



MEMORANDUM

TO: Alcoholic Beverage Control Board DATE: November 12, 2019
FROM: Erika McConnell, Director RE: 3299 El Chicano Mexican Restaurant

Requested Action: Transfer of location

Statutory Authority: AS 04.11.040(b): "A license or permit issued under this title may not be transferred to a new location except with the written consent of the board."

AS 04.11.470: "A person may object to an application for issuance, renewal, transfer of location, or transfer to another person of a license, or for issuance of a permit, by serving upon the applicant and the board the reasons for the objection. The board shall consider the objections and testimony received at a hearing conducted under AS 04.11.510(b)(2) when it considers the application..."

AS 04.11.510(b)(2): "The board may review an application for the issuance, renewal, transfer of location, or transfer to another person of a license without affording the applicant notice or hearing, except... (2) the board may, on its own initiative or in response to an objection or protest, hold a hearing to ascertain the reaction of the public or a local governing body to an application if a hearing is not required under this subsection;"

Staff Rec.: Hold a public hearing; approve the transfer with delegation

Background: This is an application for transfer of location of a beverage dispensary license in Kodiak. An objection from the Department of Environmental Conservation has been received due to not receiving a food service application. Responses from the local governing bodies and creditors are still pending.

Attachment: Department of Environmental Conservation objection
Transfer application



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

**Department of Commerce, Community,
and Economic Development**

ALCOHOL & MARIJUANA CONTROL OFFICE

550 West Seventh Avenue, Suite 1600
Anchorage, AK 99501
Main: 907.269.0350

October 21, 2019

Department of Environmental Conservation

Via email: DEC.FSSPermit@alaska.gov
jessica.davison@alaska.gov

License Number:	3299
License Type:	Beverage Dispensary
Applicant:	El Chicano Inc.
Doing Business As:	El Chicano Mexican Restaurant

AS 04.11.330(b) and AS 04.11.370(a)(6) require that an applicant for a liquor license operate in compliance with each applicable public health, fire, safety, and tax code and ordinance of the state and the local governing body in which the applicant's proposed licensed premises are located.

This letter serves to provide written notice and request for compliance status from the above referenced entities regarding the above application (see attached application documents for more information). Please complete and return this form to the AMCO office at alcohol.licensing@alaska.gov.

REVIEWER: Noelani Thompson DEC
DATE: 10/25/2019 PHONE: 907-334-5919

Compliant Non-compliant

COMMENTS: As of 10/25/2019, no Food Establishment Application has been submitted to our
office.

If you have any questions, please send them to alcohol.licensing@alaska.gov.

Sincerely,

Erika McConnell

Erika McConnell
Director, ABC Board





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:	El Chicano Inc		License #:	3299	
License Type:	Beverage Dispensary		Statutory Reference:	04.11.070	
Doing Business As:	El Chicano Mexican Restaurant				
Premises Address:	103 Center Ave				
City:	Kodiak	State:	AK	ZIP:	99615
Local Governing Body:	City of Kodiak				

Transfer Type:

- Regular transfer
- Transfer with security interest
- Involuntary retransfer

OFFICE USE ONLY			
Complete Date:	10/21/19	Transaction #:	1087240, 1147955
Board Meeting Date:	11/12/19	License Years:	19/20
Issue Date:		BRE:	CDC



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:	EL Chicano LLC		
Doing Business As:	EL Chicano Mexican Restaurant		
Premises Address:	402 Marine Way Suite 100		
City:	Kodiak	State:	AK
		ZIP:	99615
Community Council:			

Mailing Address:	103 Center Ave		
City:	Kodiak	State:	AK
		ZIP:	99615

Designated Licensee:	Filomeno Q BRAVO		
Contact Phone:	907-942-0680	Business Phone:	907-486-3334
Contact Email:	EL Chicano AK@hotmail.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.

1/2 mile

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.

