

future reference MaKava Enterprises, Inc is the licensee. JPS mcs



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-17: 2023/2024 General Renewal Application

- This form and any required supplemental forms must be completed, signed by the licensee, and postmarked no later than 12/31/2022 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 application for renewal or any fees for renewal that have not been postmarked by 2/28/2023 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.

### Section 1 - Establishment Contact Information

Licensee (Owner):	CHARLENE GOEAS	License #:	4933
License Type:	RESTAURANT EATING PLACE		
Doing Business As:	HULA HANDS RESTAURANT		
Local Governing Body:	ANCHORAGE		
Community Council:	MUNI OF ANCHORAGE		

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

Mailing Address:					
City:		State:		ZIP:	

### Section 2 - Licensee Contact Information

**Contact Licensee:** The individual listed below must be part of the ownership structure of the licensee listed in Section 1. This person will be the designated point of contact regarding this license, unless the Optional contact is completed.

Contact Licensee:	CHARLENE GOEAS	Contact Phone:	907-278-0009
Contact Email:	hulahands2@gci.net		

**Optional:** If you wish for AMCO staff to communicate with anyone other than the Contact Licensee (such as legal counsel) about your license, list their information below:

Name of Contact:	CORINNA KANAINA	Contact Phone:	907-278-0009
Contact Email:	hulahands2@gci.net		

### Section 3 - for Package Stores ONLY: Written Order Information

Do you intend to sell alcoholic beverages and ship them to another location in response to written solicitation in calendar years 2022 and/or 2023?

YES ☐ NO ☒



# Alaska Alcoholic Beverage Control Board

## Form AB-17: 2023/2024 License Renewal Application

### Section 4 – Ownership Structure Certification

YES NO

Did the ownership structure of the licensed business change in 2021/2022?

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☒

If Yes, and you have NOT notified AMCO, list the updated information on form AB-39: Change of Officers and submit with your renewal application.

If No, certify the statement below by initialing the box to the right of the statement.

I certify that the ownership structure of the business who owns this alcohol license did not change in any way during the calendar years 2021 or 2022.

☐

### Section 5 – License Operation

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

2021 2022

1. The license was operated for more than 240 hours throughout each year. (Year-round)

☐
☐

2. The license was only operated during a specified time each year. (Not to exceed 6 months per year)

☐
☐

If your operation dates have changed, list them below:

\_\_\_\_\_ to \_\_\_\_\_

3. The license was only operated to meet the minimum requirement of 240 total hours each calendar year.

A complete AB-30: Proof of Minimum Operation Checklist, and all documentation must be provided with this form.

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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. 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.

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If you have not met the minimum number of hours of operation in 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

YES NO

Have ANY Notices of Violation been issued for this license?

☐
☒

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 2021 or 2022?

☐
☒

*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.*

### 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 the license being potentially expired if I do not comply with statutory or regulatory requirements.
- I certify that in accordance with AS 04.11.450, no one other than the licensee(s), as defined in AS 04.11.260, 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 I have provided AMCO with all required changes of the ownership structure of the business license, and have provided all required documents for any new or changes of officers.

AMCO



Alaska Alcoholic Beverage Control Board

Form AB-17: 2023/2024 License Renewal Application

- 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 hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted are true and correct. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment, or documents to support this application, is sufficient grounds for denying or revoking a license/permit. I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

Charlene Goetas  
Signature of licensee

CHARLENE GOEAS

Printed name of licensee



Laureen Kubota  
Signature of Notary Public

Public In and for the State of Hawaii

My commission expires: 11/16/2023

Subscribed and sworn to before me this 12<sup>th</sup> day of January, 2023.

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

Recreational Site applications must include a completed AB-36: Recreational Site Statement

Tourism applications must include a completed AB-37: 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:

<https://www.commerce.alaska.gov/web/amco/AlcoholLicenseApplication.aspx>



Doc. Description: License Renewal Application

Doc. Date: Undated No. Pages: 3

Laureen Kubota Notary Printed Name 1st Jud. Circuit

FOR OFFICE USE ONLY

#100530908

License Fee:	\$600.00	Application Fee:	\$ 300.00	Misc. Fee:	\$ <u>500.00</u>
Total Fees Due:					\$900.00 + <u>500.00</u> = <u>1400.00</u>



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Anchorage, AK 99501  
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<https://www.commerce.alaska.gov/web/amco>  
Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

**Form AB-33: 2023/2024 Restaurant Receipts Affidavit**

**What is this form?**

A restaurant or eating place licensee must file a complete copy of this form along with its 2023/2024 license renewal application, in order to provide evidence to the Alcoholic Beverage Control Board that this licensed restaurant's receipts from the sale of food upon the licensed premises constitute no less than 50% of the gross receipts (food + alcohol sales) of the licensed premises for each calendar year in 2021 and 2022, as required by AS 04.11.100(e). This form is confidential.

