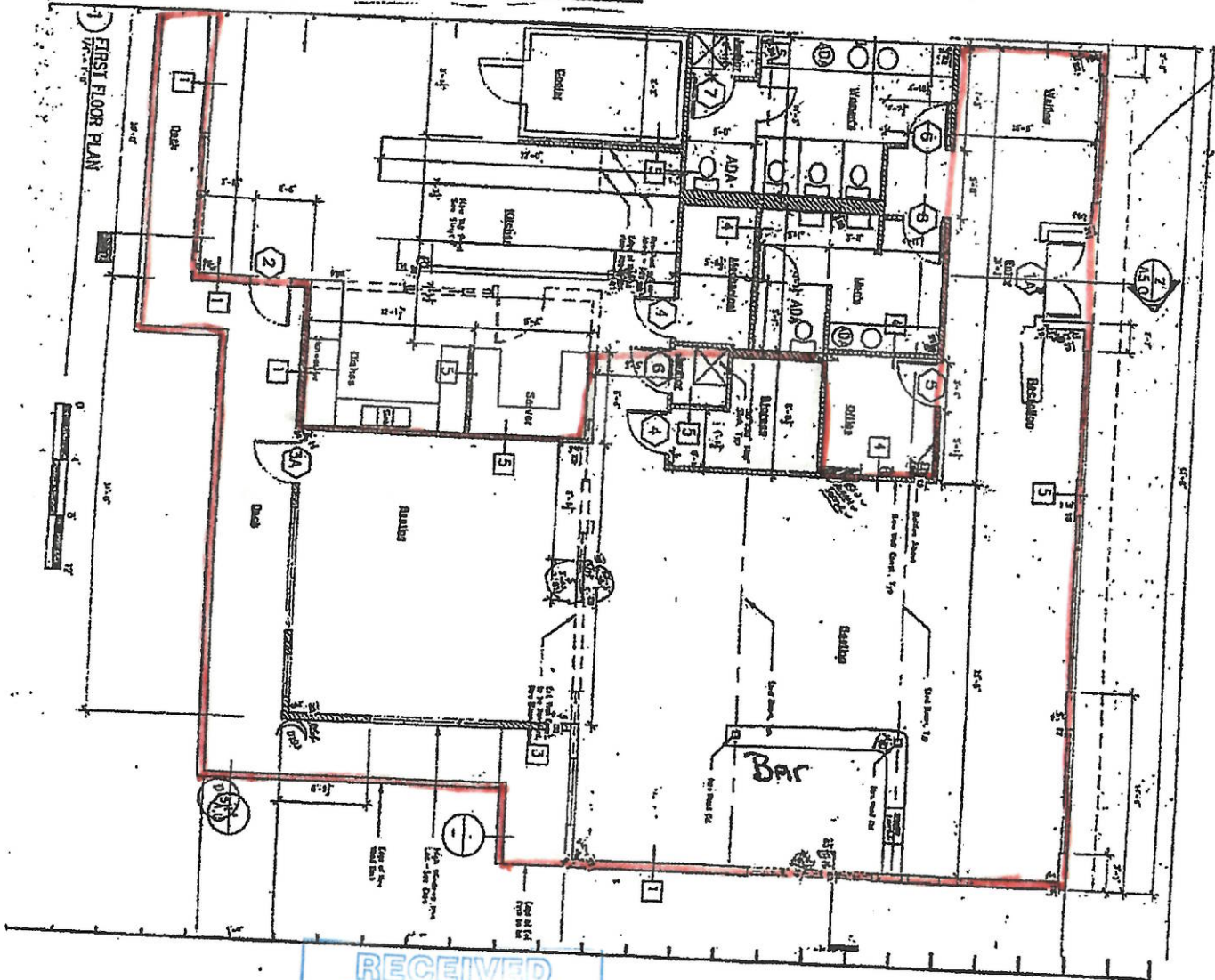
Indicate scale by x after appropriate statement or show length and width of premises. _____ 1 SQ. = 4 FT.

SCALE A: 1/16" 1 SQ. = 1 FT.

SCALE B:

Length and width of premises in feet:

Outline the area to be designated for sale, service, storage, and consumption of alcoholic beverages in red.
DO NOT USE BLUE INK OR PENCIL ON THIS DIAGRAM.



RECEIVED
APR 12 2019
ALCOHOL BEVERAGE CONTROL BOARD OFFICE
STATE OF ALASKA

RECEIVED
FEB 21 2019
ALCOHOL BEVERAGE CONTROL BOARD OFFICE
STATE OF ALASKA

AMCO
APR 11 2019

OCEANVIEW RESTAURANT LLC

1831 TONGASS AVE

KTN, AK. 99901

(907) 617-9755

LUISHORTA1369@GMAIL.COM

APRIL 1ST 2019

AMCO Staff

Alcohol Marijuana Control Office

550 W 7th Ave STE 1600

ANCH, AK. 99501

907 269 0350

Dear Staff,

FLOOR PLAN

As per AMCO staff attached is the floor plan diagram. This is both for the restaurant designation as well as AB_02. Please Call if you have any questions.

