

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

MEMORANDUM

TO: Bob Klein, Chair, and Members of the

Alcoholic Beverage Control Board

DATE: April 29, 2019

FROM: Erika McConnell, Director RE: 5756 Fairbanks Drama Association

and Fairbanks Children's Theatre

Requested Action:

New license application

Statutory and Regulatory Authority:

AS 04.06.090(b): "The board shall review all applications for licenses made under this title and may order the director to issue, renew, revoke, transfer, or suspend licenses and permits authorized under this title."

3 AAC 304.695(a): "A theatre license authorizes a beverage dispensary licensee or a restaurant or eating place licensee to sell alcoholic beverages for consumption on licensed premises at a specified theatre site, except that a restaurant or eating place licensee with a theatre license may only sell beer and wine. Sale and consumption may occur only during intermissions and one hour before an event. Alcoholic beverages may only be sold and consumed in designated areas at the site. Alcoholic beverages may not be sold or consumed in the audience viewing area at the theatre site."

Staff Rec.: Approval

Background: Delta Epsilon, Inc., holder of Beverage Dispensary License 4763 DBA Bobby's Downtown, has applied for a new theatre license. The requirements for a theater license in 3 AAC 306.695 have been met.

Attachments: Form AB-00 New License Application

Form AB-02 Premises Diagram



Alaska Alcoholic Beverage Control Board

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alcohol.licensing@alaska.gov https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

Form AB-00: New License Application

What is this form?

This new license application form is required for all individuals or entities seeking to apply for a new 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 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 - Establishment and Contact Information Enter information for the business seeking to be licensed. Licensee: Delta Epsilon, Inc. License Type: Theatre License Statutory Reference: 3AAC304.695 Fairbanks Drama Association and Fairbanks Children's Theatre **Doing Business As: Premises Address:** 1852 Second Avenue Fairbanks City: State: AK ZIP: 99701 **Local Governing Body:** City of Fairbanks, Mayor and City Council **Community Council:** P.O. Box 71681 Mailing Address: City: Fairbanks State: AK ZIP: 99707 Designated Licensee: **Bobby Nikolaides** 907/456-3222 Contact Phone: **Business Phone:** same **Contact Email:** Bobbysdowntownfbks@live.com; swmitchell@gci.net; tksplits@yahoo.com No Seasonal License? If "Yes", write your six-month operating period: ___ **OFFICE USE ONLY** Complete Date: License Years: License #: 20 **Board Meeting Date:** Transaction #: 10/3/41 CAC Issue Date: BRE:



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	Section	2 - Premises Info	ormation	
Premises to be licensed is:				
an existing facility	a new build	ing a propose	ed building	
The next two questions mus	be completed by <u>beve</u>	rage dispensary (including	tourism) and <u>package store</u> applic	ants only:
			nce of the building of your propose asurement in your answer.	ed premises to
700 feet			,	
		oute from the public entra g? Include the unit of meas	nce of the building of your propose surement in your answer.	ed premises to
1200 feet			,	
S	ection 3 – Sole	Proprietor Owne	rship Information	
This section must be comple If more space is needed, plea The following information mu This individual is an:	ted by any <u>sole propriet</u> use attach a separate sho ust be completed for eac	or who is applying for a lice	ense. Entities should skip to Sectio mation.	n 4.
This section must be comple If more space is needed, plea The following information mu	ted by any <u>sole propriet</u> use attach a separate sho ust be completed for eac	or who is applying for a lice eet with the required infor h licensee and each affiliate	ense. Entities should skip to Sectio mation.	n 4.
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Section 4 - Entity Ownership Information

This section must be completed by any <u>entity</u>, including a corporation, limited liability company (LLC), partnership, or limited partnership, that is applying for a license. Sole proprietors should skip to Section 5.

If more space is needed, please attach a separate sheet with the required information.

- If the applicant is a <u>corporation</u>, 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 <u>limited liability organization</u>, 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 <u>partnership</u>, including a <u>limited partnership</u>, the following information must be completed for each *partner* with an interest of 10% or more, and for each general partner.

with an interest of 10%	or more, and for each general partner	•	5			
Entity Official:	Bobby Nikolaides					
Title(s):	President	Phone:	907/456-3222	% Ow	ned:	50
Address:	P.O. Box 71681					
City:	Fairbanks	State:	AK	ZIP:	997	707
Entity Official:	Rena Nikolaides					
Title(s):	Secretary/Treasurer	Phone:	907/378-9160	% Ow	ned:	50
Address:	P.O. Box 71681					
City:	Fairbanks	State:	AK	ZIP:	997	707
	1			•		
Entity Official:						
Title(s):		Phone:		% Owi	ned:	
Address:						
City:		State:		ZIP:		
Entity Official:						
Title(s):		Phone:		% Owr	ned:	
Address:						
City:		State:	145	ZIP:		



