Notice of Violation

(3AAC 304.525)

This form, all information provided and responses are public documents per Alaska Public Records ACT AS 40.25

Date: 11/15/19

License #/Type: 5716

Beverage Dispensary - Duplicate

Licensee: Palmer City Alehouse, LLC

Address: 320 E. Dahlia, Palmer, AK

DBA: Palmer City Alehouse

AMCO Case #: 19-1726

This is a notice to you as licensee that an alleged violation has occurred. If the Alcoholic Beverage Control Board decides to act against your license, under the provisions of AS 44.62.330 - AS 44.62.630 (Administrative Procedures Act) you will receive an Accusation and Notice of your right to an Administrative Hearing.

Note: This is not an accusation or a criminal complaint.

You have an unreported change of ownership Details are as follows:

New officers added:

Steven Dike- Removed title "manager"

Date of unreported change of officers/ownership: 11/23/2018 reported to CBPL (change of officials)

AS 04.11.045: Change of managers

See Attached
- Articles of Organization - Amended Notice of charge of Othicial

You are directed to respond in writing to this Notice of Violation within 10 days of receipt to explain what action you have taken to prevent a re-occurrence of this violation. FAILURE TO RESPOND TO THIS NOTICE OF VIOLATION WITHIN 10 DAYS WILL RESULT IN YOUR APPEARANCE, EITHER IN PERSON OR TELEPHONICALLY, BEFORE THE ABC BOARD AT THEIR NEXT REGULARLY SCHEDULED BOARD MEETING.

*Please send your response to the address below and include your alcohol license number in your response.

3 AAC 304.525 (B) provides that upon receipt of a Notice of Violation, a licensee may request to appear before the Director and be heard regarding the Notice of Violation. The request must be made within ten days after receipt of the Notice and the Director must grant an appearance within ten days after receipt of a request. A Licensee shall respond, either orally or in writing, to the Notice.

Alcohol & Marijuana Control Office ATTN: Enforcement 550 W. 7th Ave, Suite 1600 Anchorage, Alaska 99501 amco.enforcement@alaska.gov

Issuing Investigator: J. Hamilton

Received by:

SIGNATURE:

J.R. Hamilton

SIGNATURE:

Delivered VIA: Mail

Date:

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CBPL

cc 25/50- Sm

Corporations Section

State Office Building, 333 Willoughby Avenue, 9th Floor

PO Box 110806, Juneau, AK 99811-0806 Phone: (907) 465-2550 • Fax: (907) 465-2974

Email: corporations@alaska.gov Website: Corporations.Alaska.Gov

Notice of Change of Officials

Domestic Limited Liability Company (AS 10.50)

- This Notice of Change of Officials form is only for Domestic Limited Liability Companies and is used to report changes between biennial reporting periods in: members, managers, and percentage of interest held.
- This Notice of Change of Officials will not be filed if the entity's biennial report is not current. To verify the
 entity's biennial report due date, go online to www.Corporations.Alaska.Gov and select Search
 Corporations Database
- Standard processing time for complete and correct filings submitted to this office is approximately 10-15 business days. All filings are reviewed in the date order they are received.
- The information you submit is a public record and will be posted on the State's website.

AS 10.50.765

Each Domestic Limited Liability Company is required to notify this office when there is a change of officials.

— AS 10.50.765

Failure to meet this requirement may result in involuntary dissolution of the entity's authority to transact business in the State of Alaska.

The Domestic Limited Liability Company is to keep and make available the records of the official(s) changes.

— AS 10.50.860-.870

2. Fee:

\$25 Nonrefundable Filing Fee

(CORF)

3 AAC 16.065(b)

Mail this form and the non-refundable \$25 filing fee in U.S. dollars to the letterhead address. Make the check or money order payable to the State of Alaska, or use the attached credit card payment form.

