

## Notice of Violation

(3AAC 304.625)

This form, all information provided and responses are public documents per Alaska Public Records ACT AS 40.25

Date: 9/3/19

License #/Type: 4334 Package Store

Licensee: Carr-Gottstein Foods Co.

Address: 1907 Seward Hwy, Seward, AK

DBA: Oaken Keg #2728

AMCO Case #: 19-1402

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 8-27-19 an inspection was conducted at your establishment. As part of the inspection, Assistant Manager Kelsey M. Slough was asked to provide proof of current server education as she supervises liquor store employees. Ms. Slough advised Inv. Hamilton her card had expired. She has been an employee for more than 30 days.

Your attention is directed to 3AAC 304.465: Alcohol server education, AS 04.21.030: Responsibility of licensees, agents, and employees and AS 04.16.150: Licensee responsible for violations

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**

Issuing Investigator: J. Hamilton

Received by:

SIGNATURE:



SIGNATURE:

Delivered VIA: Mail

Date:

updated 4/23/19

AMCO Received 12/16/20

STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD

LICENSE NUMBER

FORM CONTROL

XXXX

ISSUED

4/06/2021

ABC BOARD

# LIQUOR LICENSE

## 2021 - 2022

4334

LICENSE RENEWAL APPLICATION DUE  
DECEMBER 31, 2022 (AS 04.11.270(b))

THIS LICENSE EXPIRES MIDNIGHT  
FEBRUARY 28, 2023 UNLESS DATED BELOW

TYPE OF LICENSE: Package Store

LICENSE FEE: \$1,500.00

1150

CITY / BOROUGH: Seward  
Kenai Peninsula Borough

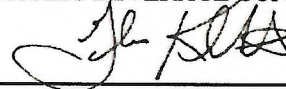
D/B/A: Oaken Keg #2728  
1907 Seward Hwy

Mail Address:  
Carr-Gottstein Foods Co.  
PO Box 29096 MS 6531  
Phoenix, AZ 85038-9096

This license cannot be transferred without permission  
of the Alcoholic Beverage Control Board

[ ] Special restriction - see reverse side

ISSUED BY ORDER OF THE  
ALCOHOLIC BEVERAGE CONTROL BOARD



DIRECTOR

04-900 (REV 9/09)

THIS LICENSE MUST BE POSTED IN A VISIBLE PLACE ON THE PREMISES

STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD

LICENSE NUMBER

FORM CONTROL

XXXX

ISSUED

4/06/2021

ABC BOARD

# LIQUOR LICENSE

## 2021 - 2022

4334

LICENSE RENEWAL APPLICATION DUE  
DECEMBER 31, 2022 (AS 04.11.270(b))

THIS LICENSE EXPIRES MIDNIGHT  
FEBRUARY 28, 2023 UNLESS DATED BELOW

TYPE OF LICENSE: Package Store

LICENSE FEE: \$1,500.00

CITY / BOROUGH: Seward  
Kenai Peninsula Borough

D/B/A: Oaken Keg #2728  
1907 Seward Hwy

Mailing Address:  
Carr-Gottstein Foods Co.  
PO Box 29096 MS 6531  
Phoenix, AZ 85038-9096

This license cannot be transferred without permission  
of the Alcoholic Beverage Control Board

[ ] Special restriction - see reverse side

ISSUED BY ORDER OF THE  
ALCOHOLIC BEVERAGE CONTROL BOARD

**COPY**

DIRECTOR

THIS LICENSE MUST BE POSTED IN A VISIBLE PLACE ON THE PREMISES

04-900 (REV 9/09)



Alaska Alcoholic Beverage Control Board

## Master Checklist: Renewal Liquor License Application

Doing Business As:	Oaken Keg #2728	License Number:	4334
License Type:	Package Store		
Examiner:	Krishna S	Transaction #:	100014736

Document	Received	Completed	Notes
AB-17: Renewal Application	12/16	4-6-2021	FP fees 1000-64321
App and License Fees	12/21	4-6-2021	64325

