

To Whom It May Concern;

Re; Willies Quick Mart, License, #1796

My name is Mark Alwert, I Own Willies Quick Mart in Kodiak, Alaska. I did not receive a liquor license renewal application from the State, because they had an incorrect mailing address. My address for almost 30 years is box 8889, Kodiak, Alaska.

The control board told me they had, box 8899 on record, however in all other correspondences with them, including the original license, the state has sent to the correct box number. How that got messed up is beyond me.

I understand that it is my responsibility to understand the complexities of having a NEW business here in Alaska, including appropriate times for license renewals, I am asking here to day for a waiver of the additional fees associated with the late application fee and the re instatement fee. They would have been paid on time if the AMCB had sent the application to the correct address, to which they now have.

The total amount is over 3300.00 dollars and will devastate my business. The renewal amount is 300.00 dollars and license fee of 1500.00 for a total of 1800.00 dollars. This amount is doable but the other fees are so high I do not think it would be recoverable in two years. Thank you for your consideration on this matter.

Sincerely,

Mark Alwert
3/20/19





Alaska Alcoholic Beverage Control Board

Master Checklist: Renewal Liquor License Application

Doing Business As:	Willie's Quick Mart	License Number:	1796
License Type:	Package Store		
Examiner:	JOHN	Transaction #:	1042493

Document	Received	Completed	Notes
AB-17: Renewal Application	3/20/2019	3/21/2019	
App and License Fees	3/22/2019	3/22/2019	

Supplemental Document	Received	Completed	Notes
Tourism/Rec Site Statement			
AB-25: Supplier Cert (WS)			
AB-29: Waiver of Operation			
AB-30: Minimum Operation			
AB-33: Restaurant Affidavit			
COI / COC / 5 Star			
FP Cards & Fees / AB-08a			
Late Fee	3/22/2019	3/22/2019	1042493

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

LGB 1 Response:

Waive
 Protest
 Lapsed

LGB 2 Response:

Waive
 Protest
 Lapsed



Alcohol and Marijuana Control Office
 550 W 7th Avenue, Suite 1600
 Anchorage, AK 99501
alcohol.marijuana.alaska.gov
<http://www.sommslc.alaska.gov/web/amsa>
 Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board
Package Store License
Form AB-17b: 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 package store 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:	Willie's Quick Mart, LLC	License #:	1796
License Type:	Package Store	Statute:	AS 04.11.150
Doing Business As:	Willie's Quick Mart		
Premises Address:	11012 Rezanof Dr West		
Local Governing Body:	Kodiak Island Borough		
Community Council:	None		

Mailing Address:	P.O. Box 8889		
City:	Kodiak	State:	AK
		ZIP:	99615

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:	Mark Alwert	Contact Phone:	(907) 539-2288
Contact Email:	williesquickmart@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-17b: 2019/2020 Package Store 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 #:	10040776
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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.

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:	Mark Alwert			
Title(s):	member	Phone:	9075392288	% Owned: 50
Mailing Address:	P.O. Box 8889			
City:	Kodiak	State:	AK	ZIP: 99615

Name of Official:	Keteran Alwert			
Title(s):	member	Phone:	907539-2249	% Owned: 50
Mailing Address:	P.O. Box 8889			
City:	Kodiak	State:	AK	ZIP: 99615

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





Alaska Alcoholic Beverage Control Board

Form AB-17b: 2019/2020 Package Store 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:	Mark Alvest	Contact Phone:	907534-2288
Mailing Address:	P.O. Box 8889		
City:	Kodiak	State:	AK
Email:	williesquickmart@gmail.com	ZIP:	99615

MCA

This individual is an: applicant affiliate (spouse)

Name:		Contact Phone:	
Mailing Address:			
City:		State:	
Email:		ZIP:	

Section 4 - Alcohol Server Education

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

MCA

Section 5 - License Operation

Check a single box for each calendar year that best describes how this liquor license was operated:

The license was regularly operated continuously throughout each year. 2017 2018

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.





Alaska Alcoholic Beverage Control Board
Form AB-17b: 2019/2020 Package Store Renewal License Application

Section 6 - Written Orders

Written orders in calendar years 2019 and 2020: Yes No

Do you intend to sell alcoholic beverages and ship them to another location in response to written solicitation in calendar years 2019 and/or 2020?

Section 7 - 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?

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?

If "Yes" to either of the previous two questions, attach a separate page to this application listing all NOVs and/or convictions.

Section 8 - Certifications

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

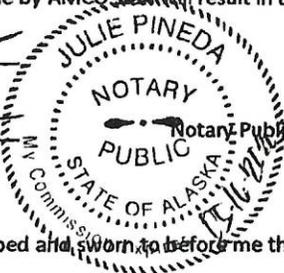
I certify that all current licensees (as defined in AS 04.11.260) and affiliates have been listed on this application, and that in accordance with AS 04.11.450, no one other than the licensee(s) has a direct or indirect financial interest in the licensed business.

I certify that I have not altered the functional floor plan or reduced or expanded the area of the licensed premises, and I have not changed the business name or the ownership (including officers, managers, general partners, or stakeholders) from what is currently approved and on file with the Alcoholic Beverage Control (ABC) Board.

I certify on behalf of myself or of the organized entity that I understand that providing a false statement on this form or any other form provided by AMCO is grounds for rejection or denial of this application or revocation of any license issued.

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.

Mark E. Alwert
Signature of licensee



Julie Pineda
Signature of Notary Public

MARK E. Alwert
Printed name of licensee

Notary Public in and for the State of AK

My commission expires: 05-16-2020

Subscribed and sworn to before me this 20 day of March, 2019.

Seasonal License? Yes No If "Yes", write your six-month operating period: _____

License Fee:	\$ 1500.00	Application Fee:	\$ 300.00	TOTAL:	\$ 1800.00
Miscellaneous Fees:	Process Late Fee 500.00 Reinstatement				500.00
GRAND TOTAL (if different than TOTAL):					