1/4 mile



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:	FILMENO Q BRAVO			
Title(s):	PRESIDENT	Phone:	907.942.0680	% Owned: 50%
Address:	103 CENTER AVE			
City:	KODIAK	State:	AK	ZIP: 99615



Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Entity Official:	ANA M BRAUD				
Title(s):	Secretary	Phone:	907-942-0260	% Owned:	52%
Address:	103 Center Ave				
City:	Kodiak	State:	AK	ZIP:	99615

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 #:	59239D	AK Formed Date:	6-10-1982	Home State:	AK
Registered Agent:	Filomeno Q BRAUD	Agent's Phone:	907-942-0680		
Agent's Mailing Address:	103 Center Ave				
City:	Kodiak	State:	AK	ZIP:	99615

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?

Yes No

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?

Yes No

If "Yes", disclose the name of the individual and the reason for this authorization:



Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 8 – Transferor Certifications

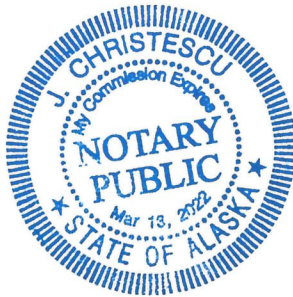
Additional copies of this page may be attached, as needed, for the controlling interest of the current licensee to be represented.

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]
Signature of transferor

Ava M BRAVO
Printed name of transferor

Subscribed and sworn to before me this 2nd day of April, 2019.



[Signature]
Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: 03-13-22

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 8 – Transferor Certifications

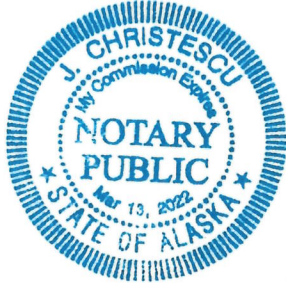
Additional copies of this page may be attached, as needed, for the controlling interest of the current licensee to be represented.

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.

Filomeno Q Bravo
Signature of transferor

FILOMENO Q BRAVO
Printed name of transferor

Subscribed and sworn to before me this 25 day of September, 20 19.



J Christescu
Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: 03-13-2022

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.

AB

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

AB

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.

AB

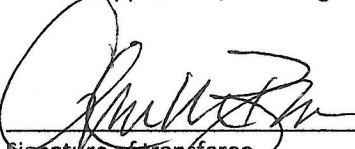
I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check the identification of a patron will complete an approved alcohol server education course, if required by AS 04.21.025, and, while selling or serving alcoholic beverages, will carry or have available to 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.

AB

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

AB

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.

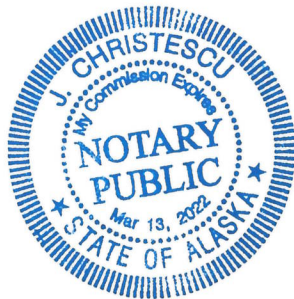


Signature of transferee

Anna M. BRAW

Printed name

Subscribed and sworn to before me this 2nd day of April, 2019.





Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: 03-13-22



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

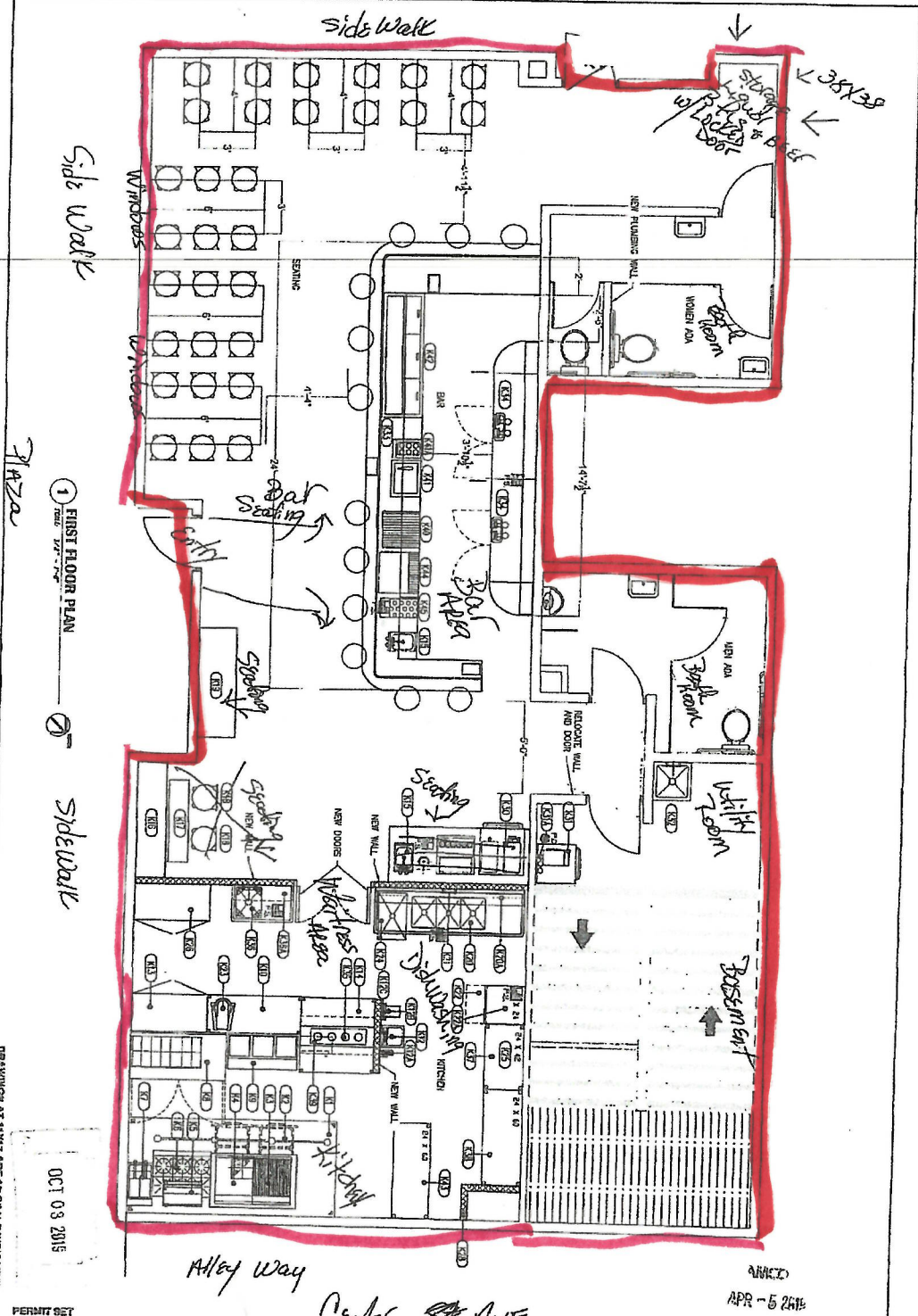
Enter information for the business seeking to be licensed, as identified on the license application.

Licensee:	EL Chicano Inc	License Number:	3599
License Type:	Beverage Dispensary		
Doing Business As:	EL Chicano Mexican Restaurant		
Premises Address:	402 MARINE Way STE 100		
City:	Kodiak	State:	AK
		ZIP:	99615



Marine Way

File # 2015 - 100204 Drawing File # SELECTED-04 B Office KodaK/Design/Working/DrawL-24A/1st/Flooring



① FIRST FLOOR PLAN

DRAWINGS AT 1/16" = 1'-0" SCALE INDICATED

OCT 03 2015

PERMIT SET

AMCO
APR - 5 2015

A1

EL CHICANO RESTAURANT
 402 W. MARINE WAY
 KODIAK, ALASKA 99516

RBA ENGINEERS, INC.
 MECHANICAL & ELECTRICAL CONSULTANTS
 624 W. INTERNATIONAL AIRPORT ROAD, SUITE 200
 ANCHORAGE, ALASKA 99516
 TEL: (907) 266-3918
 WWW.RBAENGINEERS.COM
 © RBA ENGINEERS, INC. 2015 ALL RIGHTS RESERVED

