

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: 1-4-18

License #/Type: #748 / Club

Licensee: Sitka Moose Lodge #1359

Address: 337 Lincoln St., Sitka, AK

DBA: Loyal Order of Moose #1350

AMCO Case #: AB18-0022

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 officers. Details are as follows:

New officers added:

Tyrone Young – President
Joseph Reeves, SR – Secretary
Greg Littlefield – Vice President

Date of unreported change of officers/ownership: 9/16/2016

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. 7th Ave, Suite 1600

Anchorage, Alaska 99501

amco.enforcement@alaska.gov

Issuing Investigator: J. Hamilton

Received by:

SIGNATURE: 

SIGNATURE:

Delivered VIA: Mail

Date:

7013 2250 0000 9617 6627



Sitka Moose Lodge #1350

TO:AMCO

FROM: SITKA MOOSE LODGE 1350

Good day,

I just recently took over this job in July of 2016.

Being new at job I am not quite familiar with Liquor License reporting. Enclosed is form AB-08A

For myself as well as fingerprints. Our board of officers sometimes change yearly. As of now our

Officers are as follows.

Derrell Stuart-President

William Guy- vice-President

Joseph Reeves-Secretary

Any change in officers will be sent to you within 30 days of taking office. I would like to make sure everything is done correctly so if we need to send anything else please let me know. Our Lodge is



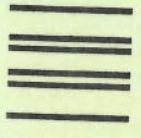
lodge1350@mooseunits.org Thank you and I will make sure this does not happen again.

JOSEPH REEVES

ADMINISTRATOR/SECRETARY

License # 748

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



UNITED STATES POSTAL SERVICE

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

AMCO
550 W. 7th Avenue, Suite 1600
Anchorage, AK 99501

FLAP

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- 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.

1. Sitka Moose Lodge #1350
dba Loyal Order of Moose #1350
337 Lincoln Street
Sitka, AK 99835

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Handwritten Signature]

Agent
 Addressee

B. Received by (Printed Name)
Jessie R. Revue

C. Date of Delivery
1-8-88

D. Is delivery address different from item 1?
If YES, enter delivery address below:
 Yes
 No

3. Service Type

- Certified Mail®
- Registered
- Insured Mail
- Priority Mail Express™
- Return Receipt for Merchandise
- Collect on Delivery

4. Restricted Delivery? (Extra Fee)
 Yes

2. Article Number
(Transfer from service label)

7013 2250 0000 9617 6627



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: | Sitka Moose Lodge #1350 | License #: | 748 |
| License Type: | Club | | |
| Doing Business As: | Loyal Order of Moose #1350 | | |
| Premises Address: | 337 Lincoln Street | | |
| Local Governing Body: | City & Borough of Sitka | | |
| Community Council: | None | | |

| | | | |
|------------------|----------------|--------|-------|
| Mailing Address: | 337 Lincoln St | | |
| City: | SITKA | State: | AK |
| | | ZIP: | 99835 |

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: | Earl Pirtle | Contact Phone: | 907-738-5756 |
| Contact Email: | gofish80@hotmail.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 visiting the following site: <https://www.commerce.alaska.gov/cbp/main/search/entities>**

| | |
|-----------------------|-------|
| Alaska CBPL Entity #: | 49210 |
|-----------------------|-------|

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.

EP

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: | Derrell Stewart | | | |
| Title(s): | President | Phone: | 907-738-9339 | % Owned: 0 |
| Mailing Address: | 603 Airport Rd | | | |
| City: | Sitka | State: | AK | ZIP: 99835 |

| | | | | |
|-------------------|----------------|--------|--------------|------------|
| Name of Official: | Jonh Operoff | | | |
| Title(s): | Vice President | Phone: | 907-738-4848 | % Owned: 0 |
| Mailing Address: | 107A Pherson | | | |
| City: | Sitka | State: | AK | ZIP: 99835 |

| | | | | |
|-------------------|----------------|--------|--------------|------------|
| Name of Official: | Earl Pirtle | | | |
| Title(s): | Secretary | Phone: | 907-738-5754 | % Owned: 0 |
| Mailing Address: | 506 Andrews St | | | |
| City: | Sitka | State: | AK | ZIP: 99835 |

2/21/2019



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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

This section must be completed only by the holder of a **beverage dispensary, club, or pub** license or **conditional 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.

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.

NOV 18 2019



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Section 6 – 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?

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 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.

EP

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.

EP

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.

EP

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.

Earl Pirtle

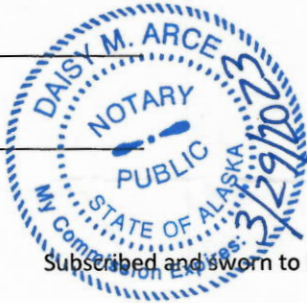
Signature of licensee

Daisy M. Arce

Signature of Notary Public

Earl Pirtle

Printed name of licensee



Notary Public in and for the State of ALASKA

My commission expires: 3/29/2023

Subscribed and sworn to before me this 13 day of NOVEMBER, 2019.

Seasonal License? Yes No

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

| | | | | | |
|--|------------|------------------|-----------|--------|------------|
| License Fee: | \$ 1200.00 | Application Fee: | \$ 300.00 | TOTAL: | \$ 1500.00 |
| Miscellaneous Fees: | | | | | |
| GRAND TOTAL (if different than TOTAL): | | | | | |