3. Entity Information:

AS 10.50.765

Entity Name:

Palmer Alehouse LLC

Alaska Entity Number:

100 33182

4.	REMOVE from Record:			AS 10	.50.765	(b)
	The following officials (members as a result of this filing:	and, if applicable, manage	rs) will be complet	ely removed from th	e recorc	<u>†</u>
	Name;	Nan	ņe:		Anch	EIV _I horag
	Name:	Nan	ne:	an and the second special second second second second second second special second special second second second	NOV 2	7 20
	If an official is not being removed	from record, then list them	ı in Item #5 below (with their current info	CBI ormatio	R)!
5.	ALL Current Officials:			AS 10.	50.765(1	(b)
	The following is a complete list of this filing.	ALL remaining and new o	fficials who will be o	on record as a result	of	* · · · · ·
	 Must provide all members Members <u>must</u> own a % o An LLC may be managed 	t one member who owns a swho own 5% or more of the fine LLC. A member may be by a manager if provided in so owns a % of the LLC.	e LLC. — AS 10.50 be a manager if the Articles of Organiz	0.765 (b) LLC is manager ma	م مطّ برم	l
	 List <u>ALL</u> officials and the Manager will only be accepted BOLD fields are required 	eir current information to leted if the entity is manager	be on recordmanaged per the	articles.	<u> </u>	£ ,
	FULL LEGAL NAME	COMPLETE	MAILING ADDRE	.SS	% OWNED	MEMBER Manager
<u>Ste</u>	ven E. Dilce	11711 E. Jenny	Civile, Pul	mor AK 1 99645	00	X
\rightarrow	If necessary, use the following su	pplement page and include	all information rec	juired above in Item	#5.	
	Required Signature:				0.50.840	0
;	The Notice of Change of Officials I manager managed (AS 10.50.840 documents filed with the commissi of a class A misdemeanor. Signature: Printed Name:	tau in oran anomev-in-tor	<u>ct</u> (AS 10.50.840(c) person to be false i	() Davasas		.y
	Title of Authorized Signer:	Member	Manager	Attorney-in-	-fact	* 0%
/, V	If signing on behalf of a member or ma with the member entity. For example:	, nager which is an entity, then John Smith, President of XYZ	foto are as a second		ı authoril	ty



PO Box 110806 Juneau, AK 99811-0806 Phone: (907) 465-2550 Fax: (907) 465-2974

Website: www.commerce.alaska.gov/occ

attached. NOTE: this form will not be filed for record or appear online.

DO NOT STAMP ABOVE THIS BOX

Office dise Only

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CBPL

CONTACT INFORMATION SHEET

Name of entity as it appears on filing:
Palmer Alexande LC
To resolve questions with this filing, contact:
Name: Stere Dile
Email: 5 teve @ polywrale horse com Phone: 907.360.7765
Email: 5 teve @ polinovale horse com Phone: 907.360.7765 Mailing address: 11711 E. Jenry Civila, Polinov AK 99645
Return documents to:
Name: Palmy Hehrise
Company:
Mailing address: 1711 E. Jenny Corole Pulmay AK 99645

Please return this document with your filing. This information will only be used to resolve questions with the filings

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



State of Alaska Division of Corpor CORPORATIONS ___

PO Box 110806

Juneau, AK 99811-0806 Phone: (907) 465-2550 Fax: (907) 465-2974

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ARTICLES OF AMENDMENT

Don	nestic Limited Liability C AS 10.50.100	ompany	CBPL
\$25.00 Filing Fee (non-refund	able)		CC 25-/50-3
Pursuant to Alaska Statutes 10.50.1 Organization.	00, the undersigned corpo	ration adopts the following	ng amended Articles of
ITEM 1: Name of the Entity:		Alaska Entity	y #:
Palmer Alehor	se uc	1003	3182
ITEM 2			
Date the original Articles of	Organization were filed:	11/3/2019)
ITEM 3: List each article number being considered an amendment; this inclusive previous Articles of Organization and	ides deletions, edits, corre	nded article in full. Any a	uticle being changed is
#6 - Managemen			
The Limited Liabili	to company is 1	nanged by	its manager
Attach a separate sheet if needed.			
ITEM 4: The Articles of Amendment	nust be signed by a memb	er, manager, or Attorney	/-in-Fact
XX	Steven Dilce	Member	11/27/19
-	Printed name	, 1110	Date
f signing on behalf of a member or manager wh For example: John Smith, President of XYZ inc.	ich is an entity, then identify signe the sole member of ABC LLC.	er's relationship and signing au	thority with the member entity.
Mail the Articles of Amendment and the State of Alaska, Corporations Section	ne non-refundable \$25.00	filing fee in U.S. dollars t	o:



PO Box 110806 Juneau, AK 99811-0806 Phone: (907) 465-2550 Fax: (907) 465-2974

Website: www.commerce.alaska.gov/occ

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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:
Palmer Alexande LC
To resolve questions with this filing, contact:
Name: Stere Dite
Email: 5 tere @ polingrale horse, com Phone: 907.360.7765
Email: 5 teve & polingrale horse, com Phone: 907.360.7765 Mailing address: 11711 E. Jenry Civile, Polingrak 99645
Return documents to:
Name: Palmer Alehase
Company:
Mailing address: 1711 E. Jenny Corile Palmay AK 99645

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



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-17: 2020/2021 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 are is due to renew by December 31, 2019. 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 and submitted to AMCO's main office before any license renewal application will be reviewed. 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.

nter information for the bus	iness seeking to have its license renewed. I	f any populated information is	incorrect, p	lease contact AMC	
Licensee:	Palmer Alehouse, LLC License #: 5716				
License Type:	Beverage Dispensary - Duplicate				
Doing Business As:	Palmer City Alehouse				
Premises Address:	320 E. Dahlia, Palmer, AK 99645				
Local Governing Body:	City of Palmer (Matanuska-Susitna B	orough)			
Community Council:	None				
Mailing Address:	11711 E. Jenn	y Circle			
City:	1 1	ate: AK	ZIP:	99645	
	vidual who will be designated as the prima uired to be listed in and authorized to sign		his applicat	ion. This individual	
Contact Licensee:	Steve Dike	Contact Phone:	90	1.360.776	
Contact Email:	steve @ Palmeral	e hause, com			
	O staff to communicate with an individual ver matters pertaining to the license, please				
Name of Contact:		Contact Phone:			
Contact Email:				100 M	



Alaska Alcoholic Beverage Control Board

Form AB-17: 2020/2021 Renewal License Application

Section 2 - Entity or Community Ownership Information

Licensees who directly hold a license as an individual or individuals should skip to Section 3. General partnerships and local governments should skip to the second half of this page. All licensees that are <u>corporations</u> or <u>LLCs</u> must complete this section. Corporations and LLCs are required to be in good standing with the Alaska Division of Corporations, Business & Professional Licensing (CBPL). The CBPL Entity # below 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 vising the following site: https://www.commerce.alaska.gov/cbp/main/search/entities

Alaska CBPL Entity #:	1003318	2			
You must ensure that you	are able to certify the following states	ment before si	gning your initials in the b	ox to the right:	: Initials
I certify that this entity is ir are also currently and accu	n good standing with CBPL and that all rately listed with CBPL.	current entity	officials and stakeholders	(listed below)	Ser
 limited partnership, that is If the applicant is a cor the stock in the corpor If the applicant is a lim ownership interest of If the applicant is a par 	mpleted by any <u>community</u> or <u>entity</u> , applying for renewal. If more space is reporation, the following information meation, and for each <i>president</i> , <i>vice-presited liability organization</i> , the following or more, and for each manager. Thership, including a limited partnership or more, and for each general partnership.	needed, please ust be complete esident, secretor ng information nip, the followin	e attach additional complet ted for each <i>shareholder w</i> ury, and <i>managing officer</i> . must be completed for eac	ed copies of th tho owns 10% o	is page. or more of h an
match that which is listed v that individual on this appli <u>ALL</u> of your qualifying offic	mation provided in the below fields (invite CBPL. If one individual holds multification and with CBPL. Failure to list all cials, additional copies of this page or	ple titles menti required titles	oned in the bullets above, constitutes an incomplete	all titles must be application. You	oe listed for ou must list
Name of Official:	Steve Dite	·			
Title(s):	owner	Phone:	907-360-2765	% Owned:	100%
Mailing Address:	11711 E. Jeni	m Cil	cle		
City:	Palmer	State:	AIC	ZIP: 9	9645
Name of Official:			- 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2		
Title(s):		Phone:		% Owned:	
Mailing Address:					
City:		State:		ZIP:	
Name of Official:					
Title(s):		Phone:		% Owned:	
Mailing Address:		1			1

State:

City:

ZIP:



Alaska Alcoholic Beverage Control Board

Form AB-17: 2020/2021 Renewal License Application

Section 3 - Sole Proprietor Ownership Information

Entities, such as corporations or LLCs, should skip this section. This section must be completed by any licensee who directly holds the license as an <u>individual or multiple individuals</u> and is applying for license renewal. If more space is needed, please attach a separate sheet that includes all of the required information.