This form must be completed and submitted with Form AB-17 to AMCO's main office before a license renewal application may be reviewed.

**Section 1 – Establishment Information**

This form is being submitted for the following license:

Licensee:	CHARLENE GOEAS	License #:	4933
License Type:	RESTAURANT EATING PLACE		
Doing Business As:	HULA HANDS RESTAURANT		

**Section 2 – Gross Receipts for 2021 and 2022**

Please fill out the following information carefully, contact AMCO staff if you have questions regarding this form. Enter the dollar amounts of the food and gross (food + alcohol) receipts on the licensed premises, and calculate the percentage of gross revenue that is from food sales on the licensed premises for each calendar year. (Food Revenue ÷ Gross Revenue x 100 = %)

<input type="text"/>	÷	<input type="text"/>	X 100 =	<input type="text"/>	%
2021 Food Sales		2021 Food + Alcohol Sales		99.80	2021 Percent from Food
<input type="text"/>	÷	<input type="text"/>	X 100 =	<input type="text"/>	%
2022 Food Sales		2022 Food + Alcohol Sales		100	2022 Percent from Food

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

**CHARLENE GOEAS**

Printed name of licensee

*Charlene Goeas*  
Signature of licensee

AMCO  
JAN 17 2023



## Alaska Alcoholic Beverage Control Board

**Form AB-29: Waiver of Operation Application****Why is this form needed?**

This form is the means by which a licensee may request that the Alcoholic Beverage Control (ABC) Board waive the operating requirement of AS 04.11.330(a)(3) or (d). If a recreational site license has not been operated at least once in a calendar year, or if a license of any other type has not been operated for at least 240 hours in each calendar year, then a complete copy of this form and the corresponding fees must be submitted for that calendar year, per 3 AAC 304.170.

**This application must be accompanied by a non-refundable waiver application fee of:**

- for a 1<sup>st</sup> request, an amount equal to ½ the applicable biennial license fee; or
- for a 2<sup>nd</sup> or subsequent request, double the amount of the fee paid for the previous waiver application.

The ABC Board will determine whether, through no fault of the licensee or because the premises are under construction, the licensed premises count not be operated for the required time during the calendar year. The ABC Board may impose conditions along with the approval of an application for waiver, and it may deny a third or subsequent application for waiver. If an application for waiver is denied, an application for license renewal for the succeeding license period will be denied by the Board. In addition to the waiver application fee, the applicant must pay a late fee of \$1,000 for an application that is received too late for Board consideration at its meeting before November 30 of the year for which the waiver is requested. Please check AMCO's website for meeting agenda deadlines.

**Please note that a licensee must submit a separate completed copy of this form and pay a separate corresponding fee for each license and for each calendar year during which a license was not operated in compliance with AS 04.11.330.**

**Section 1 – Establishment Information**

Enter information for the license that has not been operated for the time required under AS 04.11.330.

Licensee:	CHARLENE GOEAS	License Number:	4933		
License Type:	RESTAURANT EATING PLACE				
DBA:	HULA HANDS RESTAURANT				
Premises Address:	501 W FIREWEED LANE				
City:	ANCHORAGE	State:	Alaska	ZIP:	99503
Local Governing Body:	ANCHORAGE				

**Section 2 – Request Number and Calendar Year**

☐ 1<sup>st</sup> Request      ☐ 2<sup>nd</sup> Request      ☐ 3<sup>rd</sup> Request      ☒ Other Covid

Request for Calendar Year 2021

RECEIVED  
APR 19 2024





Alaska Alcoholic Beverage Control Board

## Form AB-29: Waiver of Operation Application

### Section 3 – Reason for Non-operation

Provide an explanation as to why the licensed premises were not operated:

Staffing issues, unable to keep employee's long enough to test, also lower foot traffic, not economical to keep liquor on hand when doing mostly to go orders. I currently only have one employee that has taken the TAP test and passed. We noticed the Mid-town area employee are continuing to work from home, thus making the dine in sections low to none on days.

