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: 4/3/19

Licensee: Brannon Rentals LLC DBA: Dillingham Liquor Store

License #/Type: Package Store / #1405 Address: 312 Main Street East, Dillingham, AK AMCO Case #: 19-0540

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 4-1-19, an inspection was conducted at your establishment. Clerk Louise Mae Lekanoff was asked to provide proof of server education to which she replied she didn't have it. When asked how long she had been working, she replied, "a couple of months". Lekanoff was told to stop selling alcoholic beverages until she obtained server education.

Your attention is directed to AS04.21.025: Alcohol server education, AS04.16.150: Licensee responsible for violations and AS04.21.030: Responsibilities of licensees, agents and employees

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 APPREARANCE, 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 <u>amco.enforcement@alaska.gov</u>

Issuing Investigator: J. Hamilton

Received by:

SIGNATURE:

SIGNATURE:

J.R. Hamilton

Delivered VIA: Mail

Date:

1 3 12022 -ekonoff **EXPIRES ON** 168821 CERTIFICATE # -ouise Onfile Birthdate Signature Name ONING (not valid for use as identification) www.alaskacharr.com Training for Alcohol Professionals 800-478-2427 or 907-274-8133 CHARRE Instructor



Alaska Alcoholic Beverage Control Board

Master Checklist: Renewal Liquor License Application

Doing Business As:	Dillingham Liquor Store License Number: 14		1405
License Type:	Package Store		- La
Examiner:	Came	Transaction #:	1166625

Document	Received	Completed	Notes
AB-17: Renewal Application	11/4		
App and License Fees	11/4		

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:		
	Yes	No
Selling alcohol in response to written order (package stores)?		
Mailing address and contact information different than in database (if yes, update database)?		
In "Good Standing" with CBPL (skip this and next question for sole proprietor)?	·	
Officers and stockholders match CBPL and database (if "No", determine if transfer necessary)?		
LGB 1 Response: LGB 2 Response:		
Waive Protest Lapsed Waive Protest Lapsed	2	

[Master Checklist: Renewal] (rev 09/20/2018)



Package Store License Form AB-17b: 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 package store liquor license that 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:	Brannon Rentals LLC	License #:	1405
License Type:	Package Store		
Doing Business As:	Dillingham Liquor Store		
Premises Address:	312 Main Street East		
Local Governing Body:	City of Dillingham		
Community Council:	None		

Mailing Address:	PO Box 9100	6			
City:	Anchorage,	State:	AK	ZIP:	99509

Enter information for the individual who will be designated as the primary point of contact regarding this application. This individual **<u>must be a licensee</u>** who is required to be listed in and authorized to sign this application.

Contact Licensee:	MICHAEL J. KEENAW	Contact Phone:	907	229 4064
Contact Email:	MJKaHy49 CAMau	il.com		

Optional: If you wish for AMCO staff to communicate with an individual who is <u>not a licensee</u> named on this form (eg: legal counsel) about this application and other matters pertaining to the license, please provide that person's contact information in the fields below.

Name of Contact:	Contact Phone:
Contact Email:	

[Form AB-17b] (rev 9/17/2019)



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 #:	889490	

You must ensure that you are able to certify the following statement before signing your initials in the box to the right:

e 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.



This subsection must be completed by any <u>community</u> or <u>entity</u>, 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 <u>corporation</u>, 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 <u>limited liability organization</u>, 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 <u>partnership</u>, 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 <u>ALL of your qualifying officials</u>, additional copies of this page or a separate sheet of paper may be submitted if necessary.

Name of Official:	MICHAEL J. KE	EENAN			
Title(s):	MEMBER/ MANAGE	Phone:	907 229 4064	% Owr	ned: 100
Mailing Address:	PO BOX 910	06		-	
City:	ANCHORAGE	State:	AIC	ZIP:	99509

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

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

[Form AB-17b] (rev 9/17/2019) License # 1405 DBA Dillingham Liquor Store



Form AB-17b: 2020/2021 Package Store 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 Pho	ne:
Mailing Address:		
City:	State:	ZIP:
Email:		
This individual is an: applicant	affiliate	
Name:	Contact Pho	ne:
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:

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



Initials

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.	Welle	Not		
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.				

[Form AB-17b] (rev 9/17/2019) License # 1405 DBA Dillingham Liquor Store

AMCO

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Form AB-17b: 2020/2021 Package Store Renewal License Application

Section 6 – Written Order	Section	6 -	Written	Orders
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Written orders in calendar years 2020 and 2021:

Do you intend to sell alcoholic beverages and ship them to another location in response to written solicitation in calendar years 2020 and/or 2021?

Section 7 – 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?