907 617 8419

Thank you

Luis Orta

Owner Oceanview Restaurant LLC.



OCEANVIEW RESTAURANT LLC

1831 TONGASS AVE
KTN, AK. 99901
(907) 617-9755

LUISHORTA1369@GMAIL.COM

APRIL 1ST 2019

AMCO Staff

Alcohol Marijuana Control Office
550 W 7th Ave STE 1600
ANCH, AK. 99501
907 269 0350

Dear Staff,

Security plan for the Oceanview Restaurant


We plan to serve Alcohol on our restaurant deck. Below outlines our security procedures

1. Only Guests 21 years and older will be permitted entrance. No children or Minors allowed.
2. The venue is fully enclosed with gates doors all monitored by both management members and Staff.
3. All I'd are checked in accordance with our identification verification process.
4. Waitstaff are always on patrol enforcing safety & responsible serving techniques.
5. Servers are all certified with current alcohol server education cards.
6. The Deck is fully fenced and all entrances and exits are through the restaurant itself. Ensuring no customer can access the deck without waitstaff accompaniment.

Sincerely,

Luis Orta

Owner Oceanview Restaurant LLC.





Alaska Alcoholic Beverage Control Board

Form AB-03: Restaurant Designation Permit Application

Section 5 – Certifications and Approvals

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

Initials

I have included with this form a detailed floor plan of the proposed designated and undesignated areas of the licensed business for purposes of this application. I understand that this diagram is different than my licensed premises diagram.

I have included with this form a menu, or an expected menu, listing the meals to be offered to patrons.

I certify that the license for which I am requesting designation is either a beverage dispensary, club, recreational site, golf course, or restaurant or eating place license.

I declare under penalty of perjury that this form, including all attachments and accompanying schedules and statements, is true, correct, and complete.

Signature of licensee

Chris Oster

Printed name of licensee

Signature of Notary Public

Dana Jo Jeannette Cherry

Notary Public in and for the State of

Alaska

My commission expires:

01/24/23

Notary Public
DANA JO JEANNETTE CHERRY
State of Alaska
Commission No.: 190124005
My Commission Expires 01/24/2023

Subscribed and sworn to before me this *21st* day of *February*, 20*19*.

Local Government Review (to be completed by an appropriate local government official):

Approved Disapproved

Signature of local government official

Date

Printed name of local government official

Title





Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
Anchorage, AK 99501
alcohol.licensing@alaska.gov
<https://www.commerce.alaska.gov/web/amco>
Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Form AB-03: Restaurant Designation Permit Application

AMCO Enforcement Review:

Signature of AMCO Enforcement Supervisor

Printed name of AMCO Enforcement Supervisor

Enforcement Recommendations:

AMCO Director Review:

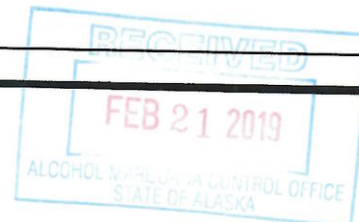
Approved Disapproved

Signature of AMCO Director

Printed name of AMCO Director

Date

Limitations:



Appetizers

Mozzarella Bread \$10.95

Mozzarella Cheese Melted over a Fresh Loaf of Garlic Bread



Bread Sticks \$13.95

Home-made Bread Sticks Prepared Fresh upon order.
Served with Your Choice of Ranch or Marinara Sauce

Mozzarella Cheese Sticks \$12.95

8 Cheese Sticks Lightly Breaded & Deep-Fried.
Served with Marinara Sauce



Nachos \$13.95

Freshly Fried Tortilla Chips Topped with Melted Cheese & Jalapenos



Clam Strips \$12.95



Nachos Supreme \$15.95

Tortilla Chips Covered in Melted Cheese & Your Choice of Ground Beef or Shredded Chicken. Topped with Jalapenos, Green Onions, Black Olives, Sour Cream & Guacamole

Calamari Fritti \$12.95

Clams or Calamari Deep-Fried & Served with a side of Tartar & Cocktail Sauce



Fajita Nachos \$17.95

Crisp Tortilla Chips Covered in Melted Cheese & Your Choice of Steak, Chicken or Shrimp Sautéed with Bell Peppers & Onions. Topped with Sour Cream & Guacamole



