

Document reference ID : 4206

Licensing Application Summary

Application ID:	4206
Applicant Name:	Ramon Gonzalez
License Type applied for:	Restaurant Eating Place License (REPL) (AS 04.09.210)
Application Status:	In Review
Application Submitted On:	11/14/2024 09:55 AM
Entity Information	
Business Structure:	Sole proprietorship
Entity Contact Information	
Entity Address: PO B	ox 1090, Kenai, AK, 99611, USA

Ownership / Principal Party Details

Principal Parent Entity	Principal Party	Role	%Ownership
Ramon Gonzalez	Ramon Gonzalez	Owner	100
Ramon Gonzalez	Lidiana Rodriguez De Gonzalez	Affiliate	

Premises Address

Address:	12498 Kenai Spur Hwy. #1, Kenai, AK, USA
Does the proposed site include a valid street address?	Yes

Business/Trade Name:

Playa Azul

Local Government and Community Council Details

City/Municipality	Kenai (City of)
Borough	Kenai Peninsula Borough

Restaurant Detail

Dining after standard closing hours: AS 04.16.010(c)	Yes
Dining by persons 16 – 20 years of age: AS 04.16.049(a)(2)	Yes
Dining by persons under the age of 16 years, accompanied by a person over the age of 21: AS 04.16.049(a)(3)	Yes
Employment for any persons under 21 years of age: AS 04.16.049(c)	Yes

Food Service Permit

Entertainment & Service

Attestations

I certify that all proposed licensees (as defined in AS 04.11.260) and affiliates have been listed on this application.

I certify 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.

I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check the identification of a patron will complete an approved alcohol server education course, if required by AS 04.21.025, and, while selling or serving alcoholic beverages, will carry or have available to show

a current course card or a photocopy of the card certifying completion of approved alcohol server education course, if required by 3 AAC 305.700.

I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application.

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.

I certify that I and any individual identified in the business entity ownership section of this application, has or will read AS 04 and its implementing regulations.

I certify I have provided a menu of a variety of types of food appropriate for meals that are prepared on the licensed premises.

I certify that non-employees under 21 years of age will not enter and remain on the licensed premises except for the purposes of dining only.

I certify that the sale and service of food and alcoholic beverages and any other business on the licensed premises is under the sole control of the licensee.

I certify the licensed premises is a bona fide restaurant as defined in AS 04.21.080(b).

I certify there is supervision on the licensed premises adequate to reasonably ensure that a person under 21 years of age will not gain access to alcoholic beverages.

Signature

This application was digitally signed by : Ramon Gonzalez on 11/13/2024 3:00:00 PM

Payment Info

Payment Type : Check

Check Number: 11005

Payment Date: 11/14/2024 10:33:48 AM



Document reference ID : 4206

Renewal Application Summary

Application ID:	4206
License No:	5224
License Type applied for Renewal:	Restaurant Eating Place License (REPL)
Licensee Name:	Ramon Gonzalez
Application Status:	In Review
Application Submited On:	11/14/2024 09:55 AM

Entity Information

Business Structure:	Sole proprietorship
FEIN/SSN Number:	
Alaska Entity number (CBPL):	
Alaska Entity Formed Date:	
Home State:	

Entity Contact Information

Entity Address:

Renewal Information

Are there any changes to your ownership structure that have not been reported to AMCO prior to this application?:

No

As set forth in AS 04.11.330, how many hours did you operate during the first calendar year for this renewal period?:

The license was regularly operated continuously throughout the first calendar year for this renewal period.

As set forth in AS 04.11.330, how many hours did you operate during the second calendar year for this renewal period?:

The license was regularly operated continuously throughout the second calendar year for this renewal period.

Please select the seasonality:

Year-round

Has any person or entity in this application been convicted or disciplined for a violation of Title 04, 3 AAC 304 or 305, or a local ordinance adopted under AS 04.21.010 in the preceding two calendar years?:

No

Have any notices of violation or citations been issued for this license during the preceding two years?:

No

Restaurant Detail

Dining after standard closing hours: AS 04.16.010(c)	No
Dining by persons 16 – 20 years of age: AS 04.16.049(a)(2)	Yes
Dining by persons under the age of 16 years, accompanied by a person over the age of 21: AS 04.16.049(a)(3)	Yes

Employment for any persons under 21 years of age: AS 04.16.049(c)

List where within the premises minors are anticipated to have access in the course of either dining or employment. (Example: Minors will only be allowed in the dining area. OR Minors will only be employed and present in the Kitchen.)

For minors who come in w clients they are only allowed in the dining area with an adult. For minor who are employees they are designate to stay in their work areas(e.i. dining area and kitchen areas).

Describe the policies, practices and procedures that will be in place to ensure that minors do not gain access to alcohol while dining or employed at your premises.

The area where the alcohol is dispense from is overseen by an employee who is 21 years and older. The minors who are employees are supervised by adult employee during their shift. The minors who are accompanied by adult clients stay in the dining area.

Is an owner, manager, or assistant manager who is 21 years of age or older always Yes present on the premises during business hours?

Food Service Permit

Is your license located in Municipality of Anchorage?	No
Do you have Approved food service permit for this premises?	Yes

Entertainment & Service

Are any forms of entertainment offered or available within the licensed business or	No
within the proposed licensed premises?	

Food and beverage service offered or anticipated is:	Table
	Service

Hours Of Operation

Sunday	11:00 AM - 09:00 PM
Monday	11:00 AM - 09:00 PM
Tuesday	11:00 AM - 09:00 PM
Wednesday	11:00 AM - 09:00 PM
Thursday	11:00 AM - 09:00 PM

Friday

Saturday

Attestations

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 305, 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.

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 305.700.

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.

Signature

This application was digitally signed by : Ramon Gonzalez on 11/13/2024 03:00 PM

Payment Info

Payment Type : Check

Check Number: 11005

Payment Date: 11/14/2024 10:33:48 AM

Comol & MARISERY			cohol and Marijuana Control Office 550 W 7 th Avenue, Suite 1600 Anchorage, AK 99501 alcohol.licensing@alaska.gov	
AMCO			w.commerce.alaska.gov/web/amc0 Phone: 907.269.0350	
AIVICO	Alaska Alcoholic Beverage Control Bo Form AB-33: 2025/2026 Ren	owal Restaurant F	Receipts Affidavit	
COMROL OFFICE	Form AB-33: 2025/2020 Ref		CONTRACTOR OF CONTRACT	
What is this form?				
order to provide evidence the licensed premises cons	ce licensee must file a complete copy of this for to the Alcoholic Beverage Control Board that stitute no less than 50% of the gross receipts (f currently required by AS 04.09.210(e) and AS	ood + alcohol sales) of the lice 04.09.360(g). This form is con	ensed premises for each calendar nfidential.	
This form must be comple reviewed.	ted and submitted with Form AB-17 to AMC	O's main office before		
revieweu.				
	Section 1 - Establish	mentInformation		
This form is being submitte	ed for the following license:		License #: 5224	
and the second sec	12 6.070 87	A ATTRACTOR AND ADDRESS OF A DREAM AND A	1	Statter B
Licensee:	Ramon Gonzalez	01		
Licensee: License Type:	Restaurant Enting	flace.		-
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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:

Licensee:

DBA:

License #/Type: Address: AMCO Case #:

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 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 <u>amco.enforcement@alaska.gov</u>

Issuing Investigator:

SIGNATURE: F.R. Hamilton

Delivered VIA:

Received by:

SIGNATURE:

Date: