



Department of Commerce, Community, and Economic Development

> ALCOHOL AND MARIJUANA CONTROL OFFICE 550 West 7th Avenue, Suite 1600 Anchorage, AK 99501 Main: 907.269.0350

MEMORANDUM

TO: Chair and Members of the Alcoholic Beverage Control Board FROM: Glen Klinkhart, Director

DATE: March 31, 2020

RE: 5165 AK Fresh Seafood

| Requested Action: | Reinstatement and renewal |
|--|--|
| Statutory and Regulatory Authority: | AS 04.06.090(b): "The board shall review all applications for licenses made under this title and may order the director to issue, renew, revoke, transfer, or suspend licenses and permits authorized under this title." |
| | AS 04.11.540: "If a complete application for renewal has not been filed by February 28 or the required fees and the penalty fees have not been paid by that date, the license expires at 12:00 midnight February 28." |
| | 3 AAC 304.160(f): "The board will deny a request for reinstatement submitted under (e) of this section if (1) the license became available in accordance with 3 AAC 304.100(2) and was issued to a different applicant, unless the limit of licenses under AS 04.11.400 |
| | has not been reached; or (2) the board finds that the failure to timely file or pay was caused by (A) the licensee's failure to notify the board of a change of the licensee's mailing address; |
| | (B) a transfer of ownership of the business for which the license was issued without written approval of the board in violation of AS 04.11.040;(C) a lease of the licensed business to another person in violation of AS 04.11.450(c); or |
| | (D) any other action of the licensee whether active or tacit that the board finds constitutes a failure to lawfully operate the business for which the license was issued." |
| Staff Rec.: | Evaluate reinstatement request in accordance with 3 AAC 304.160(f) |

Background: During the 2020/2021 licensing period, an renewal application was not submitted. The licensee was sent an expiration warning letter by mail on 2/10/2020. An expiration and cessation of operations letter was sent on March 9, 2019.

The licensee has submitted a request for reinstatement and complete renewal application, and all required fees on 3/12/2020.

Attachments: Request for Reinstatement

Renewal Application

Upon filing on 28 February my general manager had the paperwork to complete and was hit by a lady running a red light and had to go to the hospital.. due to the accident on 02/28/2020 he was placed in a cast and was just released to come back to work as of today..On 3/11/2020 he still is wearing a cast he got two fractured bones in his left hand. Furthermore unfortunately he had all responsibilities and paperwork,,everything was in his car towed away from the accident which his car was totaled due to the accident.. So upon his return today we moved forward to complete all applications completed all payments, I also emailed all applications payments and see completion and payment of Biennial report ,as duly noted..

thank you for this time it in this matter.

Ronald Apollo naff owner of AK fresh seafood LLC ...



Anchorage, AK 99501 alcohol.licensing@alaska.gov https://www.commerce.alaska.gov/web/amco Alaska Alcoholic Beverage Control Board Phone: 907.269.0350 **Restaurant or Eating Place License** Form AB-17a: 2020/2021 Renewal License Application

Alcohol and Marijuana Control Office 550 W 7th Avenue, Suite 1600

What is this form?

This renewal license application form is required for all individuals or entities seeking to apply for renewal of an existing restaurant or eating place 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.

Enter information for the business seeking to have its license renewed. If any populated information is incorrect, please contact AMCO. Licensee: **AK Fresh Seafood, LLC** License #: 5165 License Type: **Restaurant/Eating Place Doing Business As: AK Fresh Seafood** Premises Address: 417 D Street Local Governing Body: Municipality of Anchorage

Section 1 – Establishment and Contact Information

| Mailing Address: | 415 D. S | theat #7 | | |
|------------------|-----------------|----------|----|-----------|
| City: | ANCHORA: E | State: | AV | ZIP: QGGA |
| | 1.1 - CHIOICHEC | | | LIF. 995 |

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: | RONALD ARDOLLD NAFF | Contact Phone: | 619-665-2852 |
|-------------------|------------------------|----------------|--------------|
| Contact Email: | Bubblymermaid 20 gmail | , Com | 0.000 |

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 perso

| Name of Contact: | because, picase provide that person's contact information in th | e fields below. |
|------------------|---|-----------------|
| | Contact Phone: | |
| Contact Email: | | |

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UPS

Community Council:

Downtown

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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: <u>https://www.commerce.alaska.gov/cbp/main/search/entities</u>

| Alaska CBPL Entity #: | 128 338 | and the straight and stat | Construction of the second |
|-----------------------|---------|---------------------------|----------------------------|
|-----------------------|---------|---------------------------|----------------------------|

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.