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 8 – Certifications

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

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

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

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

As an applicant for a liquor license renewal, I declare under penalty of perjury that I have read and am familiar with AS 04 and 3 AAC 304, and that this application, including all accompanying schedules and statements, is true, correct, and complete. I agree to provide all information required by the Alcoholic Beverage Control Board or AMCO staff in support of this application and understand that failure to do so by any deadline given to me by AMCO staff will result in this application being returned to me as incomplete.

Michael J. Keenan Signature of licensee MICHAEL J. KEENAN

<u>Signature of Notary Public</u>

MICHAEL V. REENAN Notary Public in and for the State of _____

My commission expires:

Subscribed and sworn to before me this _____ day of _____ , 20

Seasonal License?	Yes No				
License Fee:	\$ 1500.00	Application Fee:	\$ 300.00	TOTAL:	\$ 1800.00
Miscellaneous Fe	es:				+
GRAND TOTAL (if	f different than T(DTAL):			

[Form AB-17b] (rev 9/17/2019) License # 1405 DBA Dillingham Liquor Store



NOV - 4 2019

AMCO



Yes

Yes

No

No





A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

JURAT

State of California

County of Riverside

Subscribed and sworn to (or affirmed) before me on this fit day of Malender

20 19 by Michael J Keenan

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

- Dauger holg public



OPTIONAL INFORMATION

DESCRIPTION OF THE ATTACHED DOCUMENT

Hewewer Greater Greater (Title or description of attached document)

(Title of description of attached document continued)

Number of Pages _____ Document Date_____

Additional information

INSTRUCTIONS

The wording of all Jurats completed in California after January 1, 2015 must be in the form as set forth within this Jurat. There are no exceptions. If a Jurat to be completed does not follow this form, the notary must correct the verbiage by using a jurat stamp containing the correct wording or attaching a separate jurat form such as this one with does contain the proper wording. In addition, the notary must require an oath or affirmation from the document signer regarding the truthfulness of the contents of the document. The document must be signed AFTER the oath or affirmation. If the document was previously signed, it must be re-signed in front of the notary public during the jurat process.

- State and county information must be the state and county where the document signer(s) personally appeared before the notary public.
- Date of notarization must be the date the signer(s) personally appeared which must also be the same date the jurat process is completed.
- Print the name(s) of the document signer(s) who personally appear at the time of notarization.
- Signature of the notary public must match the signature on file with the office of the county clerk.
- The notary seal impression must be clear and photographically reproducible. Impression must not cover text or lines. If seal impression smudges, re-seal if a sufficient area permits, otherwise complete a different jurat form.
 - Additional information Is not required but could help to ensure this jurat is not misused or attached to a different document.
 - Indicate title or type of attached document, number of pages and date.
- Securely attach this document to the signed document with a staple.

and the second second

A notice of violation was issued to an employee on April 3, 2019 for not having a valid server education card. She promptly obtained a card and the matter was dropped. A conviction did not result and no further action was taken.

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 Legal Name Name BRANNON RENTALS, LLC

Entity Type: Limited Liability Company

Entity #: 88949D

Status: Good Standing

AK Formed Date: 10/11/2004

Duration/Expiration: Perpetual

Home State: ALASKA

Next Biennial Report Due: 1/2/2020 File Biennial Report

Entity Mailing Address: PO BOX 91006, ANCHORAGE, AK 99509-1006

Entity Physical Address: 312 MAIN STREET, DILLINGHAM, AK 99576

Registered Agent

Agent Name: Michael J Keenan

Registered Mailing Address: PO BOX 91006, ANCHORAGE, AK 99509

Registered Physical Address: 312 MAIN ST E, DILLINGHAM, AK 99576

Officials

□Show Former

AK Entity #

Name

Titles Owned MICHAEL J. KEENAN Member, Manager 100.00

Filed Documents

Date Filed	Туре	Filing	Certificate
10/11/2004	Creation Filing	Click to View	
11/02/2005	Biennial Report	Click to View	• • • • • • • • • • • • • • • • • • • •
12/23/2009	Biennial Report	Click to View	
8/18/2010	Biennial Report	Click to View	n da 1997. Na 1997 - Nananagina ananana dikena ang ang ang ang ang ang ang ang ang a
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10/01/2010	Agent Change	Click to View	
11/15/2010	Change of Officials	Click to View	(2.5) In the set of the control o
5/09/2011	Change of Officials	Click to View	
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11/02/2015	Biennial Report	Click to View	
2/05/2016	Change of Officials	Click to View	ማንያ የሚሰጥ የአንድ መንግሥት በመንግሥት የሚሰው የሚሰጥ የሚሰጥ የሚሰው የአንድ የሚሰው የአንድ የመንግሥት የመንግሥት የመንግሥት የመንግሥት የመንግሥት የመንግሥት የመንግሥት የ
1/28/2018	Biennial Report	Click to View	and the second

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