

# 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: 4/15/19

License #/Type: Package Store / #263

Licensee: Coghill's, Inc.

Address: 807 North A Street, Nenana, AK

DBA: Coghill's

AMCO Case #: 19-0588

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:

Change in ownership:

William Coghill – originally 36%, Removed

John Coghill – originally 24%, now 37%

Robert Coghill- originally 24%, now 23%

Marilyn Duggar- originally 25%, now 40%

Date of unreported change of officers/ownership: 1/27/2018

Your attention is referred to AS 04.11.050: Reports required of corporations

**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. 7<sup>th</sup> Ave, Suite 1600**

**Anchorage, Alaska 99501**

**[amco.enforcement@alaska.gov](mailto:amco.enforcement@alaska.gov)**

Issuing Investigator: J. Hamilton

Received by:

SIGNATURE:

*J.R. Hamilton*

SIGNATURE:

Delivered VIA: Mail

Date:

PHONE (907) 832-5422

GROCERIES  
\*\*\*\*\*  
HARDWARE  
\*\*\*\*\*  
CLOTHING  
\*\*\*\*\*  
MAGAZINES

**COGHILL' S**  
**GENERAL MERCHANTS**  
BOX 00100  
NENANA, ALASKA 99760

FAX (907) 832-5429

FRESH FRUITS  
VEGETABLES AND  
MEATS WEEKLY  
\*\*\*\*\*  
BEER, WINE AND  
LIQUOR

April 18, 2019

Regarding your Notice of Violation AMCO case 19-0588:

Due to the death of William Coghill a stock transfer took place

Previously the ownership was:

William Coghill 36%

John Coghill 24%

Robert Coghill 24%

Marilyn Duggar 25%

Now the stock is dispersed as follows:

John Coghill 37%

Robert Coghill 23%

Marilyn Duggar 40%

In the future I will keep your communication out of my junk mail and respond promptly.

There will be another change coming up soon as John Coghill has now passed away. His estate is still in probate. I will let you know immediately as to the new stock transfer.

Please let me know if this meets the requirements of the NOV.

I talked to Mikal Milton at the AMCO and this is what I believe she told me would satisfy the violation.

Sincerely,



Marilyn Duggar

Coghill's Inc

License #263

**4. REMOVE from Record:** AS 10.06.813(b)

The following officials (officers, directors, shareholders, and alien affiliates) will be completely removed from the record as a result of this filing. If necessary, use the following SUPPLEMENT page.

Name: William Coghill Name: John Coghill

Name: \_\_\_\_\_ Name: \_\_\_\_\_

If an official is not being removed from record, then list them in Item #5 below (with their current information).

**5. ALL Current Officials:** AS 10.06.813(b) and AS 10.06.950

The following is a complete list of ALL remaining and new officials who will be on record as a result of this filing. Domestic Business Corporations must have a President, Secretary, Treasurer, and at least one Director. The President and the Secretary cannot be the same person unless the President is 100% shareholder. The entity must also provide all shareholders who own 5% or more of the issued shares, and all alien affiliates.  
— AS 10.06.453 and 10.06.483

List ALL officials and their current information to be on record.  
**BOLD fields are required.**

FULL LEGAL NAME	COMPLETE MAILING ADDRESS	% Owned	Shareholder	PRESIDENT	Vice-President	SECRETARY	TREASURER	DIRECTOR	Assistant Secretary	Assistant Treasurer	Alien Affiliate
Marilyn E. Duggar	P O Box 355 Nenana, AK 99760	100	x	x			x	x			
Robert A Coghill	300 Hermit St Unit 3 Juneau, AK 99801	0			x	x		x			

→ If necessary, use the following SUPPLEMENT page.

**6. Required Signature:** AS 10.06.813(b) and AS 10.06.825

The Notice of Change of Officials must be signed by the President or Vice-President of the corporation. Persons who sign documents filed with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor.

Signature: Marilyn E. Duggar Date: 11/26/19

Printed Name: Marilyn E. Duggar

Title of Authorized Signer:  President — or —  Vice-President





THE STATE  
of **ALASKA**  
Department of Commerce, Community and Economic Development  
Division of Corporations, Business and Professional Licensing

**COR**

FOR DIVISION USE ONLY

**Corporations Section**  
State Office Building, 333 Willoughby Avenue, 9<sup>th</sup> Floor  
PO Box 110806, Juneau, AK 99811-0806  
Phone: (907) 465-2550 • Fax: (907) 465-2974  
Email: [corporations@alaska.gov](mailto:corporations@alaska.gov)  
Website: [Corporations.Alaska.Gov](http://Corporations.Alaska.Gov)

## Notice of Change of Officials

### Domestic Business Corporation (AS 10.06)

- This Notice of Change of Officials form is only for Domestic Business Corporations and is used to report changes between biennial reporting periods in: officers, directors, alien affiliates, and shareholders.
- 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](http://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.