### Section 4 – Certifications

The following must be completed for establishments located within the boundaries of a local governing body:

Read the line below, and then sign your initials in the box to the right of the statement:

Initials

I certify that I will provide a true copy of this application to the local governing body listed on Page 1 of this form prior to ABC Board consideration of this application.

CG

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted are true and correct. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment, or documents to support this application, is sufficient grounds for denying or revoking a license/permit. I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

CG

**CHARLENE GOEAS**

Printed name of licensee

**Charlene Goeas**

Signature of licensee

Digitally signed by Charlene Goeas  
Date: 2024.04.18 17:09:53 -08'00'

Office Use Only					
Waiver Application Fee:		Late Fee:		Transaction #:	

**RECEIVED**  
APR 19 2024



## Alaska Alcoholic Beverage Control Board

**Form AB-29: Waiver of Operation Application****Why is this form needed?**

This form is the means by which a licensee may request that the Alcoholic Beverage Control (ABC) Board waive the operating requirement of AS 04.11.330(a)(3) or (d). If a recreational site license has not been operated at least once in a calendar year, or if a license of any other type has not been operated for at least 240 hours in each calendar year, then a complete copy of this form and the corresponding fees must be submitted for that calendar year, per 3 AAC 304.170.

**This application must be accompanied by a non-refundable waiver application fee of:**

- for a 1<sup>st</sup> request, an amount equal to ½ the applicable biennial license fee; or
- for a 2<sup>nd</sup> or subsequent request, double the amount of the fee paid for the previous waiver application.

The ABC Board will determine whether, through no fault of the licensee or because the premises are under construction, the licensed premises count not be operated for the required time during the calendar year. The ABC Board may impose conditions along with the approval of an application for waiver, and it may deny a third or subsequent application for waiver. If an application for waiver is denied, an application for license renewal for the succeeding license period will be denied by the Board. In addition to the waiver application fee, the applicant must pay a late fee of \$1,000 for an application that is received too late for Board consideration at its meeting before November 30 of the year for which the waiver is requested. Please check AMCO's website for meeting agenda deadlines.

**Please note that a licensee must submit a separate completed copy of this form and pay a separate corresponding fee for each license and for each calendar year during which a license was not operated in compliance with AS 04.11.330.**

**Section 1 – Establishment Information**

Enter information for the license that has not been operated for the time required under AS 04.11.330.

Licensee:	CHARLENE GOEAS	License Number:	4933		
License Type:	RESTAURANT EATING PLACE				
DBA:	HULA HANDS RESTAURANT				
Premises Address:	501 W FIREWEED LANE				
City:	ANCHORAGE	State:	Alaska	ZIP:	99503
Local Governing Body:	ANCHORAGE				

**Section 2 – Request Number and Calendar Year**

☒ 1<sup>st</sup> Request      ☐ 2<sup>nd</sup> Request      ☐ 3<sup>rd</sup> Request      ☐ Other \_\_\_\_\_

Request for Calendar Year 2022

#100792613

**RECEIVED**  
SEP 9 2022



## Alaska Alcoholic Beverage Control Board

**Form AB-29: Waiver of Operation Application****Section 3 – Reason for Non-operation**

Provide an explanation as to why the licensed premises were not operated:

Staffing issues, unable to keep employee's long enough to test, also being short handed unable to allow them time off to take test. I currently only have one employee that has taken the TAP test and passed. We intent to have all server's complete test by end of year 2023.

**Section 4 – Certifications**

The following must be completed for establishments located within the boundaries of a local governing body:

Read the line below, and then sign your initials in the box to the right of the statement:

Initials

I certify that I will provide a true copy of this application to the local governing body listed on Page 1 of this form prior to ABC Board consideration of this application.

CG

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted are true and correct. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment, or documents to support this application, is sufficient grounds for denying or revoking a license/permit. I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

CG

CHARLENE GOEAS

Printed name of licensee

Charlene Goeas

Signature of licensee

Digitally signed by Charlene  
Goeas  
Date: 2023.09.05 21:34:50 -08'00'

Office Use Only			
Waiver Application Fee:		Late Fee:	
		Transaction #:	100792613

RECEIVED

SEP 9 2023