

To whom it may concern,

September 25, 2019

An inspection at my place of business on 5/16/2019 determined that my alcohol server education card was expired and out of compliance. On 5/22/2019 I received a "notice of violation" letter from AMCO. I immediately replied, apologized, and promised to renew my TAP card and make a solid effort to monitor my fellow employees so as not to allow such an occurrence to happen again.

On 6/11/2019, I earned my valid TAP card #170528. I presented it to the Judge and Kenai District Attorney on 6/25/2019 in the Homer, Ak court where I had been summoned to stand for misdemeanor criminal complaint #3HO-19-171.

In the state of Alaska v Sean Ceff Maryott, case #3HO-19-00171CR, the following counts were hereby dismissed without prejudice by the prosecuting attorney pursuant to the criminal rule 43(a), 04.21.025 and 04.21.030.

Sincerely Sean Ceff Maryott, Vice President Sealevel inc.

A handwritten signature in blue ink that reads "Sean Maryott". The signature is written in a cursive style with a long horizontal line extending from the top of the "t".

AMCO

OCT 21 2019



Alaska Alcoholic Beverage Control Board

**Master Checklist: Renewal Liquor License Application**

Doing Business As:	Fritz Creek General Store	License Number:	3520
License Type:	Package Store		
Examiner:	<i>RANDI</i>	Transaction #:	1161038

Document	Received	Completed	Notes
AB-17: Renewal Application	10/21	<i>11/15</i>	
App and License Fees	10/21	<i>10/21</i>	

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)? <i>em.</i>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>

LGB 1 Response:

Waive   
  Protest   
  Lapsed

LGB 2 Response:

Waive   
  Protest   
  Lapsed



Alaska Alcoholic Beverage Control Board

Package Store License

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

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

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.

Table with 4 columns: Field Name, Value, License #, Value. Rows include Licensee (Sealevel Inc.), License Type (Package Store), Doing Business As (Fritz Creek General Store), Premises Address (55829 East End Road (Homer)), Local Governing Body (Kenai Peninsula Borough), and Community Council (None).

Table with 5 columns: Field Name, Value, State, Value, ZIP. Rows include Mailing Address (PO Box 15374) and City (Fritz Creek).

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.

Table with 3 columns: Field Name, Value, Contact Phone. Rows include Contact Licensee (Diana Carbonell) and Contact Email (fritzcreekgeneralstore@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.

Table with 3 columns: Field Name, Value, Contact Phone. Rows include Name of Contact and Contact Email.



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

## Section 2 – Entity or Community Ownership Information

Licenses 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 vising the following site:** <https://www.commerce.alaska.gov/cbp/main/search/entities>

Alaska CBPL Entity #:	68210D
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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.

DC

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:	Diana Carbone l				
Title(s):	President, Treasurer	Phone:	907 235 6521	% Owned:	50
Mailing Address:	P.O. Box 15022				
City:	Fritz Creek	State:	AK	ZIP:	99603

Name of Official:	Sean Maryott				
Title(s):	Vice President, secretary	Phone:	907 235 6521	% Owned:	50
Mailing Address:	P.O. Box 15374				
City:	Fritz Creek	State:	AK	ZIP:	99603

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

AMCO  
OCT 21 2019



# 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 **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

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

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

**Section 6 - Written Orders**

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? Yes  No

**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? Yes  No

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? Yes  No

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:

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  DC

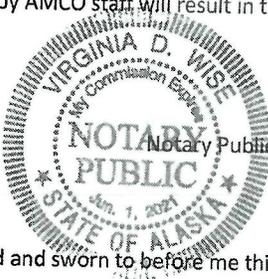
I certify that I have not altered the functional floor plan or reduced or expanded the area of the licensed premises, and I have not changed the business name or the ownership (including officers, managers, general partners, or stakeholders) from what is currently approved and on file with the Alcoholic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

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  DC

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.

Diana Carbonell  
Signature of licensee

Diana Carbonell  
Printed name of licensee



Virginia D. Wise  
Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: 06-01-2021

Subscribed and sworn to before me this 15 day of October, 2019.

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

License Fee:	\$ 1500.00	Application Fee:	\$ 300.00	TOTAL:	\$ 1800.00
Miscellaneous Fees:					
GRAND TOTAL (if different than TOTAL):					1800.00

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	SEALEVEL INC.

**Entity Type:** Business Corporation

**Entity #:** 68210D

**Status:** Good Standing

**AK Formed Date:** 12/3/1999

**Duration/Expiration:** Perpetual

**Home State:** ALASKA

**Next Biennial Report Due:** 1/2/2021

**Entity Mailing Address:** PO BOX 15374, FRITZ CREEK, AK 99603

**Entity Physical Address:** MI 8.2 EAST END ROAD, FRITZ CREEK, AK 99603

### Registered Agent

**Agent Name:** Diana Carbonell

**Registered Mailing Address:** PO BOX 15022, FRITZ CREEK, AK 99603

**Registered Physical Address:** 53595 MANSFIELD AVE, HOMER, AK 99603

### Officials

Show Former

AK Entity #	Name	Titles	Owned
	Diana Carbonell	Director, Treasurer, President, Shareholder	50.00
	Sean Maryott	Secretary, Director, Vice President, Shareholder	50.00

## Filed Documents

Date Filed	Type	Filing	Certificate
12/03/1999	Creation Filing		
12/07/1999	Biennial Report		
12/11/2000	Biennial Report	<a href="#">Click to View</a>	
4/08/2003	Biennial Report	<a href="#">Click to View</a>	
12/22/2004	Biennial Report	<a href="#">Click to View</a>	
10/12/2006	Biennial Report	<a href="#">Click to View</a>	
11/11/2009	Biennial Report	<a href="#">Click to View</a>	
1/19/2011	Biennial Report	<a href="#">Click to View</a>	
11/11/2012	Biennial Report	<a href="#">Click to View</a>	
10/07/2014	Biennial Report	<a href="#">Click to View</a>	
10/31/2016	Biennial Report	<a href="#">Click to View</a>	
12/12/2018	Biennial Report	<a href="#">Click to View</a>	
12/17/2018	Agent Change	<a href="#">Click to View</a>	

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