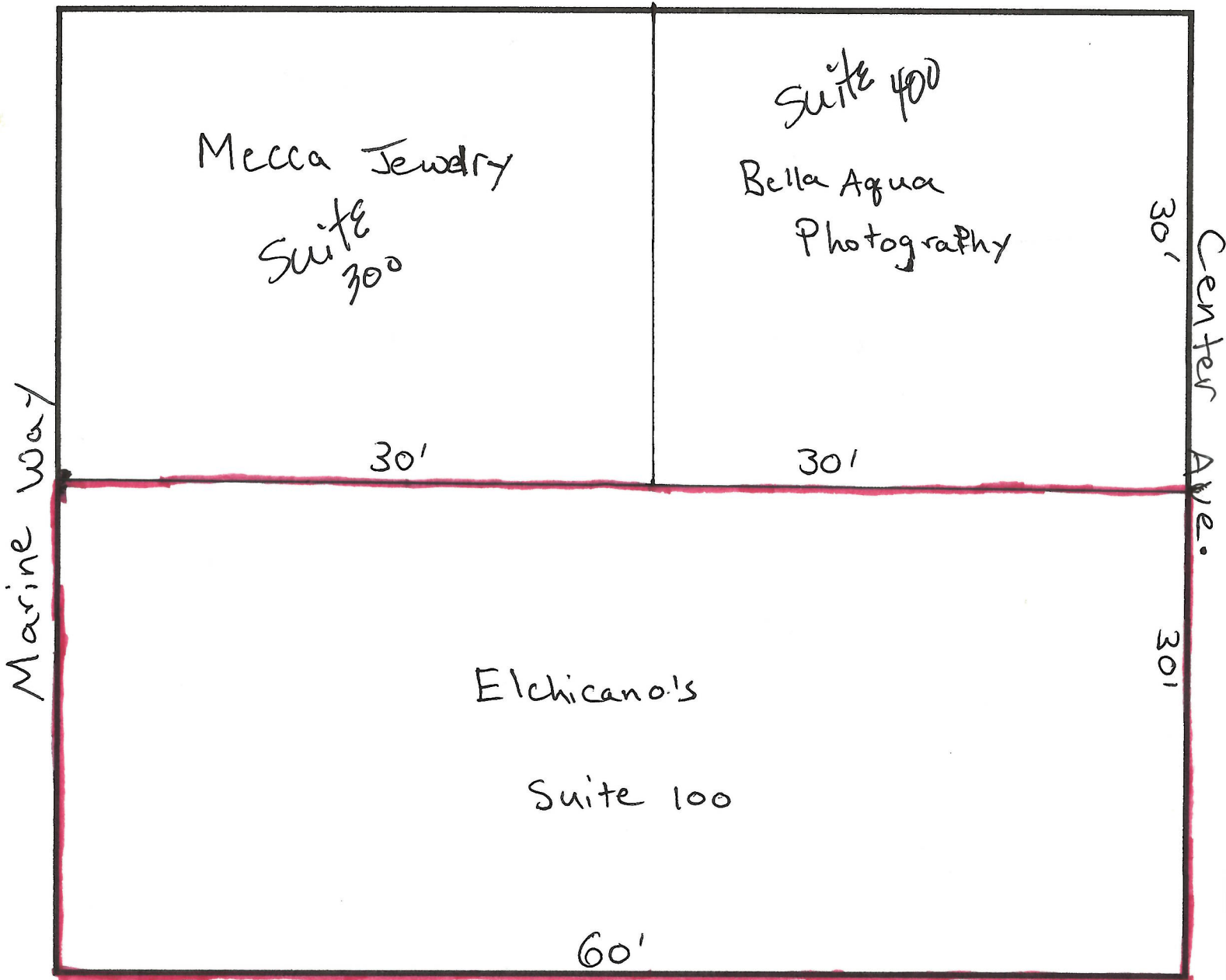
RECEIVED
 OCT 21 2015
 AMCO
 OCT. 21 2019
 ALCONCE W. P. COUNTY OFFICE
 STATE OF ALASKA



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.