The following information must be completed for each licensee and each affiliate. This individual is an: applicant affiliate Name: **Contact Phone:** Mailing Address: City: State: ZIP: Email: This individual is an: applicant affiliate Name: **Contact Phone:** Mailing Address: City: State: ZIP: 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: 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. **Section 5 – License Operation** Check a single box for each calendar year that best describes how this liquor license was operated: 2018 2019 The license was regularly operated continuously throughout each year. 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-17: 2020/2021 Renewal License Application

Sec	ction 6 – Violatio	ons and Con	victions		
Applicant violations and convictions in ca	alendar years 2018 and 2	019:		Yes	No
Have any notices of violation (NOVs) been	n issued for <u>this license</u> in	the calendar year	s 2018 or 2019?		
Has any person or entity named in this ap ordinance adopted under AS 04.21.010 in	*		le 04, of 3 AAC 304, or a lo	ocal	
If "Yes" to either of the previous two quo	estions, attach a separate	e page to this appli	cation listing all NOVs an	d/or convictio	ns.
	Section 7 - 6	Certification	IS		
Read each line below, and then sign you	r initials in the box to the	right of each state	ement:		Initials
I certify that all current licensees (as defined in accordance with AS 04.11.450, no one licensed business.					Sel
I certify that I have not altered the function and I have not changed the business names stakeholders) from what is currently approximately.	e or the ownership (inclu	ding officers, mana	gers, general partners, or		zer
I certify on behalf of myself or of the orga any other form provided by AMCO is grou					sed
As an applicant for a liquor license renew 3 AAC 304, and that this application, incluprovide all information required by the Althat failure to do so by any deadline giver	iding all accompanying sc Icoholic Beverage Control	hedules and stater Board or AMCO st	nents, is true, correct, and aff in support of this appli	l complete. I ag cation and und	ree to erstand
N - I	VISNA SE	ANG			
Signature of licensee	Notary P		Signature of Notary Public	C	
steve Dike	My Commission Expi		for the State of	ska	
Printed name of licensee			My commission expires:	July 3	1,202
Su	ubscribed and sworn to be	efore me this	day of	;	2017.
Seasonal License? Yes No	If "Yes", write your				
License Fee: \$ 2500.00	Application Fee:	\$ 300.00	TOTAL:	\$ 2800.00	
Miscellaneous Fees:					
GRAND TOTAL (if different than TO	OTAL):				

NOV 2 7 2019 OCT 2 4 2019

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Corporations Section

State Office Building, 333 Willoughby Avenue, 9th Floor

PO Box 110806, Juneau, AK 99811-0806 Phone: (907) 465-2550 • Fax: (907) 465-2974

Email: corporations@alaska.gov Website: Corporations.Alaska.Gov

Notice of Change of Officials

Domestic Limited Liability Company (AS 10.50)

- This Notice of Change of Officials form is only for Domestic Limited Liability Companies and is used to report changes between biennial reporting periods in: members, managers, and percentage of interest held.
- This Notice of Change of Officials will not be filed if the entity's biennial report is not current. To verify the entity's biennial report due date, go online to www.Corporations.Alaska.Gov and select Search
- Standard processing time for complete and correct filings submitted to this office is approximately 10-15 business days. All filings are reviewed in the date order they are received.
- The information you submit is a public record and will be posted on the State's website.

1.	Important:
----	------------

AS 10.50.765

Each Domestic Limited Liability Company is required to notify this office when there is a change of officials.

— AS 10.50.765

Failure to meet this requirement may result in involuntary dissolution of the entity's authority to transact business in the State of Alaska.

The Domestic Limited Liability Company is to keep and make available the records of the official(s) changes.

— AS 10.50.860-.870

2. Fee:

\$25 Nonrefundable Filing Fee

(CORF)

3 AAC 16.065(b)

Mail this form and the non-refundable \$25 filing fee in U.S. dollars to the letterhead address. Make the check or money order payable to the State of Alaska, or use the attached credit card payment form.