Tsatsiki \$12.95

Sliced Pita Bread Served with our Refreshing Home-made Cucumber Sauce



Mushroom Caps \$13.95

Fresh Mushroom Caps Sautéed with Garlic in a Creamy Marsala Sauce

Mexican Dinners

Each Dinner is Served with Rice and Beans
Can Be Served with Whole Beans

Shrimp Enchilada \$22.95

Jumbo Shrimp Wrapped in a Giant Flour Tortilla & Smothered with Red Ranchero Sauce or Salsa Verde. Topped with Fresh Avocado Slices & a side of Sour Cream



Mexican Combination \$20.95

Your Choice of Chicken, Beef or Cheese Enchilada, Chicken or Beef Taco & One Chile Relleno

Arroz Con Pollo \$22.95

Tender Strips of Chicken Sautéed with Zucchini & Red Onions, Topped with our Home-made Spanish Sauce & Jack Cheese. Served with Sour Cream Only Served with Mexican Rice



Carnitas Plate \$22.95

Marinated Pork Served with Guacamole & Pico De Gallo

Prime Rib Ranchero \$25.95

Prime Rib Topped with Salsa Verde, Cilantro & Onions, sour cream & guacamole



Carne Asada \$22.95

Two Tortillas Filled with Thin Slices of Grilled Steak. Topped with Pico de Gallo & Guacamole



Camarones A La Diabla \$23.95

Jumbo Shrimp Sautéed with Garlic & Butter in a Sweet & Spicy Tomato Sauce. Served with Fresh Tomatoes, Onions & Avocado Slices

Camarones Al Mojo De Ajo \$23.95

Jumbo Shrimp Sautéed in Butter with Garlic & a Touch of Worcestershire Sauce. Served with Fresh Tomatoes, Onions & Avocado Slices

Camarones al Tamarindo \$23.95

Shrimp Sautéed with Black Pepper, Crushed Red Peppers in Tamarind Sauce. Served with Fresh Tomatoes, Onions & Avocado Slices

Camarones al Coco \$23.95

Shrimp Breaded in Coconut Flakes Cooked to Perfection and Served With Coconut Sauce. Only Served with Rice & Salad

Camarones al Ajillo \$23.95

Jumbo Shrimp Sautéed in Butter with Garlic & Guajillo Peppers & Touch of Worcestershire Sauce. Served with Fresh Tomatoes, Onions & Avocado Slices

Steak or Chicken Ranchero \$22.95

Steak or Chicken Sautéed with Serrano Peppers, Pasilla Peppers, Onions & Tomatoes, Tomatillo Sauce

Mole Poblano Enchiladas \$19.95

Two Corn Tortillas Filled with Chicken & Topped with our Rich Chocolate Mole Sauce, Cilantro, Onions & a Touch of Queso Seco. Served with Sour Cream

Maria's Enchiladas \$19.95

Two enchiladas with Pork in Chile Verde or Steak in Chile Colorado. Served with Sour Cream

ALCOHOL & MARIJUANA CONTROL OFFICE
STATE OF ALASKA

Sizzling Fajitas

Fajitas Served with Rice, Pinto Beans, Sour Cream, Guacamole & Warm Tortillas



Combo Chicken & Steak Fajitas \$25.95

Chicken or Steak Fajitas \$23.95

Tender Pieces of Chicken or Steak Sautéed with Bell Peppers & Onions.
Topped with Cheese

Fajita Supreme \$26.95

Jumbo Shrimp, Steak & Chicken Sautéed with Bell Peppers & Onions
Topped with Cheese

Shrimp Fajitas \$24.95

Jumbo Shrimp Sautéed with Bell Peppers & Onions Topped with Cheese



Tequila Shrimp Fajitas \$24.95

Jumbo Shrimp Sautéed with a Touch of Tequila, Bell Peppers & Onions
Topped with Cilantro



Adovo Fajitas \$26.95

Steak or Chicken Sautéed with Onions & Adovo Spices with Mozzarella
Cheese & Cilantro



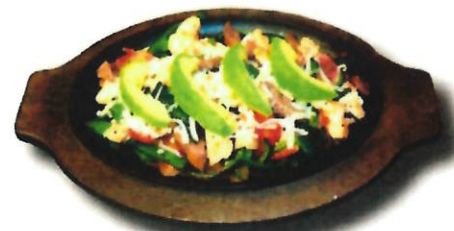
Maria's Fajitas \$25.95

Chicken or Steak, Mushrooms, Serrano Peppers, Onions, Tomatoes & bed
of Mozzarella Cheese & Avocado Slices.