Supplemental Document	Received	Completed	Notes
Tourism/Rec Site Statement			64328
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	12-16	4-6-2021	need fees for fp, AB-08
Late Fee			

Names on FP Cards:	Bradley Beckstrom, Juliette Pryor, Larva Donald
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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)?	<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 type="checkbox"/>	<input checked="" type="checkbox"/>

LGB 1 Response: City of Seward LGB 2 Response: KPB

☐ Waive ☐ Protest ☐ Lapsed ☐ Waive ☐ Protest ☐ Lapsed

\* NOV



## Alaska Alcoholic Beverage Control Board

**Form AB-17: 2021/2022 License Renewal Application**

- This form and any required supplemental forms must be completed, signed by the licensee, and postmarked no later than 12/31/2020 per AS 04.11.270, 3 AAC 304.160, with all required fees paid in full, or a non-refundable \$500.00 late fee applies.
- Any complete application for renewal or any fees for renewal that have not been postmarked by 02/28/2021 will be expired per AS 04.11.540, 3 AAC 304.160(e).
- All fields of this application must be deemed complete by AMCO staff and must be accompanied by the required fees and all documents required, or the application will be returned without being processed, per AS 04.11.270, 3 AAC 304.105
- Receipt and/or processing of renewal payments by AMCO staff neither indicates nor guarantees in any way that an application will be deemed complete, renewed, or that it will be scheduled for the next ABC Board meeting.

**Establishment Contact Information**

Licensee (Owner):	Carr-Gottstein Foods CO.	License #:	4334
License Type:	PACKAGE STORE		
Doing Business As:	Oaken Keg #2728		
Premises Address:	1907 Seward Hwy		
Local Governing Body:	City of Seward (Kenai Peninsula Borough)		
Community Council:	None		

If your mailing address has changed, write the NEW address below:

Mailing Address:	PO BOX 29096 MS 6531				
City:	PHOENIX	State:	AZ	ZIP:	85308-9096

**Section 1 – Licensee Contact Information**

**Contact Licensee:** The individual listed below must be listed in Section 2 or 3 as an Official/Owner/Shareholder of your entity and must be listed on CBPL with the same name and title.

This person will be the designated point of contact regarding this license, unless the Optional contact is completed.

Contact Licensee:	GARY MORTON	Contact Phone:	(208) 395-3856
Contact Email:	GARY.MORTON@ALBERTSONS.COM		

**Optional:** If you wish for AMCO staff to communicate with anyone other than the Contact Licensee about your license, list them below:

Name of Contact:	NASC TAX	Contact Phone:	623-869-4376
Contact Email:	NASC.TAX@SAFEWAY.COM		

Name of Contact:		Contact Phone:	
Contact Email:			

**Section 2 – Written Order Information**

Do you intend to sell alcoholic beverages and ship them to another location in response to written solicitation in calendar years 2021 and/or 2022?

YES ☐ NO ☒



## Form AB-17: 2021/2022 License Renewal Application

### Section 3 – Entity or Community Ownership Information

#### Sole Proprietors should skip this Section.

Use the link from Corporations, Business and Professional Licensing (CBPL) below to assist you in finding the Entity #.  
<https://www.commerce.alaska.gov/cbp/main/search/entities>

Alaska CBPL Entity #:	10023528 (CARR-GOTTSTEIN FOODS CO.)
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**READ BEFORE PROCEEDING:** Any new or changes to Shareholders (10% or more), Managers, Corporate Officers, Board of Directors, Partners, Controlling Interest or Ownership of the business license must be reported to the ABC Board within 10 days of the change and must be accompanied by a full set of fingerprints on FBI-approved card stock, AB-08a's, payment of \$48.25 for each new officer with a date-stamped copy of the CBPL change per AS 04.11.045, 50 & 55, or a Notice of Violation will be issued to your establishment and your application will be returned.

The only exception to this is a Corporation who can meet the requirements set forth in AS 04.11.050(c).