<b>1. Important:</b>	AS 10.06.813
<p>Each Domestic Business Corporation is required to notify this office when there is a change of officials. — AS 10.06.813</p> <p>Failure to meet this requirement may result in involuntary dissolution of the entity's authority to transact business in the State of Alaska. — AS 10.06.633(5)(7)</p> <p>The Domestic Business Corporation is to keep and make available the records of the official(s) changes. — AS 10.06.430</p>	

<b>2. Fee:</b>	<input checked="" type="checkbox"/> \$25 Nonrefundable Filing Fee (CORF)	3 AAC 16.030(b)
<p>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.</p>		

<b>3. Entity Information:</b>	AS 10.06.813
<p>Entity Name: <u>Coghill's Inc</u></p> <p>Alaska Entity Number: <u>7048 D</u></p>	

AMCO  
NOV 29 2019



THE STATE  
of **ALASKA**  
Department of Commerce, Community and Economic Development  
Division of Corporations, Business and Professional Licensing

**COR**

FOR DIVISION USE ONLY

**Corporations Section**  
State Office Building, 333 Willoughby Avenue, 9<sup>th</sup> Floor  
PO Box 110806, Juneau, AK 99811-0806  
Phone: (907) 465-2550 • Fax: (907) 465-2974  
Email: [corporations@alaska.gov](mailto:corporations@alaska.gov)  
Website: [Corporations.Alaska.Gov](http://Corporations.Alaska.Gov)

**Contact Information**

- Return this form with your filing
- This information may be used by the Division to assist with processing your attached filings
- This form will not be filed for record, or appear online

<b>Entity Information</b>		Enter your entity information as it appears on this filing.
Entity Name:	Coghill's Inc	
AK Entity #:	7048D	

<b>Contact Person</b>		Whom may we contact with any questions or problems with this filing?
Company:	Coghill's Inc	
Contact:	Marilyn E. Duggar	
Mailing Address:	Address: P O Box 100	
	City: Nenana	State: Ak ZIP: 99760
Phone:	907-832-5422	
Email:	coghills1916@gmail.com	

<b>Document Return Address</b>		Provide an address for the return of your filed documents.
<input checked="" type="checkbox"/> Return my filings to the address provided <b>ABOVE</b> <input type="checkbox"/> Return my filings to this address provided <b>BELOW</b>		
Company:		
Contact:		
Mailing Address:	Address:	
	City:	State: ZIP:

PHONE (907) 832-5422

GROCERIES  
\*\*\*\*\*  
HARDWARE  
\*\*\*\*\*  
CLOTHING  
\*\*\*\*\*  
MAGAZINES

COGHILL' S  
GENERAL MERCHANTS  
BOX 00100  
NENANA, ALASKA 99760

FAX (907) 832-5429

FRESH FRUITS  
VEGETABLES AND  
MEATS WEEKLY  
\*\*\*\*\*  
BEER, WINE AND  
LIQUOR

November 26, 2019

AMCO  
550 West 7th St Suite 1600  
Anchorage, AK 99501

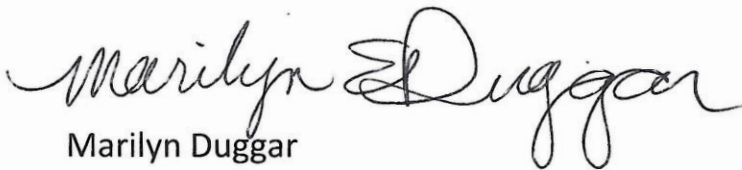
Re License 263

Enclosed is my Liquor License renewal application and the fee of \$1800.00.

Also enclosed is a copy of the Notice of the change of Officials that I have sent to the State separately, because two of our Corporation members have passed away. We have reorganized, and I have included that on the change paper work.

I believe this is done according to the instructions I received from your AMCO office.

I will be in touch to see if this has been done correctly. Your office has been very helpful on the phone. Thank you so much.



Marilyn Duggar  
Coghill's Inc

AMCO  
NOV 29 2019





Alaska Alcoholic Beverage Control Board  
 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:	Coghill's, Inc.	License #:	263
License Type:	Package Store		
Doing Business As:	Coghill's		
Premises Address:	807 North A Street		
Local Governing Body:	City of Nenana		
Community Council:	None		

Mailing Address:	PO Box 100				
City:	Nenana,	State:	Alaska	ZIP:	99760

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:	Marilyn E Duggar	Contact Phone:	907-832-5422
Contact Email:	ecoghills1916@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:			

AMCO  
 NOV 29 2019



# Form AB-17b: 2020/2021 Package Store 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 #:	7048 D
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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.

MED

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:	Marilyn Duggar			
Title(s):	Treasurer	Phone:	907-832-5422	% Owned: 25
Mailing Address:	Box 355			
City:	Nenana	State:	Alaska	ZIP: 99760

Name of Official:	Robert Coghill			
Title(s):	Vice President	Phone:	907-460-2398	% Owned: 15
Mailing Address:	300 Hermit St Unit 3			
City:	Juneau	State:	Alaska	ZIP: 99801

Name of Official:	William Coghill - deceased			
Title(s):	President	Phone:	907-442-4427	% Owned: 36
Mailing Address:	5206 Freedom Ct			
City:	Fairfield	State:	CA	ZIP: 94533



continued



Alaska Alcoholic Beverage Control Board

# Form AB-17b: 2020/2021 Package Store 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 #:	7048 D
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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.

--

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:	John B Coghill SR -deceased			
Title(s):	Secretary	Phone:	907-322-6202	% Owned: 24
Mailing Address:	Box 58003			
City:	Fairbanks	State:	Alaska	ZIP: 99760

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: 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.*





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

## Section 6 – Written Orders

**Written orders in calendar years 2020 and 2021:** Yes No

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:** Yes 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 convictions.

## Section 8 – 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.

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.

Marilyn E Duggar  
Signature of licensee  
Marilyn E Duggar  
Printed name of licensee

Chris Huff  
Signature of Notary Public  
Notary Public in and for the State of AK 4th Dist.



My commission expires: USPS

Subscribed and sworn to before me this 26 day of NOV, 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):					