El Niño Fajitas \$26.95

Thin Sliced Steak Grilled & Marinated Served over a bed of Mozzarella
Cheese. Topped with Tomatillo Sauce, Onions & Cilantro



El Patron Fajitas \$26.95

Chicken, Steak & Shrimp with Bacon, Tomatoes, Serrano Peppers Topped
Mozzarella Cheese & Avocado



Molcajete & Parrilladas Callejeras

Molcajetes Served with Rice, Pinto Beans, Sour Cream, Guacamole & Tortillas



Iguana Molcajete \$27.95

Strips of Steak, Chicken & Jumbo Shrimp Sautéed with Red Onions & Yellow Bell Peppers in a Mild, Sweet, Tomato Sauce Topped with Mozzarella Cheese & Cilantro



Carne Asada Molcajete \$24.95

Thinly Sliced Grilled Steak Topped with Tomatillo Sauce, Fresh Cilantro & Onion



Patron Molcajete \$27.95

Steak, Chicken & Shrimp Sautéed with Bacon in a Spicy Diablo Sauce with Mozzarella Cheese

Parrilladas Callejeras Served with guacamole, pico de gallo, salsa verde & tortillas.

\$25.95



Parrillada Callejera "El Patron"

Carnitas & Steak in Adobo Style



Parrillada Callejera "El Abram"

Pollo Asado & Carnitas, Serrano Peppers, Onions Grilled

Parrillada Callejera "La Patrona"

Pollo Asado & Steak Grilled, Avocado Slices & Fetta Cheese



Parrillada Callejera "Gordo Steak"

Pollo Asado, Steak & Chorizo Grilled with Serrano Peppers



Parrillada Callejera "Carne Asada"

Grilled Pollo Asado & Carne Asada

Burritos

Any Burrito Can be Served Naked Style or Can Be Served with Whole Pinto Beans

Add Rice and Beans for \$6

Deluxe Burrito \$15.95

Chicken or Ground Beef. Topped with our Special House Sauce, Melted Cheese, Lettuce & Sour Cream

Bean and Cheese Burrito \$15.95

A Flour Tortilla Filled with Refried Beans & Cheese. Served with Lettuce & Sour Cream

Burrito Relleno \$16.95

Tortilla Filled with one Green Chile, Rice & Beans. Topped with our Special Sauce. Garnished with Lettuce, Tomato, Cheese & Sour Cream



Burrito De Carne Asada \$16.95

Slices of Grilled Steak & Beans, Covered with Tomatillo Sauce, Cheese, Lettuce & Guacamole

Chile Verde or Chile Colorado Burrito \$16.95

Steak in Chile Colorado or Pork in Chile Verde. With Beans & Cheese, Lettuce, Tomato & Sour Cream

Patron Burrito \$17.95

Fajita Style Chicken, Steak or Shrimp with Refried Beans & (Topped with Tomatillo Sauce & Served with Sour Cream & Guacamole)



Chimichanga \$15.95

A Deep-fried Burrito with Chicken or Ground Beef, served with Sour Cream & Guacamole.

Try our new Queso- Diablo Sauce on Top add \$1

Adovo Burrito \$18.95

Chicken or Steak Sautéed with Onions & Adobo Spices with Tomatillo Sauce, Cheese, Cilantro & Onions. Served with Guacamole

Carnitas Burrito \$16.95

Pork Carnitas with Beans & Salsa Verde. Served with Guacamole & Pico de Gallo

Tostadas

Any Tostada Can be Ordered Naked Style
Can be Served With Whole Pinto Beans



Patron Tostada \$18.95

Fajita Style Chicken, Steak or Shrimp over Refried Beans with Fresh Lettuce, Cheese, Tomato & Avocado Slices

Tostada Carne Asada \$17.95

Slices of Grilled Steak with Beans, Lettuce, Avocado Slices, Cheese & Tomatillo Sauce



Tostada Grande \$16.95

Your Choice of Shredded Chicken or Ground Beef, Lettuce, Cilantro, Cheese, Tomatillo Sauce, Guacamole & Sour Cream

Mexican Dinners

Each Dinner is Served with Rice and Beans
Can Be Served with Whole Beans



Enchiladas \$17.95

Two Corn Tortillas Filled with Shredded Chicken or Ground Beef & Covered with Your Choice of Ranchero Sauce or San Pedro Sauce. Served with Sour Cream



Tacos \$17.95

Two Tacos Filled with Your Choice of Shredded Chicken or Ground Beef



Tostada or Tostada con Mole \$16.95

Two Crisp Corn Tortillas Topped with Beans & Choice of Ground Beef or Shredded Chicken. Topped with Lettuce & Sour Cream



Taquitos \$17.95

Three Corn Tortillas Filled with Your Choice of Shredded Chicken or Ground Beef then Deep-Fried. Topped with Sour Cream & Guacamole

San Pedro Enchilada \$17.95

Two Corn Tortillas with your Choice of Shredded Chicken, Ground Beef or Cheese, Smothered in our Tomatillo Sauce & Topped with Melted Cheese, Lettuce, Tomatoes & a Side of Sour Cream



