



**Alaska Alcoholic Beverage Control Board
 Restaurant or Eating Place License
 Form AB-17a: 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 restaurant or eating place 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:	Gold Miners Lodge Restaurant and Motel LLC	License #:	4380
License Type:	Restaurant or Eating Place	Statute:	AS 04.11.100
Doing Business As:	Gold Miners Lodge Restaurant and Motel		
Premises Address:	20333 W. Parks Hwy.		
Local Governing Body:	City of Houston (Matanuska-Susitna Borough)		
Community Council:	None		

Mailing Address:	17650 Paula Dr.				
City:	Wright city	State:	Mo	ZIP:	63390

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:	Sandra Gauthier	Contact Phone:	(907)355-9132
Contact Email:	goldminerslodgealaska@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-17a: 2019/2020 Restaurant Renewal License Application

Section 2 – Entity or Community Ownership Information

This top subsection must be completed by any licensee that is a corporation or LLC. Corporations and LLCs are required to be in good standing with the Alaska Division of Corporations, Business & Professional Licensing (CBPL). This number is neither your EIN/tax ID number, nor your business license number. You may view your entity's status or find your CBPL entity number by using the following site: <https://www.commerce.alaska.gov/cbp/main/search/entities>

General partnerships and local governments should skip to the second half of this page. Licensees who directly hold a license as an individual or individuals should skip to Section 3.

Alaska CBPL Entity #:	102287
-----------------------	--------

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.

EG

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:	Brian Gauthier		
Title(s):	Member, Manager SG Managing Member	Phone: (907)354-1869	% Owned: 50%
Mailing Address:	17650 Paula Dr.		
City:	Wright City	State: MO	ZIP: 63390

Name of Official:	Sandra Gauthier		
Title(s):	Member, Manager SG Managing Member	Phone: (907)355-9132	% Owned: 50%
Mailing Address:	17650 Paula Dr.		
City:	Wright city	State: MO	ZIP: 63390

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



Form AB-17a: 2019/2020 Restaurant Renewal License Application

Section 3 – Sole Proprietor Ownership Information

This section must be completed by any licensee who directly holds the license as an **individual or multiple individuals** and is applying for license renewal. If more space is needed, please attach a separate sheet that includes all of the required information. Entities should skip to Section 4. The following information must be completed for each licensee and each affiliate (spouse).

This individual is an: applicant affiliate (spouse)

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

This individual is an: applicant affiliate (spouse)

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

Section 4 – Alcohol Server Education

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

Initials

I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check identification of a patron have completed an alcohol server education course approved by the ABC Board and keep current, valid copies of their course completion cards on the licensed premises during all working hours, as set forth in AS 04.21.025 and 3 AAC 304.465.

SG

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.

** Please see attached for operated business hours for 2017.*

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-17a: 2019/2020 Restaurant Renewal License Application

Section 6 - Violations and Convictions

Applicant violations and convictions in calendar years 2017 and 2018:

Table with 2 columns: Question, Yes, No. Includes questions about NOVs and convictions.

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:

Five certification statements with corresponding 'Initials' boxes. Includes a handwritten note: '* Please see attached'.

Signature of licensee: [Handwritten Signature]
Printed name of licensee: [Handwritten Name]

Signature of Notary Public: [Handwritten Signature]
Notary Public in and for the State of: [Handwritten State]

JENNA MADDEN
Notary Public - Notary Seal
Warren County - State of Missouri
Commission Number 18983918
My Commission Expires Aug 15 2022

My commission expires: [Handwritten Date]
Subscribed and sworn to before me this [Handwritten Day] day of [Handwritten Month], 20 [Handwritten Year].

If "Yes", write your six-month operating period: _____

Table with 5 columns: Fee Type, Amount, Fee Type, Amount, TOTAL. Includes License Fee, Application Fee, Miscellaneous Fees, and GRAND TOTAL.



Gold Miners Lodge Restaurant and Motel LLC
Restaurant or Eating Place License
License #4380
Information for Form AB-17a: 2019/2020 Renewal License Application

*Section 5 - License Operation

Gold Miners Lodge Restaurant and Motel was open for business daily in 2017 from June 17 - Aug 31

*Section 7 - Certifications

Statement #2 regarding the floor plan. The bar area is currently under renovation hence the need for prior waiver application submitted on November 19, 2018.