3. Entity Information:

AS 10.50.765

Entity Name:

Palmer Alehouse LLC

Alaska Entity Number:

100 33182

	4. REMOVE from Record:		AS 10.50.765(b)
	The following officials (memb	ers and, if applicable, managers) will be completely removed	• •
	Name:	Name:	RECEIVE Anchorage
	Name:	Name:	NOV 27 201
	If an official is not being remo	ved from record, then list them in Item #5 below (with their cu	CBPL rrent information).
5	ALL Current Officials:		AS 10.50.765(b)
	 An LLC <u>must have at let</u> Must provide all membe Members <u>must</u> own a % An LLC may be manage member if the manager List <u>ALL</u> officials and t 	ast one member who owns a % of the LLC. — AS 10.50.155 as who own 5% or more of the LLC. — AS 10.50.765 (b) of the LLC. A member may be a manager if the LLC is managed by a manager if provided in Articles of Organization. A maralso owns a % of the LLC. — AS 10.50.075(5) and AS 10.50 heir current information to be on record.	5(b) ager managed.
	FULL LEGAL NAME	COMPLETE MAILING ADDRESS	% OWNED WEMBER
5†	even E. Dike	11711 E. Jenny Civile, Pulmer AK 99645	
	· .		•
	-		
			· •
_	▶ If necessary, use the following s	supplement page and include all information required above in	n Itom #E
6.	Required Signature:	nove in	AS 10.50.840
	The Notice of Change of Officials manager managed (AS 10.50.84 documents filed with the commiss of a class A misdemeanor. Signature: Printed Name:	must be signed by: a member (AS 10.50.840(a)(2)); or a ma 0(a)(1)); or an attorney-in-fact (AS 10.50.840(c)). Persons when sioner that are known to the person to be false in material result. Date: 1 27 1	nnager if no sign spects are guilty
	If signing on behalf of a member or m with the member entity. For example	anager which is an entity, then identify the signer's relationship and: John Smith, President of XYZ Inc. the sole member of ABC LLC.	ney-in-fact signing authority



PO Box 110806 Juneau, AK 99811-0806

Phone: (907) 465-2550 Fax: (907) 465-2974

Website: www.commerce.alaska.gov/occ

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NOV 2 7 2019

CBPL

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:

rearre of entity as it appears on filing:
Palmer Alexanse LC
To resolve questions with this filing, contact:
Name: Stere Dite
Email: 5 tere & poling alcharge com Phone: 907.360.7765 Mailing address: 11711 E. Jenry Circle; Poling AK 99645 Return documents to:
Return documents to:
Name: Palmin Hehaise
Company:
Mailing address: 1711 E. Jerry Corke, Pulmay AK 99645
(1)

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



State of Alaska Division of Corpor



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CORPORATIONS

PO Box 110806 Juneau, AK 99811-0806

Phone: (907) 465-2550 Fax: (907) 465-2974

Website; www.commerce.alaska.gov/occ

ARTICLES OF AMENDMENT **Domestic Limited Liability Company** AS 10.50.100

\$25.00 Filing Fee (non-refundable) Pursuant to Alaska Statutes 10.50.100, the undersigned corporation adopts the following amended Articles of Organization. ITEM 1: Name of the Entity: Alaska Entity #: ITEM 2: Date the original Articles of Organization were filed: ITEM 3: List each article number being amended, and the amended article in full. Any article being changed is considered an amendment; this includes deletions, edits, corrections, or renumbering of the articles. Verify with previous Articles of Organization and amendments already filed. #6 - Management

The Limited Liability company is managed by its manager

Attach a separate sheet if needed.

ITEM 4: The Articles of Amendment must be signed by a member, manager, or Attorney-in-Fact.

Signaturé

If signing on behalf of a member or manager which is an entity, then identify signer's relationship and signing authority with the member entity. For example: John Smith, President of XYZ Inc. the sole member of ABC LLC.

Mail the Articles of Amendment 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



PO Box 110806 Juneau, AK 99811-0806 Phone: (907) 465-2550 Fax: (907) 465-2974

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Name of entity as it appears on filing:
Palmer Alehorse LIC
To resolve questions with this filing, contact:
Name: Stere Dite
Email: 5 teve & poling alcherse com Phone: 907.360.7765 Mailing address: 11711 E. Jenry Civile; Poling AK 99645 Return documents to:
Return documents to:
Name: Palmer Aleharse
Company:
Mailing address: 1711 E. Jerry Circle Palmay AK 99645
Attach this form to war fill a

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