Chile Relleno \$17.95

Chile Relleno & Enchilada \$17.95

Chile Relleno & Taco \$17.95

Taco and Enchilada \$17.95

One Green Chile Pepper Stuffed with Mozzarella Cheese, Dipped in Egg Batter & Deep-fried with Your Choice of Ground Beef, Shredded Chicken or Cheese Enchilada



Enchilada Trio \$18.95

Three Corn Tortillas Filled with Your Choice of Cheese, Shredded Chicken or Ground Beef



Flautas \$18.95

Two Giant Flour Tortillas Filled with Your Choice of Ground Beef or Shredded Chicken & Deep-Fried. Topped with Lettuce, Sour Cream & Guacamole



Your Choice of Lime, Strawberry, Pomegranate,
Mango or Tamarindo. Served Frozen or on the Rocks,
with or without Salt



House Rita \$12.95

We only use premium Sauza for our house Margaritas
Orange Liqueur, & Fresh Squeezed Lime Juice



El Diablo \$14.95

Maestro Dobel Reposado (100% Blue Agave), Orange
Liqueur, Fresh Squeezed Lime & Orange Juice



Milagro Nectar \$14.95

Hand Shaken Milagro Silver (100% Blue Agave),
Milagro 100% Natural Organic Agave Nectar & Fresh
Squeezed Lime Juice. Served on the Rocks



Mango Rita \$14.95

Patron Silver (100% Blue Agave), Peach Schnapps &
Mango Purée with a Chile Rim



El Niño \$14.95

Herradura Reposado (100% Blue Agave),
Grangala Orange Liqueur & Fresh Squeezed



Maestro Dobel \$14.95

Hand Shaken Dobel Reposado Tequila (100% Blue
Agave), Grangala Orange Liqueur & Fresh Squeezed Li
Juice. Served on the Rocks



Chambord 1800 \$14.95

1800 Reposado (100% Blue Agave), Orange Liqueur &
Chambord Raspberry Liqueur



Cadillac \$15.95

Tequila Patron (100% Blue Agave), Patron Citronge,
Fresh Squeezed Lime & Topped with Gran Marnier

Try Mezcal...



Patron Pomegranate \$14.95

Patron Silver (100% Blue Agave), Grangala Orange
Liqueur, Pomegranate & a Splash of Sprite





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: | Luis Orta | License #: | 4536 |
| License Type: | Beverage Dispensary | Legal Ref.: | AS 04.11.090 |
| Doing Business As: | Oceanview Restaurant | | |
| Premises Address: | 1831 Tongass Avenue | | |
| Local Governing Body: | City Ketchikan (Ketchikan Gateway Borough) | | |
| Community Council: | None | | |

| | | | |
|------------------|------------------|------|-------|
| Mailing Address: | 1831 Tongass Ave | | |
| City: Ketchikan | State: ALASKA | ZIP: | 99901 |

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: | LUIS ORTA | Contact Phone: | 907-617-9755 |
| Contact Email: | LuisHorta1369@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-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 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 #: | 1097869 |
|-----------------------|--------------------|

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.

[Handwritten signature and initials]

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: | | | | | |
| Title(s): | | Phone: | | % Owned: | |
| Mailing Address: | | | | | |
| City: | | State: | | ZIP: | |

| | | | | | |
|-------------------|--|--------|--|----------|--|
| 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: | Luis ORTA | | Contact Phone: | 907 617 9755 | |
| Mailing Address: | 1831 TONGASS AVE | | | | |
| City: | KETCHIKAN | State: | AK | ZIP: | 99901 |
| Email: | | | | | |

This individual is an: applicant affiliate (spouse)

| | | | | | |
|------------------|------------------|--------|----------------|--------------|-------|
| Name: | MARIA ORTA | | Contact Phone: | 907-225-1831 | |
| Mailing Address: | 1831 TONGASS AVE | | | | |
| City: | KETCHIKAN | State: | AK | ZIP: | 99901 |
| 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:

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.

Initials

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. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| The license was regularly operated during a specific season each year. | <input type="checkbox"/> | <input type="checkbox"/> |
| The license was only operated to meet the minimum requirement of 240 total hours each calendar year. <i>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.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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. <i>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.</i> | <input type="checkbox"/> | <input type="checkbox"/> |



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.

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.

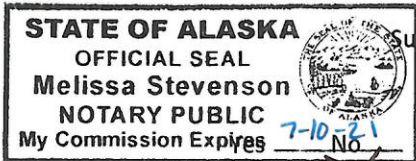
Signature of licensee

Signature of Notary Public

Printed name of licensee

Notary Public in and for the State of Alaska

My commission expires: 7-10-2021



Subscribed and sworn to before me this 28th 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): | | | | | |

AMCO



Alaska Alcoholic Beverage Control Board

Form AB-29: Waiver of Operation Application

What is this form?