#### DO NOT LIST OFFICERS OR TITLES THAT ARE NOT REQUIRED FOR YOUR ENTITY TYPE.

- Corporations of any type including non-profit must list **ONLY** the following:
  - All shareholders who own 10% or more stock in the corporation
  - Each President, Vice-President, Secretary, and Managing Officer regardless of percentage owned
- Limited Liability Corporations, of any type must list **ONLY** the following:
  - All Members with an ownership interest of 10% or more
  - All Managers (of the LLC, not the DBA) regardless of percentage owned
- Partnerships of any type, including Limited Partnerships must list **ONLY** the following:
  - Each Partner with an interest of 10% or more
  - All General Partners regardless of percentage owned

**Important Note:** All entries below must match our records, or your application will be returned per AS 04.11.270, 3 AAC 304.105. You must list full legal names, all required titles, phone number, percentage of shares owned (if applicable) and a full mailing address for each official of your entity whose information we require. If more space is needed: attach additional completed copies of this page. Additional information not on this page will be rejected.

Name of Official:	PLEASE SEE ATTACHED OFFICERS LIST				
Title(s):		Phone:		% Owned:	
Mailing Address:					
City:		State:		ZIP:	

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

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

CARR-GOTTSTEIN FOODS CO.

ENTITY #10023528

Officers List

Name of Official:	BRADLEY BECKSTROM
Title(s):	ASSISTANT SECRETARY, DIRECTOR
Mailing Address:	250 E PARKCENTER BLVD, BOISE, ID 83706
Phone:	208-395-6200
% Owned	0%

Name of Official:	GARY MORTON
Title(s):	TREASURER, VICE PRESIDENT, DIRECTOR
Mailing Address:	250 E PARKCENTER BLVD, BOISE, ID 83706
Phone:	208-395-6200
% Owned	0%

Name of Official:	JULIETTE PRYOR
Title(s):	SECRETARY
Mailing Address:	250 E PARKCENTER BLVD, BOISE, ID 83706
Phone:	208-395-6200
% Owned	0%

Name of Official:	LAURA DONALD
Title(s):	ASSISTANT SECRETARY, DIRECTOR
Mailing Address:	250 E PARKCENTER BLVD, BOISE, ID 83706
Phone:	208-395-6200
% Owned	0%

Name of Official:	SSI-AK HOLDINGS, INC.
Title(s):	SHAREHOLDER
Mailing Address:	5918 STONERIDGE MALL ROAD, TAX DIVISION, PLEASANTON, CA 94588-3229
Phone:	208-395-6200
% Owned	100%

Name of Official:	VIVEK SANKARAN
Title(s):	PRESIDENT
Mailing Address:	250 E PARKCENTER BLVD, BOISE, ID 83706
Phone:	208-395-6200
% Owned	0%





## Form AB-17: 2021/2022 License Renewal Application

## Section 4 – Sole Proprietor Ownership Information

**Corporations, LLC's and Partnerships of ALL kinds should skip this section.**

**READ BEFORE PROCEEDING:** Any new or changes to the ownership of the business license must be reported to the ABC Board within 10 days of the change and must be accompanied by a full set of fingerprints on FBI approved cardstock, AB-08a's, payment of \$48.25 for each new owner or officer and a date stamped copy of the CBPL change per AS 04.11.045, or a Notice of Violation will be issued to your establishment and your application will be returned.

**Important Note:** All entries below must match our records, or your application will be returned per AS 04.11.270, 3 AAC 304.105. You must list full legal names, phone number, and mailing address for each owner or partner whose information we require.

