

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: 04/09/2018

License #/Type: #57 / Club

Licensee: American Legion Robert G Blair Post #17

Address: 318 Center Avenue, Kodiak, AK 99615

DBA: American Legion Post #17

AMCO Case #: AB18-0318

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.

On 04/02/2018 at approximately 1935 hrs., I was conducting a licensed premises inspection at the American Legion Post #17, license # 57 when I contacted the on-duty bartender, identified by her Alaska driver's license as Beverly EADS. When I asked to see EADS' alcohol server education card I discovered her card expired on 03/11/2018. EADS stated she has been working for the American Legion Post #17 for over 30 days. This is a violation of AS 04.21.025 and 3 AAC 304.465.

AS 04.21.025(a) Alcohol Server Education:

(a) As a condition of issuance or renewal of a license and selling alcoholic beverages under a license, the board shall require a licensee who sells or serves alcoholic beverages and a licensee's agents and employees who sell or serve alcoholic beverages or check the identification of a patron to complete an alcohol server education course approved by the board, if the license is for a

(3) club;

3 AAC 304.465. Alcohol server education course

(a) While selling or serving alcoholic beverages, a person required under AS 04.21.025 to complete an alcohol server education course and the person's on-duty supervisor shall carry or have available to show a current course card or a photocopy of the card certifying completion of an approved alcohol server education course.

As part of your mandatory response, include a copy of EADS' identification card and current server education card.

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: M. Chiesa

Received by:

SIGNATURE:



SIGNATURE:

Delivered VIA: Mail

Date:

U.S.P.S. Article # 7016 0910 0000 9694 8529

From: Lynette
To: [CED AMCO Enforcement \(CED sponsored\)](#)
Subject: Violation case #AB18-0318
Date: Tuesday, April 17, 2018 5:02:56 PM

M. Chiesa

Here's the copy of Beverly Eads identification card and current server education card, as requested. Beverly was able to take the test on site that day because a certified TAP instructor was on premise.

Thank you for your time.

Lynette Ponte

The American Legion Post #17

License #57



(not valid for use as identification)



800-478-2427 or
907-274-8133
www.alaskacharr.com

Mike Hatan

Instructor

CERTIFICATE #

140025

Beverly Eads

Name

3/11/54

Birthdate

Beverly Eads

Signature

EXPIRES ON

4/2/2021



8103-28192

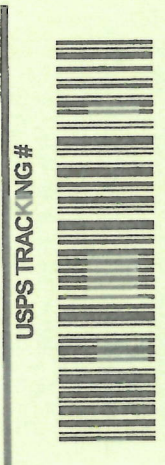
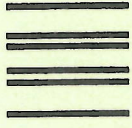
Alcohol & Marijuana Control Office
ATTN: Enforcement
550 W. 7th Ave., Suite 1600
Anchorage, AK 99501

• Sender: Please print your name, address, and ZIP+4® in this box*

United States
Postal Service

44 9686 5229 8222 2046 0656

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10



USPS TRACKING #

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 McLind Addressee

B. Received by *McLind* Date of Delivery *4/19*

delivery address different from item 1? Yes
YES, enter delivery address below: No

American Legion Robert G. Blair Post #17
318 Center Avenue
Kodiak, AK 99615



9590 9402 2328 6225 9896 44

2. Article Number (Transfer from service label)

6 0910 0000 9194 8529

3. Service Type

- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

3 Form 3811, JUN 2015 PSN 7530-02-000-9053

Domestic Return Receipt



Alaska Alcoholic Beverage Control Board

Master Checklist: Renewal Liquor License Application

Doing Business As:	American Legion Post #17	License Number:	57
License Type:	Club		
Examiner:	<i>John</i>	Transaction #:	1179861

Document	Received	Completed	Notes
AB-17: Renewal Application	11/15	12/17	
App and License Fees	11/15	11/15	

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			

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

LGB 1 Response:

Waive Protest Lapsed

LGB 2 Response:

Waive Protest Lapsed



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.

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:	American Legion Robert G Blair Post #17	License #:	57
License Type:	Club		
Doing Business As:	American Legion Post #17		
Premises Address:	318 Center Ave		
Local Governing Body:	City of Kodiak (Kodiak Island Borough)		
Community Council:	None		

Mailing Address:	318 Center Ave				
City:	Kodiak	State:	AK	ZIP:	991615

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:	Pamela Cawley	Contact Phone:	360-807-3357
Contact Email:	akpost17adjutant@gmail.com		

Optional: If you wish for AMCO staff to communicate with an 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-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 corporations or LLCs 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 using the following site: <https://www.commerce.alaska.gov/cbp/main/search/entities>

Alaska CBPL Entity #:	1288D
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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 shareholder 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. You must list **ALL** of your qualifying officials, additional copies of this page or a separate sheet of paper may be submitted if necessary.

Name of Official:	Walter Sargent			
Title(s):	Commander/President	Phone:	907-250-3441	% Owned: NA
Mailing Address:	1830 Mission Rd			
City:	Kodiak	State:	AK	ZIP: 99615

Name of Official:	Pamela Cowley			
Title(s):	Secretary / First Vice / Adjutant	Phone:	360-807-3357	% Owned: NA
Mailing Address:	1117 E. Rezanof Dr.			
City:	Kodiak	State:	AK	ZIP: 99615

Name of Official:	Vern Hall Maurice Burum			
Title(s):	Finance Vice President	Phone:	907-533-5548 907-654-7183	% Owned: NA
Mailing Address:	P.O. Box 37 835			
City:	Kodiak	State:	AK	ZIP: 99615



REV 12/17/2019



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 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.

