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: 9/10/21
License #/Type: 1450 Restaurant / Eating Place
Licensee: Milano's Pizzaria, Inc.
Address: 110 Front St, #102, Nome, AK
DBA: Milano's Pizzaria
AMCO Case #: 21-0993

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 9-7-21 an inspection was conducted at your establishment. Kyung Kang, DOB: 6-8-63, was asked to provide proof of server education to which she could not. Contact was made with Alaska CHARR and it was learned that Mrs. Kung's TAP card, #137350, had expired on 4-4-18.

Your attention is directed to AS 04.21.025: Alcohol server education

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
SIGNATURE: J. Hamilton
Delivered VIA: Mail

Received by: Kyung Kang
SIGNATURE: Kyung Kang
Date: 1/20/22

Tracking #: 7018 0360 0000 1428 7371

updated 2/6/21

1/20/2022
STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD

LIQUOR LICENSE
2022 - 2023
TEMPORARY

LICENSE NUMBER
1450

LICENSE RENEWAL APPLICATION DUE DECEMBER 31, 2023 (AS 04.11.270(b))

THIS LICENSE EXPIRES MIDNIGHT FEBRUARY 28, 2024 UNLESS DATED BELOW

CITY / BOROUGH: Nome
Unorganized Borough

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

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

D/B/A: Milano's Pizzaria
110 Front Street, Old Federal

Mail Address:
Milano's Pizzaria, Inc.
PO Box 904
Nome, AK 99762

TYPE OF LICENSE: Restaurant/Eating
LICENSE FEE: $600.00
1130

STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD

LIQUOR LICENSE
2022 - 2023
TEMPORARY

LICENSE NUMBER
1450

LICENSE RENEWAL APPLICATION DUE DECEMBER 31, 2023 (AS 04.11.270(b))

THIS LICENSE EXPIRES MIDNIGHT FEBRUARY 28, 2024 UNLESS DATED BELOW

CITY / BOROUGH: Nome
Unorganized Borough

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

D/B/A: Milano's Pizzaria
110 Front Street, Old Federal Building, #102

Mailing Address:
Milano's Pizzaria, Inc.
PO Box 904
Nome, AK 99762

TYPE OF LICENSE: Restaurant/Eating
LICENSE FEE: $600.00
Alaska Alcoholic Beverage Control Board

Form AB-17: 2022/2023 General Renewal Application

- This form and any required supplemental forms must be completed, signed by the licensee, and postmarked no later than 12/31/2021 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 02/28/2022 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.

<table>
<thead>
<tr>
<th>Establishment Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensee (Owner): Milano's Pizzeria, Inc.</td>
</tr>
<tr>
<td>License Type: Restaurant/Eating Place</td>
</tr>
<tr>
<td>Doing Business As: Milano's Pizzeria</td>
</tr>
<tr>
<td>Premises Address: 110 Front Street, Old Federal Building #102</td>
</tr>
<tr>
<td>Local Governing Body: City of Nome</td>
</tr>
<tr>
<td>Community Council: None</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Mailing Address:</th>
</tr>
</thead>
<tbody>
<tr>
<td>City:</td>
</tr>
<tr>
<td>State:</td>
</tr>
<tr>
<td>ZIP:</td>
</tr>
</tbody>
</table>

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: Chul Woo Kang | Contact Phone: (907) 443-7415 |
| Contact Email: Cjache@hotmail.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: Kang J Cho | Contact Phone: (907) 561-0101 |
| Contact Email: Kjcjungama@gmail.com |

Name of Contact: |

Contact Email: |

Name of Contact: |

Contact Phone: |

Name of Contact: |

Contact Email: |

[Form AB-17] (rev09/21/2021)
Form AB-17: 2022/2023 License Renewal Application

Section 2 – 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 #: | 125433 |

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: | Chui Woo Kang |
| Title(s): | President |
| Phone: | 213-271-4011 |
| % Owned: | 50% |
| Mailing Address: | PO Box 904 |
| City: | Nome |
| State: | AK |
| ZIP: | 99762 |

| Name of Official: | Kyung OK Kang |
| Title(s): | Secretary |
| Phone: | 253-670-3671 |
| % Owned: | 50% |
| Mailing Address: | P.O. Box 904 |
| City: | Nome |
| State: | AK |
| ZIP: | 99762 |
Alaska Alcoholic Beverage Control Board
Form AB-17b: 2022/2023 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 30 days of the change and must be accompanied by a full set of fingerprints on FBI approved cardstock, AB-03a’s, payment of $48.25 for each new owner or officer and a date stamped copy of the CBPI 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: [ ] Applicant [ ] Affiliate

Name: Chul Kang
Mailing Address: P.O. Box 904
City: Nome
State: AK
ZIP: 99762
Email: Chul.kang@hotmail.com

Name: Kyung Kang
Mailing Address: P.O. Box 904
City: Nome
State: AK
ZIP: 99762
Email: Chul.kang@hotmail.com

Section 5 – License Operation

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

[ ] The license was regularly operated continuously throughout each year (Year-round)
[ ] The license was only operated during a specific season each year (Seasonal)
[ ] Other:

If your operation dates have changed, list them below:

2020 2021

[ ] The license was only operated to meet the minimum requirement of 240 total hours each calendar year.
A complete Form AB-29, Proof of Minimum Operation Checklist, and all documentation must be provided with this form.