**If more space is needed, attach additional copies of this page. Additional owners not listed on this page will be rejected.**

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 5 – License Operation

Check **ONE BOX** for EACH CALENDAR YEAR that best describes how this liquor license was operated:

- |  | 2019                                | 2020                                |
|--|-------------------------------------|-------------------------------------|
| 1. The license was regularly operated continuously throughout each year. (Year-round)  | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. The license was only operated during a specific season each year. (Seasonal)<br><i>If your operation dates have changed, list them below:</i><br>_____ to _____   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 3. The license was only operated to meet the minimum requirement of 240 total hours each calendar year.<br><i>A complete AB-30: Proof of Minimum Operation Checklist, and all documentation must be provided with this form.</i>   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 4. 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 calendar years. <i>A complete 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.</i> | <input type="checkbox"/>            | <input type="checkbox"/>            |

**If you have not met the minimum number of hours of operation in 2020, you are not required to pay the fees, however a complete AB-29 is required with Section 2 marked "OTHER" and COVID is listed as the reason.**

## Section 6 – Violations and Convictions

Have ANY Notices of Violation been issued for this license **OR** has ANY person or entity in this application been convicted of a violation of Title 04, 3AAC 304 or a local ordinance adopted under AS 04.21.010 in 2019 or 2020?

Yes ☒ No ☐

**If you checked YES, you MUST attach a list of all Notices of Violation and/or Convictions per AS 04.11.270(a)(2)**

**If you are unsure if you have received any Notices of Violation, contact the office before submitting this form.**



## Alaska Alcoholic Beverage Control Board

## Form AB-17: 2021/2022 License Renewal Application

## Section 7 – Certifications

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, are true, correct, and complete.

- I agree to provide all information required by the Alcoholic Beverage Control Board or requested by 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 and potentially expired if I do not comply with statutory or regulatory requirements.
- 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 this entity is in good standing with Corporations, Business and Professional Licensing (CBPL) and that all entity officials and stakeholders are current and accurately listed, and I have provided AMCO with all required changes of Shareholders (10% or more), Managers, Corporate Officers/Board of Directors, Partners, Controlling Interest or Ownership of the business license, and have provided all required documents for any new or changes in officers.
- I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check identification of patrons 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, if applicable for this license type as set forth in AS 04.21.025 and 3 AAC 304.465.
- 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 from what is currently approved and on file with the Alcoholic Beverage Control 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.

DocuSigned by:

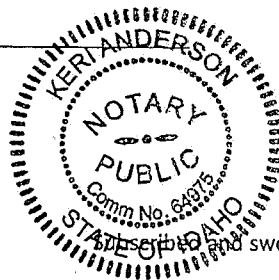
Gary Morton

74670420243642D...

Signature of licensee

Gary Morton

Printed name of licensee



*[Signature]*  
Signature of Notary Public

Notary Public in and for the State of: IdahoMy commission expires: 01/29/2021I, Gary Morton, do hereby swear and sworn to before me this 16<sup>th</sup> day of December, 2020.

Restaurant/Eating Place applications must include a completed AB-33: Restaurant Receipts Affidavit

Recreational Site applications must include a completed Recreational Site Statement

Tourism applications must include a completed Tourism Statement

Wholesale applications must include a completed AB-25: Supplier Certification

All renewal and supplemental forms are available online

Any application that is not complete or does not include ALL required completed forms and fees will not be processed and will be returned per AS 04.11.270, 3 AAC 304.105.

## FOR OFFICE USE ONLY

License Fee:	\$ 1500.00	Application Fee:	\$ 300.00	Misc. Fee:	\$
Total Fees Due:					\$ 1800.00





Alcohol and Marijuana Control Office  
550 W 7<sup>th</sup> Avenue, Suite 1600  
Anchorage, AK 99501  
[alcohol.licensing@alaska.gov](mailto:alcohol.licensing@alaska.gov)  
<https://www.commerce.alaska.gov/web/amco>  
Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

**Form AB-08a: Authorization of Records Release**

**What is this form?**

This authorization of records release form is required for all liquor license applications. Each licensee and affiliate who is required to be listed on an application for a liquor license under AS 04.11.260 must provide written authorization for release of conviction and arrest records, as required by 3 AAC 304.105(a)(1).

The following individuals must complete this form:

- If the applicant is a sole proprietor, this form must be completed by the **applicant** and the applicant's **spouse**.
- If the applicant is a **corporation**, this form must be completed for each **stockholder 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**, this form 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**, this form must be completed for each **partner with an interest of 10% or more**, and for each **general partner**.