Details

ENTITY DETAILS

Name(s)

Type	Name
Legal Name	Gold Miners Lodge Restaurant and Motel, LLC

Entity Type: Limited Liability Company

Entity #: 102287

Status: Good Standing

AK Formed Date: 7/11/2006

Duration/Expiration: Perpetual

Home State: ALASKA

Next Biennial Report Due: 1/2/2020

Entity Mailing Address: 17650 PAULA DR, WRIGHT CITY, MO 63390

Entity Physical Address: 20333 W. PARKS HWY., HOUSTON, AK 99694

Registered Agent

Agent Name: DAVE HAMMOND

Registered Mailing Address: 2001 W RIVULET AVE, WASILLA, AK 99654

Registered Physical Address: 2001 W RIVULET AVE, WASILLA, AK 99654

Officials

AK Entity #	Name	Titles	<input type="checkbox"/> Show Former Owned
	Brian Gauthier	Member, Manager	50
	Sandra Gauthier	Member, Manager	50

Filed Documents

Date Filed	Type	Filing	Certificate
7/11/2006	Creation Filing	Click to View	
1/04/2007	Initial Report	Click to View	
11/03/2010	Biennial Report	Click to View	
11/05/2010	Agent Change	Click to View	



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-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.

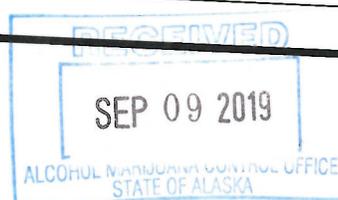
Licensee:	GOLD MINERS LODGE RESTRAUANT AND MOTEL, LLC		License #:	4380	
License Type:	Restaurant/Eating Place		Statutory Reference:	04.11.100	
Doing Business As:	GOLD MINERS LODGE RESTRAUANT AND MOTEL				
Premises Address:	20333 W. Parks Hwy				
City:	Houston	State:	AK	ZIP:	99694
Local Governing Body:	HOUSTON				

Transfer Type:

- Regular transfer
- Transfer with security interest
- Involuntary retransfer

OFFICE USE ONLY

Complete Date:		Transaction #:	
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:	JAZCO INVESTMENT, LLC				
Doing Business As:	SUSTINA BAR and GRILL				
Premises Address:	20333 West Parks Hwy				
City:	Houston	State:	AK	ZIP:	99694
Community Council:	Houston				

Mailing Address:	7100 Lake Otis Parkway, Spc 36				
City:	Anchorage	State:	AK	ZIP:	99507

Designated Licensee:	John Zavacky				
Contact Phone:	907-744-3624	Business Phone:	907-744-3624		
Contact Email:	jzavackymirage@yahoo.com				

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

Section 3 – Premises Information

Premises to be licensed is:

an existing facility a new building a 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.

7.6 miles

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.

.5



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:	John Zavacky				
Title(s):	Member	Phone:	907-744-3624	% Owned:	50
Address:	7100 Lake Otis Parkway, Spc 38				
City:	Anchorage	State:	AK	ZIP:	99507





Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Entity Official:	Inthira Zavacky				
Title(s):	Member	Phone:	907-802-9011	% Owned:	50
Address:	7100 Lake Otis Parkway, Spc 38				
City:	Anchorage	State:	AK	ZIP:	99507

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 #:	10109114	AK Formed Date:	7/6/2019	Home State:	AK
Registered Agent:	Darryl L. Thompson, Esq.	Agent's Phone:	907-272-9322		
Agent's Mailing Address:	880 N Street, Suite 101				
City:	Anchorage	State:	AK	ZIP:	99501

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:

Darryl L. Thompson, Esq
880 N Street, Suite 101
Anchorage, Alaska 99501
(907) 272-9322 Office
(907) 277-1373 Fax
(907) 227-4865 Cell
Attorney for JAZCO INVESTMENT, LLC to assist in this transfer.



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.

Brian Gauthier

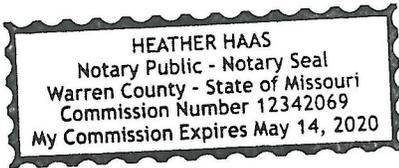
Signature of transferor

Brian Gauthier

Printed name of transferor

Subscribed and sworn to before me this 27 day of July, 2019.