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</u> of your qualifying officials, additional copies of this page or a separate sheet of paper may be submitted if necessary.

| Name of Official: | RONALD APOLLO NAFF | | | | |
|-------------------|--------------------|---------------------|--------------|-------|----------|
| Title(s): | Member | A COLUMN TWO IS NOT | 615-665-2852 | % Own | red: 100 |
| Mailing Address: | 415 D Street # | | | | |
| City: | ANCHORGE | State: | AK | ZIP: | 99501 |

| Name of Official: | | | A harris a superior and the |
|-------------------|--|--------|-----------------------------|
| Title(s): | a prime of or subset of the magentine of | Phone: | % Owned: |
| Mailing Address: | and the second second second | | Alata and |
| City: | A Company of the second se | State: | ZIP: |

| Name of Official: | to a transmitted a long on a lauthout an early success and | The sease of the second of the |
|-------------------|--|--|
| Title(s): | Phone: % Owned: | |
| Mailing Address: | Biolis and | and the second s |
| City: | State: | ZIP: |

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Section 3 - Sole Proprietor Ownership Information

Inthes, such as corporations or LLCs, should skep 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 | e and each affiliat | te. | | |
|---------------------------|-------------------------------------|---------------------|----------------------|------|--------------|
| This individual is an: | applicant affiliate | K | AN D | | |
| Name: | Rowald ADollo NA | RF. | Contact Phone: | 45 | 665-2852 |
| Mailing Address: | 415D Street | #7 | | | |
| City: | ANCHORAGE | States | TAK | ZIP: | 99501 |
| Email: | Babbly mermaid 20 | mail, com | | | <u> </u> |
| This individual is an: | applicant affiliate | | | | 1 |
| Name: | | | Contact Phone: | | |
| Mailing Address: | | | - L | | |
| City: | the second second second second | State: | in the second second | ZIP: | and and have |
| Email: | | | J | | .I |
| | | | | | |

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 E. License Ones | 4 | | |
|--|---|------|------|
| Section 5 – License Opera | | | |
| Check a single box for each calendar year that best describes how this liquor license | e was operated: | 2018 | 2019 |
| The license was regularly operated continuously throughout each year. | OTARY PUBLIC | X | X |
| The license was regularly operated during a specific season each year. | WALKER SEXTON | | |
| The license was only operated to meet the minimum requirement of 240 total hours f this box is checked, a complete copy of Form AB-30: Proof of Minimum Operation (documentation must be provided with this application. | each calendar year. Checklist, and all necessary | | |
| The license was not operated at all or was not operated for at least the minimum requach 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 e submitted with this application for each of the calendar years. | | | |



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| Section 6 Violations and Convictions Applicant violations and convictions in calendar years 2018 and 2019: Year | s No |
|---|-------------|
| 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 convic | tions. |
| Section 7 – Certifications | |
| Read each line below, and then sign your initials in the box to the right of each statement: | Initia |
| certify that all current licensees (as defined in AS 04.11.260) and affiliates have been listed on this application, and that n accordance with AS 04.11.450, no one other than the licensee(s) has a direct or indirect financial interest in the icensed business. | R |
| 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 takeholders) from what is currently approved and on file with the Alcoholic Beverage Control (ABC) Board. | PA |
| certify on behalf of myself or of the organized entity that I understand that providing a false statement on this form or ny other form provided by AMCO is grounds for rejection or denial of this application or revocation of any license issued | R |
| am submitting as part of this application a completed copy of Form AB-33: Restaurant Receipts Affidavit, to provide vidence to the ABC Board that this establishment met the food sales requirement set forth in AS 04.11.100(e). | RA |
| s an applicant for a liquor license renewal, I declare under penalty of perjury that I have read and am familiar with AS 04 AAC 304, and that this application, including all accompanying schedules and statements, is true, correct, and complete rovide all information required by the Alcoholic Beverage Control Board or AMCO staff in support of this application and nat failure to do so by any deadline given to me by AMCO staff will result in this application being returned to me as inco | . I agree t |

| Signature of licensee | No That | Signature of Notary Public Notary Public in and for the State of Koth 2 |
|-----------------------|-----------|---|
| NOTAI WALK | RY PUBLIC | My commission expires: $Aug 21, 2021$ poscubed and sworn to before me this 11^{th} day of $March$ 20 20. |
| Seasonal License? | |] If "Yes", write your six-month operating period: |
| License Fee | \$ 600.00 | |

| License Fee: | \$ 600.00 | Application Fee: | \$ 300.00 | TOTAL: | \$ 900.00 |
|--|-----------|------------------|-----------|--------|-----------|
| Miscellaneous Fees: CONLATS LACK DE LETATE | | | | | 1600 |
| GRAND TOTAL (if different than TOTAL): | | | | | 1000 |
| | | | | | 2400.00 |

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