This form is the means by which a licensee may request that the Alcoholic Beverage Control (ABC) Board waive the operating requirement of AS 04.11.330(a)(3) or (d). If a recreational site license has not been operated at least once in a calendar year, or if a license of any other type has not been operated for at least 240 hours in a calendar year, then a complete copy of this form and the corresponding fees must be submitted for that calendar year, per 3 AAC 304.170.

This application must be accompanied by a non-refundable waiver application fee of:

- for a 1st request, an amount equal to ½ the applicable biennial license fee; or
- for a 2nd or subsequent request, double the amount of the fee paid for the previous waiver application.

The ABC Board will determine whether, through no fault of the licensee or because the premises are under construction, the licensed premises could not be operated for the required time during the calendar year. The ABC Board may impose conditions along with the approval of an application for waiver, and it may deny a third or subsequent application for waiver. If an application for waiver is denied, an application for license renewal for the succeeding license period will be denied by the Board. In addition to the waiver application fee, the applicant must pay a late fee of \$1,000 for an application that is received too late for Board consideration at its meeting before November 30 of the year for which the waiver is requested. Please check AMCO's website for meeting agenda deadlines.

Please note that a licensee must submit a separate completed copy of this form and pay a separate corresponding fee for each license and for each calendar year during which a license was not operated in compliance with AS 04.11.330.

Section 1 – Establishment Information

Enter information for the license that has not been operated for the time required under AS 04.11.330.

| | | | | | |
|-----------------------|---|--------|-----------------|------|--|
| Licensee: | LUIS ORTA | | License Number: | 4536 | |
| License Type: | BDL BEVERAGE DISPENSARY | | | | |
| DBA: | OCEANVIEW RESTAURANT | | | | |
| Premises Address: | 1831 TONGASS AVE | | | | |
| City: | KETCHIKAN | State: | Alaska | ZIP: | |
| Local Governing Body: | CITY OF KETCHIKAN (KETCHIKAN GATEWAY BOROUGH) | | | | |

Section 2 – Request Number and Calendar Year

1st Request
 2nd Request
 3rd Request
 Other _____

Request for Calendar Year 2017



Alaska Alcoholic Beverage Control Board

Form AB-29: Waiver of Operation Application

Section 3 – Reason for Non-operation

Provide an explanation as to why the licensed premises were not operated:

SEE ATTACHED S.O.A. LETTER DATED 1-24-19

Section 4 – Certifications

The following must be completed for establishments located within the boundaries of a local governing body:

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

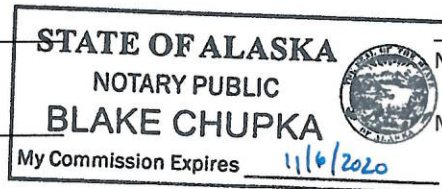
Initials

I certify that I will provide a true copy of this application to the local governing body listed on Page 1 of this form prior to ABC Board consideration of this application.

As a liquor licensee, I declare under penalty of perjury that this form, including all attachments, is true, correct, and complete.

Signature of licensee

Luis OGA
Printed name of licensee



Notary Public in and for the State of Alaska.

My commission expires: 11/6/2020

Subscribed and sworn to before me this 30th day of January, 2019.

Office Use Only

| | | | | | |
|-------------------------|--|-----------|--|----------------|--|
| Waiver Application Fee: | | Late Fee: | | Transaction #: | |
|-------------------------|--|-----------|--|----------------|--|



THE STATE
of **ALASKA**
GOVERNOR MICHAEL J. DUNLEAVY

Department of Commerce, Community,
and Economic Development

ALCOHOL AND MARIJUANA CONTROL OFFICE
550 West 7th Avenue, Suite 1600
Anchorage, AK 99501
Main: 907.269.0350

January 24, 2019

Luis Orta
Oceanview Restaurant
1831 Tongass Avenue
Ketchikan, AK 99901
luishorta1369@gmail.com

Re: Expiration and Mandatory Cessation of Operation of License #4536 DBA Oceanview Restaurant

YOUR LIQUOR LICENSE IS EXPIRED

Dear Luis Orta:

Because a complete application for renewal for the 2017/2018 licensing years was not filed with the Alcohol & Marijuana Control Office (AMCO) by your extended deadline of March 17, 2017, **your license is expired**, per AS 04.11.540. Your license expired in March of 2017.

THE SERVICE, SALE, CONSUMPTION, MANUFACTURE, AND/OR DISTRIBUTION OF ALCOHOL ON YOUR PREMISES MUST CEASE IMMEDIATELY.