Heather Haas
Signature of Notary Public



Notary Public in and for the State of Missouri

My commission expires: 5-14-2020

Sandra Gauthier

Signature of transferor

Sandra Gauthier

Printed name of transferor

Subscribed and sworn to before me this 27 day of July, 2019.

Heather Haas
Signature of Notary Public



Notary Public in and for the State of Missouri

My commission expires: 5-14-2020



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.

JZ

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

JZ

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.

JZ

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.

JZ

I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application.

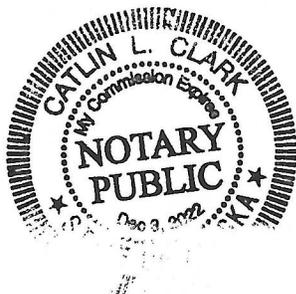
JZ

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.

John Zavacky
Signature of transferee
John Zavacky

Printed name

Subscribed and sworn to before me this 12th day of August, 20 19.



Caitlin L. Clark
Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: 12/3/22

Transmission Report

Date/Time
Local ID 1

08-30-2019
907 2771373

03:15:07 p.m.

Transmit Header Text
Local Name 1

Law Office of Darryl Thompson

This document : Confirmed
(reduced sample and details below)
Document size : 8.5"x11"



State of Alaska
Division of Corporations, Business and Professional Licensing
CORPORATIONS SECTION
PO Box 110806
Juneau, AK 99811-0806
Phone: (907) 465-2550
Fax: (907) 465-2974
Website: www.commerce.alaska.gov/occ

DO NOT STAMP ABOVE THIS BOX
Office Use Only **CORP**

CERTIFICATE OF CORRECTION
All Entity Types
AS 10.06.920

\$25.00 Filing Fee (non-refundable)

Pursuant to Alaska Statutes 10.06.920, an entity may create a Certificate of Correction to correct a document that has been filed for record. The filing of the certificate by the commissioner does not alter the effective time of the writing being corrected and does not affect any right or liability accrued or incurred before the filing. A corporate name may not be changed or corrected with this form.

ITEM 1: Name of the Entity: JAZCO INVESTMENT, LLC Alaska Entity #: 10109114

ITEM 2: Provide the following information for the document being corrected:

Title of the original document filed for record:	Articles of Organization
Date the original document filed for record (mm/dd/yyyy format):	07/06/2019

ITEM 3: State the correction:

Per Alaska statutes a corporate name may not be changed or corrected with this form. To change or correct a corporate name, file an amendment.

The spelling of the first name of one of the officials is incorrect. It was incorrectly submitted as "Ithiea" - the correct spelling is "Inthira".
The correct full name is : Inthira Zavacky

Attach an additional sheet if necessary.



Total Pages Scanned : 3 Total Pages Confirmed : 3

No.	Job	Remote Station	Start Time	Duration	Pages	Line	Mode	Job Type	Results
001	838	4652974	03:09:03 p.m. 08-30-2019	00:02:05	3/3	1	G3	HS	CP14400

Abbreviations:

IS: Host send	PL: Polled local	MP: Mailbox print	CP: Completed	TS: Terminated by system
IR: Host receive	PR: Polled remote	RP: Report	FA: Fail	G3: Group 3
VS: Waiting send	MS: Mailbox save	FF: Fax Forward	TU: Terminated by user	EC: Error Correct



State of Alaska
 Division of Corporations, Business and Professional Licensing
CORPORATIONS SECTION
 PO Box 110806
 Juneau, AK 99811-0806
 Phone: (907) 465-2550
 Fax: (907) 465-2974
 Website: www.commerce.alaska.gov/occ

DO NOT STAMP ABOVE THIS BOX
 Office Use Only **CORP**

CERTIFICATE OF CORRECTION
All Entity Types
AS 10.06.920

\$25.00 Filing Fee (non-refundable)

Pursuant to Alaska Statutes 10.06.920, an entity may create a Certificate of Correction to correct a document that has been filed for record. The filing of the certificate by the commissioner does not alter the effective time of the writing being corrected and does not affect any right or liability accrued or incurred before the filing. A corporate name may not be changed or corrected with this form.