This form must be completed and submitted to AMCO's main office before any license application will be considered complete.

**Section 1 – Establishment Information**

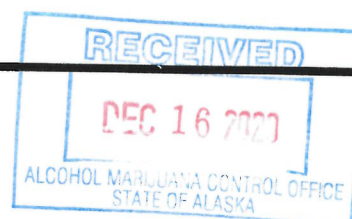
Enter information for licensed establishment.

Licensee:	CARR-GOTTSTEIN FOODS CO.				
License Type:	PACKAGE STORE	License Number:	4334		
Doing Business As:	OAKEN KEG #2728				
Premises Address:	1907 SEWARD HWY				
City:	SEWARD	State:	AK	ZIP:	99664

**Section 2 – Individual Information**

Enter information for the individual licensee or affiliate.

Name:	BRADLEY BECKSTROM				
Title:	ASSISTANT SECRETARY, DIRECTOR				
Date of Birth:	<div style="background-color: black; width: 100px; height: 20px;"></div>				





Alcohol and Marijuana Control Office  
550 W 7<sup>th</sup> Avenue, Suite 1600  
Anchorage, AK 99501  
[alcohol.licensing@alaska.gov](mailto:alcohol.licensing@alaska.gov)  
<https://www.commerce.alaska.gov/web/amco>  
Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Form AB-08a: Authorization of Records Release

Section 3 – Certifications and Approvals

Read each line below, and then sign your initials in the box to the right of any applicable statements:

Initials

I certify that I have never been convicted of a violation of AS 04 or regulations adopted by the ABC Board.



I certify that I have never been convicted of a violation of the alcoholic beverage control laws of another state, as a licensee of that state.



I certify that I have not been convicted of a felony in this state, the United States, or another state or territory, including a suspended imposition of sentence, during the 15 years immediately preceding the date of this form.



Sign your initials to the following statement only if you are unable to certify one or more of the above statements:

Initials

I have been convicted of one or more of the above offenses, and I have attached a written explanation that includes the type of offense and why it would be in the public interest for the ABC Board to approve me as a licensee.



I understand that by signing this form, I am providing written authorization for release of my conviction and arrest records to the Alaska Alcoholic Beverage Control Board through the Alaska Alcohol & Marijuana Control Office under AS 04.11.295 and 3 AAC 304.105. I understand that my fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation (FBI), and that I have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. *The procedures for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.*

I declare under penalty of perjury that this form, including all attachments and accompanying schedules and statements, is true, correct, and complete.

Signature of licensee/affiliate:

Bradley Beckstrom

Printed name of licensee/affiliate

Signature of Notary Public

Notary Public in and for the State of Idaho

My commission expires: June 6, 2022

Subscribed and sworn to before me this 15<sup>th</sup> day of December, 2020.







## Alaska Alcoholic Beverage Control Board

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**Section 1 – Establishment Information**

Enter information for licensed establishment.

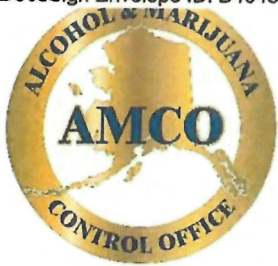
Licensee:	CARR-GOTTSTEIN FOODS CO				
License Type:	PACKAGE STORE	License Number:	4334		
Doing Business As:	OAKEN KEG #2728				
Premises Address:	1907 SEWARD HWY				
City:	SEWARD	State:	AK	ZIP:	99664

**Section 2 – Individual Information**

Enter information for the individual licensee or affiliate.

Name:	JULIETTE PRYOR
Title:	SECRETARY
Date of Birth:	





## Alaska Alcoholic Beverage Control Board

**Form AB-08a: Authorization of Records Release****Section 3 – Certifications and Approvals**Read each line below, and then sign your initials in the box to the right of any applicable statements:

Initials

I certify that I have never been convicted of a violation of AS 04 or regulations adopted by the ABC Board.