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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 #:	98997	AK Formed Date:	Feb. 9, 2006	Home State:	AK	-10-
Registered Agent:	Bobby Nikola	ides	Agent's Phone:	907/456-32	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	X()
Agent's Mailing Address:	P.O. Box 716			0077100 02		
City:	Fairbanks	State:	AK	ZIP:	9970	1
Residency of Agent: 609	2nd Aven	ue, Fairban	ks AK 99	701	Yes	No
ls your corporation or LL			1		V	
	Sect	ion 5 – Other L	icenses			
Ownership and financial intere	st in other alcoholic k	neverage businesses:			Yes	No
Does any representative any other alcoholic bever of "Yes", disclose which indicates the control of the control	rage business that doe	es business in or is licen	sed in Alaska?		laska whi	Ch.
license number(s) and licens	se type(s):	Telar interest, what the	type of busiless is, a	ina ii licensea iii A	idSKa, Wili	cn
#4763 Bobby's Dowr	itown - BDL					
Section 6 – Authorization						
Communication with AMCO sta	iff:				Yes	No
Does any person other th AMCO staff?	an a licensee named i	n this application have	authority to discuss tl	his license with	V	
If "Yes", disclose the name of Stephen W. Mitchell, barbara@alaskalaw.o	swmitchell@gci.	net, 907/978-016	6 and Barbara S	chuhmann, Drama Associa	ation	

[Form AB-00] (rev 10/10/2016)

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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 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 licensee

By: Bobby Nikolaides, President, Delta Epsilon, Inc.

Signature of Notary Public

Notary Public in and for the State of Aluka

Printed name of licensee

My commission expires: _

11-2019

Subscribed and sworn to before me this

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, 20<u>/</u>



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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 <u>second page</u> 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.	V	

Section 1 - Establishment Information

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

Licensee:	Delta Epsilon, Inc.	License	e Number	: 470	3
License Type:	new Theatre License	(Fairbanks)		1	*
Doing Business As:	Fairbanks Drama Association		n's The	atre	
Premises Address:	1852 Second Avenue	7			
City:	Fairbanks	State:	AK	ZIP:	99701

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STATE OF ALASKA

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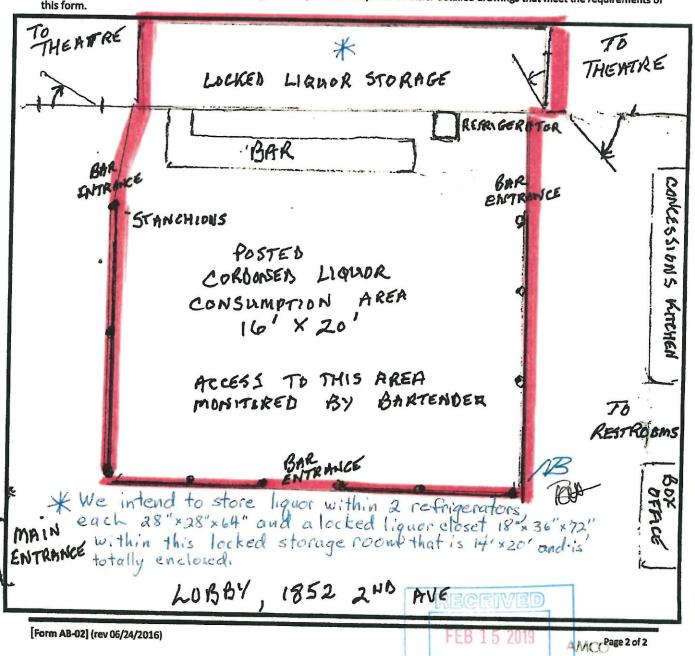
https://www.commerce.alaska.gov/web/amco Phone: 907.269.0350