ITEM 1: Name of the Entity:

JAZCO INVESTMENT, LLC

Alaska Entity #:

10109114

ITEM 2: Provide the following information for the document being corrected:

Title of the original document filed for record:	Articles of Organization
--	--------------------------

Date the original document filed for record (mm/dd/yyyy format):	07/06/2019
--	------------

ITEM 3: State the correction:

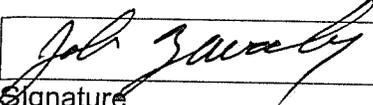
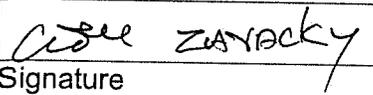
Per Alaska statutes a corporate name may not be changed or corrected with this form.
 To change or correct a corporate name, file an amendment.

The spelling of the first name of one of the officials is incorrect. It was incorrectly submitted as "lthiea" - the correct spelling is "Inthira".
 The correct full name is : Inthira Zavacky

Attach an additional sheet if necessary.



ITEM 4: The Certificate of Correction must be signed in the same manner as the original document. Attach an additional sheet if necessary.

	John Zavacky	Member	8/30/19
Signature	Printed Name	Title	Date
	Inthira Zavacky	Member	8/30/19
Signature	Printed Name	Title	Date

NOTE: Persons who sign documents filed with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor.

Mail the Certificate of Correction and the non-refundable \$25.00 filing fee in U.S. dollars to:
State of Alaska, Corporations Section, PO Box 110806, Juneau, AK 99811-0806

STANDARD PROCESSING TIME for complete and correct applications submitted to this office is approximately 10-15 business days. All applications are reviewed in the date order they are received.





State of Alaska
 Division of Corporations, Business and Professional Licensing
CORPORATIONS SECTION
 PO Box 110806
 Juneau, AK 99811-0806
 Phone: (907) 465-2550
 Fax: (907) 465-2974
 Website: www.commerce.alaska.gov/occ

DO NOT STAMP ABOVE THIS BOX

Office Use Only **CORP**

CONTACT INFORMATION SHEET

Please return this document with your filing. This information will only be used to resolve questions with the filings attached. **NOTE:** this form will not be filed for record or appear online.

Name of entity as it appears on filing:

JAZCO INVESTMENT, LLC

To resolve questions with this filing, contact:

Name: Catlin Clark	
Email: catlin@akdltlaw.com	Phone: 907-272-9322
Mailing address: 880 N Street, Suite 101, Anchorage, AK 99501	

Return documents to:

Name: Catlin Clark
Company: Thompson Law Group
Mailing address: 880 N Street, Suite 101, Anchorage, Alaska 99501

Attach this form to your filings. Send all documents to:
 State of Alaska, Corporations Section, PO Box 110806, Juneau, AK 99811-0806

STANDARD PROCESSING TIME for complete and correct applications submitted to this office is approximately 10-15 business days. All applications are reviewed in the date order they are received.





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.	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Section 1 – Establishment Information