Your license has expired for failure to complete the renewal application by the statutory deadline. You submitted a renewal application for the 2017/2018 licensing period, which AMCO received on December 20, 2016. Our records indicate that an email informing you that corrections to your application were required was sent on January 10, 2017. A warning letter, stating that your renewal application was not complete and that your license was in danger of expiring, was mailed to you on February 15, 2017. You spoke on the phone with Ms. Sarah Oates on February 17, 2017, and she sent a follow-up email, stating what corrections to your renewal application were still required and that a transfer application was required, with a deadline of March 17, 2017. We did not receive corrections, your renewal application was never completed, a transfer application was never submitted, and a 2017/2018 license was never sent to you.

It appears that an expiration letter was not sent to you. However, you never received a 2017/2018 license. 3 AAC 304.185(c) requires the licensee to "conspicuously post the license within the licensed premises." A renewal application for a 2019/2020 license was sent to you in error.

If you wish to request reinstatement of your license, you will need to take the following steps:

AMCO

FEB 19 2019

Mr. Luis Orta – Oceanview Restaurant
January 24, 2019
Page 2

- Submit a written request for reinstatement that provides “proof of good cause for failure to file and pay by February 28[, 2017].” This refers to why you failed to complete your 2017/2018 renewal application. (3 AAC 304.160(e)(3))
- Submit a \$500 penalty (late) fee for your 2017/2018 application. (AS 04.11.270(b)(3) and 3 AAC 304.160(e)(2))
- Submit a complete 2019/2020 renewal application with the required fees. The application that you have submitted needs corrections—please see the attached letter from your license examiner, Mr. Church.
- Submit complete waiver applications (Form AB-29 found on our website) for 2017 and 2018. The fee for the first waiver (for 2017) is \$1,250. The fee for the second waiver (for 2018) is \$2,500, and the late fee for each waiver is \$1,000, for a total of \$5,750.

These documents and fees must be submitted and found complete by close of business on February 1, 2019, in order for your request for reinstatement to be brought to the Alcoholic Beverage Control Board at their next meeting, on February 19-20.

Please contact me at erika.mcconnell@alaska.gov if you have any questions regarding this letter. For assistance with forms listed above, please continue to work with Mr. Church at alcohol.licensing@alaska.gov.

Sincerely,



Erika McConnell
Director

Cc: Mikal Milton, Records and Licensing Supervisor
James Hoelscher, Enforcement Supervisor
Licensing File

Encl.

AMCO
FEB 19 2019



Alaska Alcoholic Beverage Control Board

Form AB-29: Waiver of Operation Application

What is this form?

This form is the means by which a licensee may request that the Alcoholic Beverage Control (ABC) Board waive the operating requirement of AS 04.11.330(a)(3) or (d). If a recreational site license has not been operated at least once in a calendar year, or if a license of any other type has not been operated for at least 240 hours in a calendar year, then a complete copy of this form and the corresponding fees must be submitted for that calendar year, per 3 AAC 304.170.

This application must be accompanied by a non-refundable waiver application fee of:

- for a 1st request, an amount equal to ½ the applicable biennial license fee; or
- for a 2nd or subsequent request, double the amount of the fee paid for the previous waiver application.

The ABC Board will determine whether, through no fault of the licensee or because the premises are under construction, the licensed premises could not be operated for the required time during the calendar year. The ABC Board may impose conditions along with the approval of an application for waiver, and it may deny a third or subsequent application for waiver. If an application for waiver is denied, an application for license renewal for the succeeding license period will be denied by the Board. In addition to the waiver application fee, the applicant must pay a late fee of \$1,000 for an application that is received too late for Board consideration at its meeting before November 30 of the year for which the waiver is requested. Please check AMCO's website for meeting agenda deadlines.

Please note that a licensee must submit a separate completed copy of this form and pay a separate corresponding fee for each license and for each calendar year during which a license was not operated in compliance with AS 04.11.330.

Section 1 – Establishment Information

Enter information for the license that has not been operated for the time required under AS 04.11.330.

| | | | | | |
|-----------------------|---|--------|-----------------|------|--|
| Licensee: | LUIS ORTA | | License Number: | 4536 | |
| License Type: | BDL. BEVERAGE DISPENSARY | | | | |
| DBA: | OCEANVIEW RESTAURANT | | | | |
| Premises Address: | 1831 TONGASS AVE | | | | |
| City: | KETCHIKAN | State: | Alaska | ZIP: | |
| Local Governing Body: | CITY OF KETCHIKAN (KETCHIKAN GATEWAY BOROUGH) | | | | |

Section 2 – Request Number and Calendar Year

1st Request
 2nd Request
 3rd Request
 Other _____

Request for Calendar Year 2014



Alaska Alcoholic Beverage Control Board

Form AB-29: Waiver of Operation Application

Section 3 – Reason for Non-operation

Provide an explanation as to why the licensed premises were not operated:

SEE ATTACHED SOA LETTER DATED 1-24-19

Section 4 – Certifications

The following must be completed for establishments located within the boundaries of a local governing body:

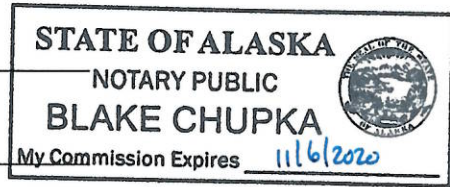
Read the line below, and then sign your initials in the box to the right of the statement:

Initials

I certify that I will provide a true copy of this application to the local governing body listed on Page 1 of this form prior to ABC Board consideration of this application.