[ ] 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. A complete Form AB-29, Waiver of Operation Application and corresponding fees must be submitted with any application for each calendar year during which the license was not operated.

If you have not met the minimum number of hours of operation in 2020 and/or 2021, 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 2020 or 2021?

[ ] Yes [ ] No

If you checked YES, you MUST attach a list of all Notices of Violation and/or Convictions per AS 04.11.270(11)(2)

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

[Form AB-17] (rev09/21/2021) Page 3 of 4
Alaska Alcoholic Beverage Control Board
Form AB-17: 2022/2023 License Renewal Application

Section 6 – 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.

Chul woon Kang
Signature of licensee

Tamara J. Ward
Signature of Notary Public

I, Chul woon Kang, do solemnly swear and say that the foregoing is true and correct, and that I sign my name to this document with the full intention of entering into the agreement for the State of Alaska, and my commission expires: 06/21/2022

Subscribed and sworn to before me this 20 day of January, 2022

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
Common Carrier applications must include a current safety inspection certificate
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

<table>
<thead>
<tr>
<th>License Fee:</th>
<th>$ 600.00</th>
<th>Application Fee:</th>
<th>$ 300.00</th>
<th>Misc. Fee:</th>
<th>$ 0.00</th>
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<tbody>
<tr>
<td>Total Fees Due:</td>
<td>$ 900.00</td>
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[Form AB-17] (rev09/21/2021)
**ENTITY DETAILS**

**Name(s)**

<table>
<thead>
<tr>
<th>Type</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name</td>
<td>Milano's Pizzaria Inc.</td>
</tr>
</tbody>
</table>

**Entity Type:** Business Corporation  
**Entity #:** 125433  
**Status:** Good Standing  
**AK Formed Date:** 12/18/2009  
**Duration/Expiration:** Perpetual  
**Home State:** ALASKA  
**Next Biennial Report Due:** 1/2/2023  
**Entity Mailing Address:** PO BOX 904, NOME, AK 99762  
**Entity Physical Address:** 1563 E. TUDOR RD, ANCHORAGE, AK 99507

**Registered Agent**

**Agent Name:** Chui W Kang  
**Registered Mailing Address:** PO Box 904, Nome, AK 99762  
**Registered Physical Address:** 101 Front Street Old Federal Building #102, Nome, AK 99762

**Officials**

<table>
<thead>
<tr>
<th>AK Entity #</th>
<th>Name</th>
<th>Titles</th>
<th>Owned</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Chui Woo Kang</td>
<td>Director, President, Shareholder</td>
<td>50.00</td>
</tr>
<tr>
<td></td>
<td>Kyung Ok Kang</td>
<td>Director, Shareholder, Secretary, Treasurer</td>
<td>50.00</td>
</tr>
</tbody>
</table>

**Filed Documents**

<table>
<thead>
<tr>
<th>Date Filed</th>
<th>Type</th>
<th>Filing</th>
<th>Certificate</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/18/2009</td>
<td>Creation Filing</td>
<td>Click to View</td>
<td></td>
</tr>
<tr>
<td>12/18/2009</td>
<td>Initial Report</td>
<td>Click to View</td>
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<tr>
<td>1/04/2012</td>
<td>Biennial Report</td>
<td>Click to View</td>
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<tr>
<td>12/07/2012</td>
<td>Biennial Report</td>
<td>Click to View</td>
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<td>12/29/2014</td>
<td>Biennial Report</td>
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<tr>
<td>12/27/2016</td>
<td>Biennial Report</td>
<td>Click to View</td>
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<tr>
<td>11/21/2018</td>
<td>Biennial Report</td>
<td>Click to View</td>
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<tr>
<td>12/03/2020</td>
<td>Biennial Report</td>
<td>Click to View</td>
<td></td>
</tr>
</tbody>
</table>
LICENSE DETAILS

License #: 964348

Business Name: MILANO'S PIZZARIA

Status: Active

Issue Date: 10/13/2011

Expiration Date: 12/31/2022

Mailing Address: P.O. BOX 904
NOME, AK 99762

Physical Address: 2824 Front St, P.O. Box 904
9074432924
Nome, AK 99762

Owners

MILANO'S PIZZARIA INC.

Activities

<table>
<thead>
<tr>
<th>Line of Business</th>
<th>NAICS</th>
<th>Professional License #</th>
</tr>
</thead>
<tbody>
<tr>
<td>72 - Accommodation and Food Services</td>
<td>722211 - LIMITED-SERVICE RESTAURANTS</td>
<td></td>
</tr>
</tbody>
</table>

Endorsements

No Endorsements Found

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.