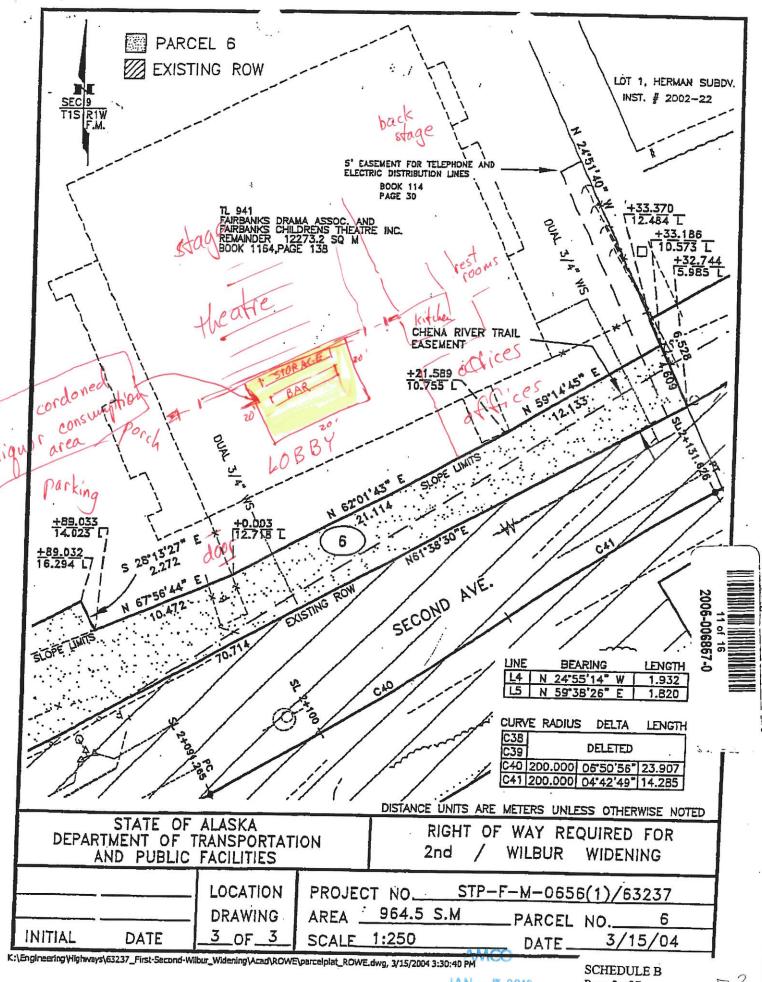
Alaska Alcoholic Beverage Control Board

Form AB-02: Premises Diagram

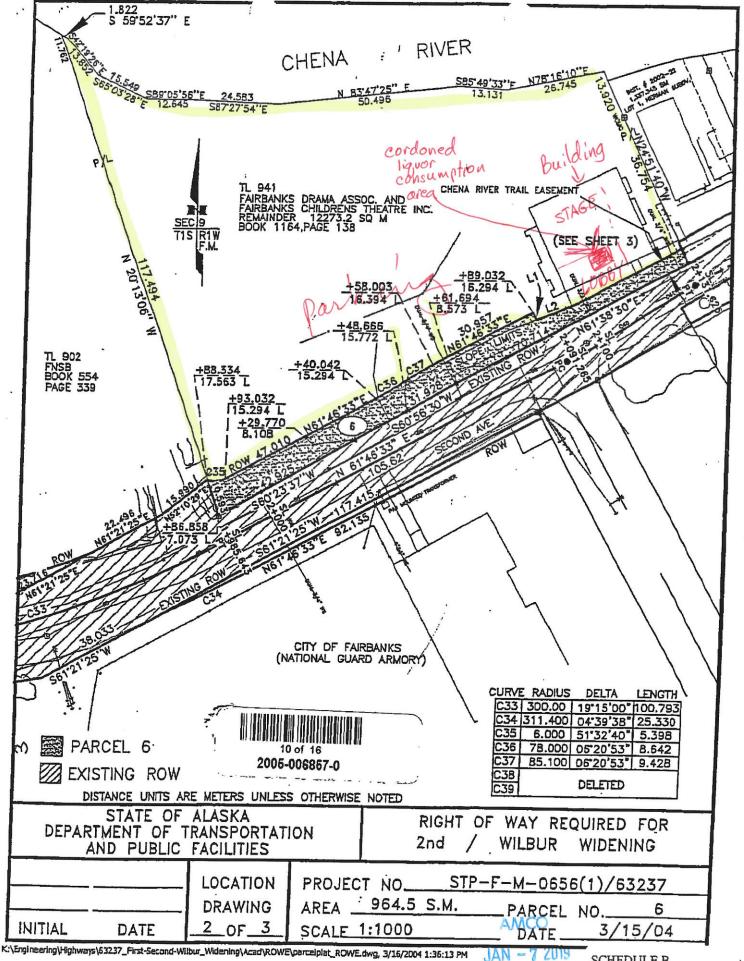
Section 2 - Detailed Premises Diagram

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.





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