I certify that I have never been convicted of a violation of the alcoholic beverage control laws of another state, as a licensee of that state.

I certify that I have **not** been convicted of a felony in this state, the United States, or another state or territory, including a suspended imposition of sentence, during the 15 years immediately preceding the date of this form.Sign your initials to the following statement only if you are unable to certify one or more of the above statements:

Initials

I have been convicted of one or more of the above offenses, and I have attached a written explanation that includes the type of offense and why it would be in the public interest for the ABC Board to approve me as a licensee.



I understand that by signing this form, I am providing written authorization for release of my conviction and arrest records to the Alaska Alcoholic Beverage Control Board through the Alaska Alcohol & Marijuana Control Office under AS 04.11.295 and 3 AAC 304.105. I understand that my fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation (FBI), and that I have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. *The procedures for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.*

I declare under penalty of perjury that this form, including all attachments and accompanying schedules and statements, is true, correct, and complete.

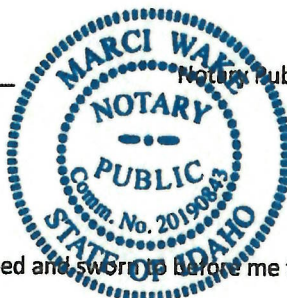
DocuSigned by:

Juliette Pryor

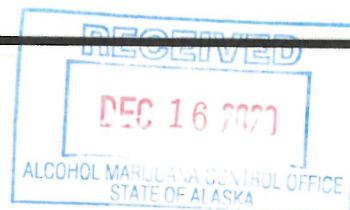
Signature of licensee/affiliate

Juliette Pryor

Printed name of licensee/affiliate



Signature of Notary Public

Notary Public in and for the State of IdahoMy commission expires: 4/29/25Subscribed and sworn to before me this 14<sup>th</sup> day of December, 2020.





Alcohol and Marijuana Control Office  
550 W 7<sup>th</sup> Avenue, Suite 1600  
Anchorage, AK 99501  
[alcohol.licensing@alaska.gov](mailto:alcohol.licensing@alaska.gov)  
<https://www.commerce.alaska.gov/web/amco>  
Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

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- If the applicant is a sole proprietor, this form must be completed by the **applicant** and the applicant's **spouse**.
- If the applicant is a **corporation**, this form must be completed for each **stockholder 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**, this form 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**, this form must be completed for each **partner with an interest of 10% or more**, and for each **general partner**.

This form must be completed and submitted to AMCO's main office before any license application will be considered complete.

### Section 1 – Establishment Information

Enter information for licensed establishment.

Licensee:	CARR-GOTTSTEIN FOOD CO				
License Type:	PACKAGE STORE	License Number:			
Doing Business As:	PLEASE SEE ADDENDUM				
Premises Address:					
City:		State:		ZIP:	

### Section 2 – Individual Information

Enter information for the individual licensee or affiliate.

Name:	LAURA DONALD
Title:	ASSISTANT SECRETARY/DIRECTOR
Date of Birth:	9/18/67



Alcohol and Marijuana Control Office  
550 W 7<sup>th</sup> Avenue, Suite 1600  
Anchorage, AK 99501  
[alcohol.licensing@alaska.gov](mailto:alcohol.licensing@alaska.gov)  
<https://www.commerce.alaska.gov/web/amco>  
Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Form AB-08a: Authorization of Records Release

Section 3 – Certifications and Approvals

Read each line below, and then sign your initials in the box to the right of any applicable statements:

Initials

I certify that I have **never** been convicted of a violation of AS 04 or regulations adopted by the ABC Board.

AB

I certify that I have **never** been convicted of a violation of the alcoholic beverage control laws of another state, as a licensee of that state.

AB

I certify that I have **not** been convicted of a felony in this state, the United States, or another state or territory, including a suspended imposition of sentence, during the 15 years immediately preceding the date of this form.