The following information must be completed for each licensee and each affiliate.

This individual is an: [] applicant [] affiliate

Form with fields: Name, Contact Phone, Mailing Address, City, State, ZIP, Email

This individual is an: [] applicant [] affiliate

Form with fields: 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 conditions 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.

Box containing initials 'jtk'

Section 5 - License Operation

Check a single box for each calendar year that best describes how this liquor license was operated: 2018 2019

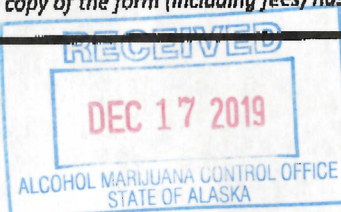
The license was regularly operated continuously throughout each year. [] 2018 [] 2019

The license was regularly operated during a specific season each year. [] 2018 [] 2019

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. [] 2018 [] 2019

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. [] 2018 [] 2019

[Form AB-17] (rev 09/17/2019) License # 57 DBA American Legion Post #17





Alaska Alcoholic Beverage Control Board

Form AB-17: 2020/2021 Renewal License Application

Section 6 - Violations and Convictions

Applicant violations and convictions in calendar years 2018 and 2019:

Have any notices of violation (NOVs) been issued for this license in the calendar years 2018 or 2019?

Yes No
[initials] [X] []
[] [X]

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 2018 or 2019?

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:

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.

[initials]

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 Board.

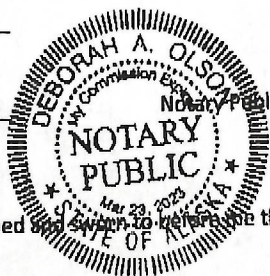
[initials]

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.

[initials]

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.

[Signature]
Signature of licensee
Patricia A. Cawley
Printed name of licensee



[Signature]
Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: 3/23/25

Subscribed and sworn to before me this 4th day of November, 2019.

Seasonal License? Yes [] No [X]

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

Table with columns: License Fee (\$1200.00), Application Fee (\$300.00), TOTAL (\$1500.00), Miscellaneous Fees, GRAND TOTAL (if different than TOTAL)



Page 4 of 4
[initials]

Department of Commerce, Community, and Economic Development
**CORPORATIONS, BUSINESS &
PROFESSIONAL LICENSING**

State of Alaska / Commerce / Corporations, Business, and Professional Licensing / Search & Database
Download / Corporations / Entity Details

ENTITY DETAILS

Name(s)

Type	Name
Legal Name	THE KODIAK POST #17, AMERICAN LEGION, INCORPORATED

Entity Type: Nonprofit Corporation

Entity #: 1288D

Status: Good Standing

AK Formed Date: 4/1/1940

Duration/Expiration: Perpetual

Home State: ALASKA

Next Biennial Report Due: 7/2/2020

Entity Mailing Address: 318 CENTER AVE, KODIAK, AK 99615

Entity Physical Address: 318 CENTER AVE, KODIAK, AK 99615

Registered Agent

Agent Name: Lynette Ponte

Registered Mailing Address: 1112 MADSEN AVE #1, KODIAK, AK 99615

Registered Physical Address: 1112 MADSEN AVE #1, KODIAK, AK 99615

Officials

Show Former

AK Entity #	Name	Titles	Owned
	Charles Barber	Director	
	CYNTHIA SWEENEY	Director	
	MAURICE BURUM	Vice President	
	PAMELA CAWLEY	Assistant Treasurer, Secretary	
	RICHARD AUSTERMAN	Director	
	VERN HALL	Treasurer	
	Walter Sargent	President	

Filed Documents

Date Filed	Type	Filing	Certificate
4/01/1940	Creation Filing		
5/27/1986	Biennial Report		
5/12/1988	Biennial Report		
5/03/1990	Biennial Report		
6/08/1992	Biennial Report		
6/13/1994	Biennial Report	Click to View	
7/01/1996	Biennial Report	Click to View	
7/01/1998	Biennial Report	Click to View	
8/04/2000	Biennial Report	Click to View	
7/29/2002	Biennial Report	Click to View	
8/12/2002	Agent Change	Click to View	
6/30/2004	Biennial Report	Click to View	
8/02/2004	Agent Change	Click to View	
10/31/2005	Change of Officials	Click to View	
10/31/2005	Agent Change	Click to View	
1/14/2008	Agent Change	Click to View	
5/21/2010	Biennial Report	Click to View	
5/21/2010	Biennial Report	Click to View	
5/21/2010	Biennial Report	Click to View	
12/10/2012	Biennial Report	Click to View	
12/10/2012	Agent Change	Click to View	
9/22/2014	Biennial Report	Click to View	
12/15/2014	Agent Change	Click to View	
4/12/2016	Biennial Report	Click to View	
12/04/2017	Change of Officials	Click to View	
5/01/2018	Biennial Report	Click to View	