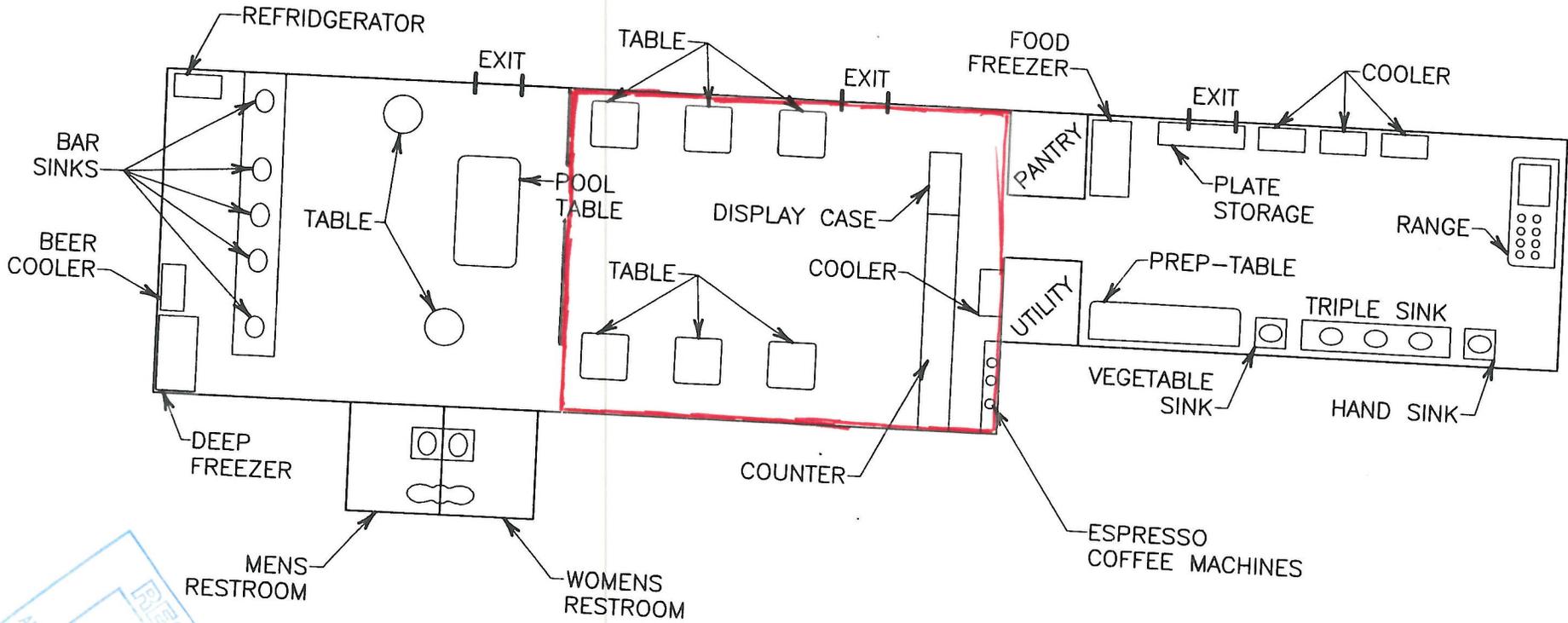
Enter information for the business seeking to be licensed, as identified on the license application.

Licensee:	JAZCO INVESTMENT, LLC	License Number:	4380
License Type:	Restaurant/Eating Place		
Doing Business As:	SUSTINA BAR and GRILL		
Premises Address:	20333 W. PARKS HWY		
City:	HOUSTON	State:	AK
		ZIP:	99694

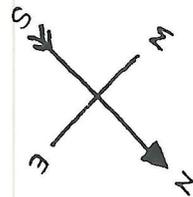


SUSHI BAR AND GRILL
21' X 90' 1890 SQ FT
3/32"=1'-0"