AB

Sign your initials to the following statement only if you are unable to certify one or more of the above statements:

Initials

I have been convicted of one or more of the above offenses, and I have attached a written explanation that includes the type of offense and why it would be in the public interest for the ABC Board to approve me as a licensee.

I understand that by signing this form, I am providing written authorization for release of my conviction and arrest records to the Alaska Alcoholic Beverage Control Board through the Alaska Alcohol & Marijuana Control Office under AS 04.11.295 and 3 AAC 304.105. I understand that my fingerprints will be used to check the criminal history records of the Federal Bureau of Investigation (FBI), and that I have the opportunity to complete or challenge the accuracy of the information contained in the FBI identification record. *The procedures for obtaining a change, correction, or updating an FBI identification record are set forth in Title 28, CFR, 16.34.*

I declare under penalty of perjury that this form, including all attachments and accompanying schedules and statements, is true, correct, and complete.

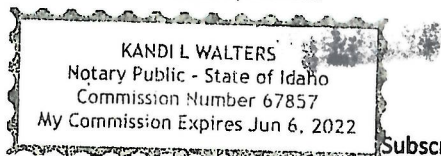
Laura a Donald  
Signature of licensee/affiliate

Laura Donald

Printed name of licensee/affiliate

Cee  
Signature of Notary Public

Notary Public in and for the State of Idaho



My commission expires: June 6, 2022

Subscribed and sworn to before me this 29<sup>th</sup> day of March, 20 21.

ADDENDUM TO AB-08a:

LICENSE #	FAC: DBA:	ADDRESS	City	State	Zip
792	1802 OAKEN KEG #1802	1340 Gambell Street	Anchorage	AK	99501
793	1805 OAKEN KEG #1805	1650 W. Northern Lights Blvd.	Anchorage	AK	99517
799	1809 OAKEN KEG SPIRIT SHOP #1809	5668 DeBarr Road	Anchorage	AK	99504
1336	1843 OAKEN KEG SPIRIT SHOP #1843	3678 College Road	Fairbanks	AK	99709
1397	1812 OAKEN KEG #1812	4000 West Dimond Blvd.	Anchorage	AK	99502
1464	1807 OAKEN KEG #1807	11409 Business Park Blvd.	Eagle River	AK	99577
1799	1813 OAKEN KEG #1813	1465 E. Huffman Road	Anchorage	AK	99515
2094	1817 OAKEN KEG #1817	7731 East Northern Lights Blvd	Anchorage	AK	99504
2098	1739 OAKEN KEG #1739	664 East Palmer. Wasilla	Palmer	AK	99645
2266	1811 OAKEN KEG #1811	595 East Parks Highway Hwy	Wasilla	AK	99654
3218	1808 OAKEN KEG #1808	10576 Kenai Spur Highway	Kenai	AK	99611
4334	2728 OAKEN KEG #2728	1907 Seward Hwy.	Seward	AK	99664
4361	1818 OAKEN KEG #1818	2417 Tongass Ave.	Ketchikan	AK	99901



Department of Commerce, Community, and Economic Development  
**DIVISION OF CORPORATIONS, BUSINESS &  
PROFESSIONAL LICENSING**

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## LICENSE DETAILS

**License #:** 1010874

[Print Business License](#)

**Business Name:** OAKEN KEG

**Status:** Active

**Issue Date:** 09/22/2014

**Expiration Date:** 12/31/2021

**Mailing Address:** PO BOX 29096  
PHOENIX, AZ 85038

**Physical Address:** 20427 N 27TH AVE  
PHOENIX , AZ 85027

## Owners

CARR-GOTTSTEIN FOODS CO

## Activities

Line of Business	NAICS	Professional License #
42 - Trade	445310 - BEER, WINE, AND LIQUOR STORES	