Downstairs

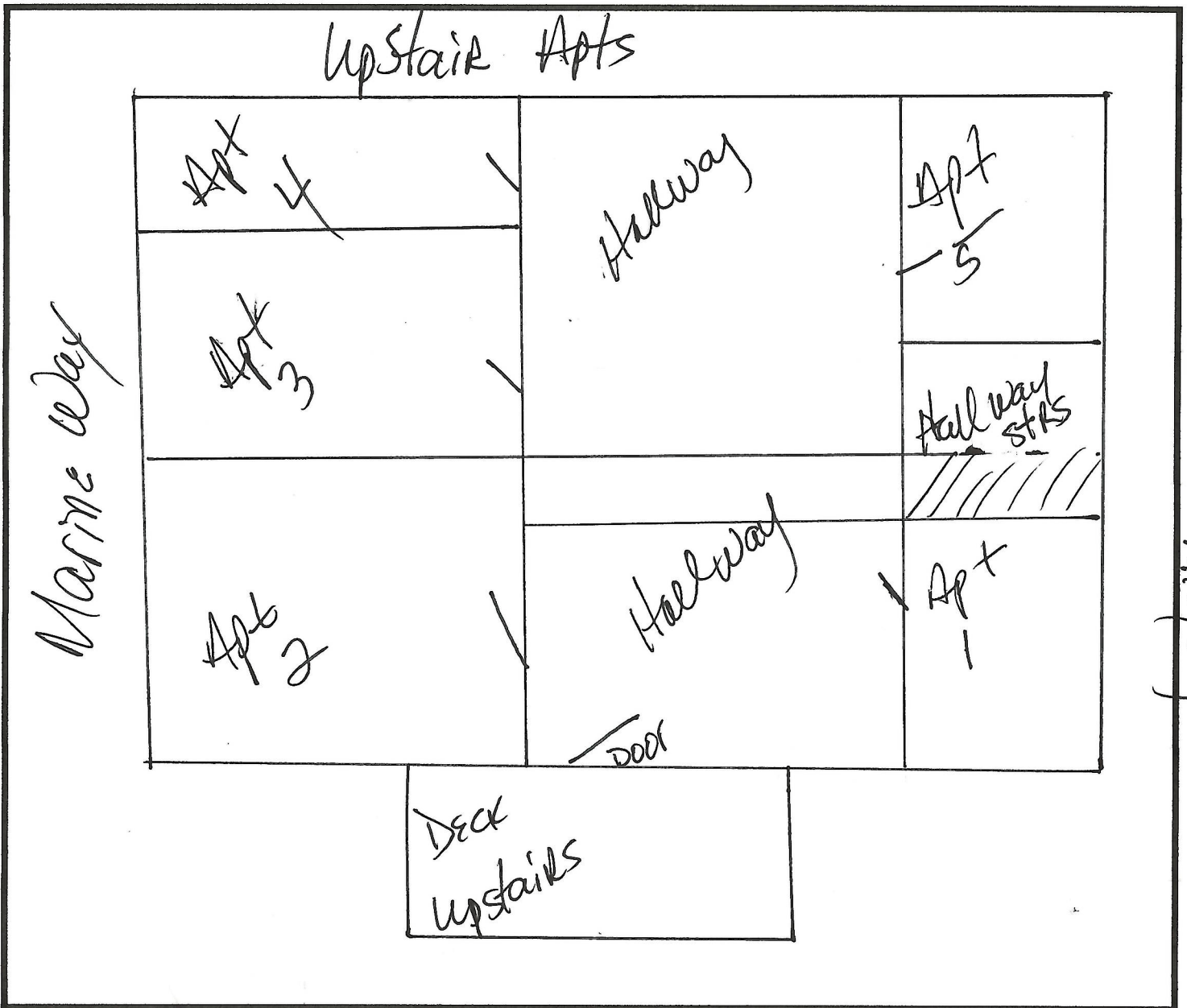




Alaska Alcoholic Beverage Control Board
Form AB-02: Premises Diagram

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.



UPstairs