As a liquor licensee, I declare under penalty of perjury that this form, including all attachments, is true, correct, and complete.

Signature of licensee
Luis Ochoa
Printed name of licensee



Blake Chupka
Notary Public in and for the State of Alaska.
My commission expires: 11/6/2020

Subscribed and sworn to before me this 30th day of January, 20 19.

| Office Use Only | | | |
|-------------------------|--|-----------|----------------|
| Waiver Application Fee: | | Late Fee: | Transaction #: |



THE STATE
of **ALASKA**
GOVERNOR MICHAEL J. DUNLEAVY

Department of Commerce, Community,
and Economic Development

ALCOHOL AND MARIJUANA CONTROL OFFICE
550 West 7th Avenue, Suite 1600
Anchorage, AK 99501
Main: 907.269.0350

January 24, 2019

Luis Orta
Oceanview Restaurant
1831 Tongass Avenue
Ketchikan, AK 99901
luishorta1369@gmail.com

Re: Expiration and Mandatory Cessation of Operation of License #4536 DBA Oceanview Restaurant

YOUR LIQUOR LICENSE IS EXPIRED

Dear Luis Orta:

Because a complete application for renewal for the 2017/2018 licensing years was not filed with the Alcohol & Marijuana Control Office (AMCO) by your extended deadline of March 17, 2017, **your license is expired**, per AS 04.11.540. Your license expired in March of 2017.

THE SERVICE, SALE, CONSUMPTION, MANUFACTURE, AND/OR DISTRIBUTION OF ALCOHOL ON YOUR PREMISES MUST CEASE IMMEDIATELY.

Your license has expired for failure to complete the renewal application by the statutory deadline. You submitted a renewal application for the 2017/2018 licensing period, which AMCO received on December 20, 2016. Our records indicate that an email informing you that corrections to your application were required was sent on January 10, 2017. A warning letter, stating that your renewal application was not complete and that your license was in danger of expiring, was mailed to you on February 15, 2017. You spoke on the phone with Ms. Sarah Oates on February 17, 2017, and she sent a follow-up email, stating what corrections to your renewal application were still required and that a transfer application was required, with a deadline of March 17, 2017. We did not receive corrections, your renewal application was never completed, a transfer application was never submitted, and a 2017/2018 license was never sent to you.

It appears that an expiration letter was not sent to you. However, you never received a 2017/2018 license. 3 AAC 304.185(c) requires the licensee to "conspicuously post the license within the licensed premises." A renewal application for a 2019/2020 license was sent to you in error.

If you wish to request reinstatement of your license, you will need to take the following steps:

AMCO

FEB 19 2019

Mr. Luis Orta – Oceanview Restaurant
January 24, 2019
Page 2

- Submit a written request for reinstatement that provides “proof of good cause for failure to file and pay by February 28[, 2017].” This refers to why you failed to complete your 2017/2018 renewal application. (3 AAC 304.160(e)(3))
- Submit a \$500 penalty (late) fee for your 2017/2018 application. (AS 04.11.270(b)(3) and 3 AAC 304.160(e)(2))
- Submit a complete 2019/2020 renewal application with the required fees. The application that you have submitted needs corrections—please see the attached letter from your license examiner, Mr. Church.
- Submit complete waiver applications (Form AB-29 found on our website) for 2017 and 2018. The fee for the first waiver (for 2017) is \$1,250. The fee for the second waiver (for 2018) is \$2,500, and the late fee for each waiver is \$1,000, for a total of \$5,750.

These documents and fees must be submitted and found complete by close of business on February 1, 2019, in order for your request for reinstatement to be brought to the Alcoholic Beverage Control Board at their next meeting, on February 19-20.

Please contact me at erika.mcconnell@alaska.gov if you have any questions regarding this letter. For assistance with forms listed above, please continue to work with Mr. Church at alcohol.licensing@alaska.gov.

Sincerely,



Erika McConnell
Director

Cc: Mikal Milton, Records and Licensing Supervisor
James Hoelscher, Enforcement Supervisor
Licensing File

Encl.

AMCO
FEB 19 2019