## Endorsements

End	Action			Action	Address
# Issue	Renew	Expiration	End	Note	
1 11/6/2017	11/19/2019	12/31/2021			#1802 1340 GAMBELL STREET, ANCHORAGE, AK 99501
2 11/6/2017	11/19/2019	12/31/2021			#1805 1650 W NORTHERN LIGHTS BLVD, ANCHORAGE, AK 99503
3 9/22/2014		12/31/2015			#1806 600 E NORTHERN LIGHTS BLVD, ANCHORAGE, AK 99501
4 11/6/2017	11/19/2019	12/31/2021			#1812 4000 W DIMOND BLVD, ANCHORAGE, AK 99515

https://www.commerce.alaska.gov/cbp/businesslicense/search

End				Action	Action	
#	Issue	Renew	Expiration	End	Note	Address
5	11/6/2017	11/19/2019	12/31/2021			#1813 1465 E HUFFMAN ROAD, ANCHORAGE, AK 99515
6	11/6/2017	11/19/2019	12/31/2021			#1817 7731 E NORTHERN LIGHTS BLVD, ANCHORAGE, AK 99504
7	11/6/2017	11/19/2019	12/31/2021			#1807 11409 BUSINESS PARK BLVD, EAGLE RIVER, AK 99577
8	11/6/2017	11/19/2019	12/31/2021			#1820 3033 VINTAGE BLVD, JUNEAU, AK 99801
9	11/6/2017	11/19/2019	12/31/2021			#1808 10576 KENAI SPUR HWY, KENAI, AK 99611
10	11/6/2017	11/19/2019	12/31/2021			#1818 2417 TONGASS AVE, KETCHIKAN, AK 99901
11	11/6/2017	11/19/2019	12/31/2021			#1739 664 W EVERGREEN, PALMER, AK 99645
12	11/6/2017	11/19/2019	12/31/2021			#2728 1907 SEWARD HWY, SEWARD, AK 99664
13	11/6/2017	11/19/2019	12/31/2021			#1811 595 E PARKS HWY, WASILLA, AK 99654
14	7/29/2019		12/31/2019			2920 SEWARD HWY, ANCHORAGE, AK 99503

## License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

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Department of Commerce, Community, and Economic Development

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ENTITY DETAILS

Name(s)

Type	Name
Legal Name	Carr-Gottstein Foods Co

Entity Type: Business Corporation

Entity #: 10023528

Status: Good Standing

AK Formed Date: 9/16/2014

Duration/Expiration: Perpetual

Home State: DELAWARE

Next Biennial Report Due: 1/2/2022

Entity Mailing Address: DANIELLE KNIGHT, PO BOX 20, BOISE, ID 83726-0020

Entity Physical Address: 11555 DUBLIN CANYON RD, PLEASANTON, CA 94588

Registered Agent

Agent Name: DOLORES OWEN

Registered Mailing Address: 9360 GLACIER HWY, SUITE 202, JUNEAU, AK 99801

Registered Physical Address: 9360 GLACIER HWY, SUITE 202, JUNEAU, AK 99801

Officials

AK Entity #	Name	Titles	<input type="checkbox"/> Show Former
			Owned
	BRADLEY BECKSTROM	Assistant Secretary, Director	
	GARY MORTON	Treasurer, Vice President, Director	
	JULIETTE PRYOR	Secretary	

AK Entity #	Name	Titles	Owned
	LAURA DONALD	Assistant Secretary, Director	
	SSI-AK HOLDINGS, INC.	Shareholder	100.00
	VIVEK SANKARAN	President	

## Filed Documents

Date Filed	Type	Filing	Certificate
9/16/2014	Creation Filing	<a href="#">Click to View</a>	<a href="#">Click to View</a>
4/02/2015	Correction	<a href="#">Click to View</a>	<a href="#">Click to View</a>
5/13/2015	Change of Officials	<a href="#">Click to View</a>	
5/13/2015	Agent Change	<a href="#">Click to View</a>	
10/19/2015	Biennial Report	<a href="#">Click to View</a>	
12/15/2017	Biennial Report	<a href="#">Click to View</a>	
10/03/2019	Biennial Report	<a href="#">Click to View</a>	
11/03/2020	Change of Officials	<a href="#">Click to View</a>	
11/16/2020	Agent Change	<a href="#">Click to View</a>	