PARKS HWY ↑



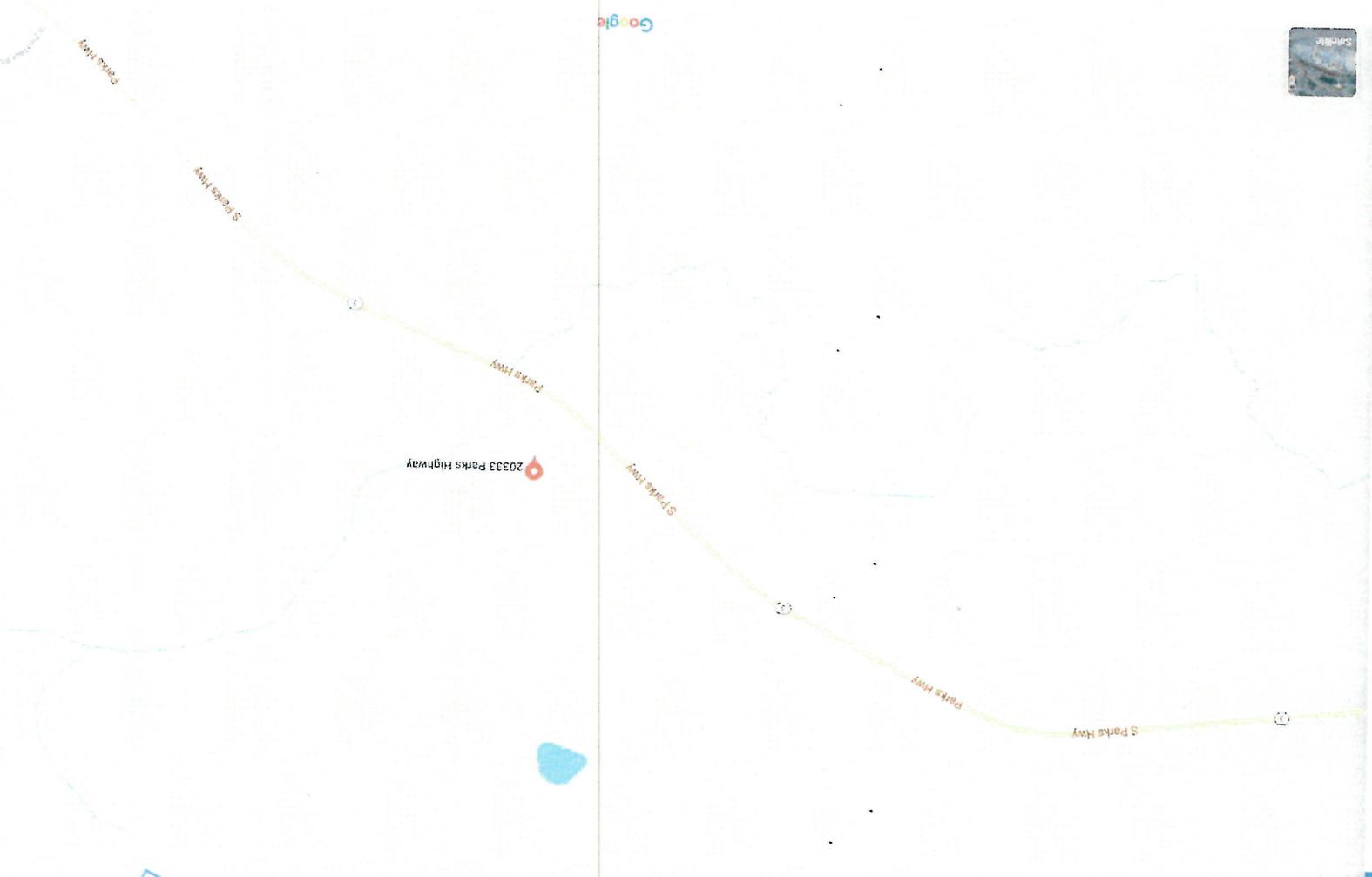
RECEIVED
SEP 09 2019
ALCOHOL BEVERAGE CONTROL DIVISION - OFFICE



Google



© 2019 Google



20333 W Parks Hwy
Parks Hwy
20333 Parks Hwy

20333 W PARKS HWY

RECEIVED
SEP 09 2019
ALCOHOL MAINTENANCE CONTROL OFFICE
STATE OF ALASKA

Church, John D (CED)

From: Darryl Thompson <DarrylThompson@akdltlaw.com>
Sent: Friday, September 27, 2019 11:55 AM
To: Alcohol Licensing, CED ABC (CED sponsored)
Cc: jzavackymirage@yahoo.com; danalyn@matsulaw.com
Subject: Re: Goldminers 4380 and 4526

Categories: John

I have conferred with my client and John Zavacky reports:

There is no building Added or room of any kind ... there is a (shed) in that area , but it's 29 feet from back side of lodge , so that drawling with blue circle is wrong.

Please note that for the file. Thanks!

Darryl L Thompson, Esq.
880 N Street, Suite 101
Anchorage, Alaska 99501
(907) 272-9322 Office Phone
(907) 277-1373 Fax
(907) 227-4865 Cell

On Sep 27, 2019, at 10:32 AM, Alcohol Licensing, CED ABC (CED sponsored) <alcohol.licensing@alaska.gov> wrote:

Good morning Darryl,

I have completed the review of the security interest documents and they appear to be in order. As I was doing a final review of the application I noticed a slight discrepancy between the diagrams that were submitted and the survey diagram that was provided so I wanted to reach out for clarification.

According to the survey, it looks like there is an additional room attached to the Susitna Bar and Grill (see blue circle on attachment). If there is an additional area there, can you add it to the premises diagrams so that the whole building is shown? If the survey document shows an inaccurate shape of the building, please let me know and I can make a note in the file. Once I have this clarification the transfer applications should be complete and ready to go before the ABC Board in November.

Let me know if you have any questions.

Best,
John

From: Darryl Thompson <DarrylThompson@akdltlaw.com>
Sent: Tuesday, September 24, 2019 10:04 AM
To: Alcohol Licensing, CED ABC (CED sponsored) <alcohol.licensing@alaska.gov>
Cc: danalyn@matsulaw.com
Subject: RE: Goldminers 4380 and 4526

Thanks John!