



Document reference ID : 4523

Licensing Application Summary

Application ID: 4523

Applicant Name: Don Jose's, Llc

License Type applied for: Beverage Dispensary License(BDL) (AS 04.09.200)

Application Status: In Review

Application Submitted On: 12/06/2024 01:24 PM AKST

Entity Information

Business Structure: Limited liability company

Alaska Entity Number (CBPL): 56813D

Entity Contact Information

Entity Address: 127 W Pioneer Ave, Homer, AK, 99603, USA

Ownership / Principal Party Details

Principal Parent Entity	Principal Party	Role	%Ownership
Don Jose's, Llc	Jose Ramos	Member	51
Don Jose's, Llc	Maria C. Ramos	Member	49

Premises Address

Address: 205 S Willow St, Kenai, AK, USA

Does the proposed site include a valid street address? Yes

Basic Business information

Business/Trade Name: Martha's Cocina

What is your primary business at this location? Bar

Local Government and Community Council Details

City/Municipality Kenai (City of)

Borough Kenai Peninsula Borough

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 all proposed licensees have been listed with Division of Corporation, Business, and Professional Licensing.

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.

Signature

This application was digitally signed by : Elizabeth A Barr on 12/06/2024 01:19 PM AKST

Payment Info

Jose Ramos

5/19/2025

Payment Type : CC

Payment Id: 8d2a7376-0af3-46c8-beba-80bab40c865b

Receipt Number: 100982065

Payment Date: 12/06/2024 01:37 PM AKST



Document reference ID : 4523

Renewal Application Summary

Application ID:	4523
License No:	3039
License Type applied for Renewal:	Beverage Dispensary License(BDL)
Licensee Name:	Don Jose's, Llc
Application Status:	In Review
Application Submitted On:	12/06/2024 01:24 PM AKST

Entity Information

Business Structure:	Limited liability company
FEIN/SSN Number:	
Alaska Entity number (CBPL):	56813D
Alaska Entity Formed Date:	
Home State:	

Entity Contact Information

Entity Address:	127 W Pioneer Ave, Homer, AK, 99603
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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?:

Yes

Please provide an explanation of the type of violation or offense.:

Upload Notices of Violation Document:

- [NOV #24-1997 10_07_2024 205 S Willow St.pdf](#)

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.

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Documents

#	File Name	Type	Added On
1	NOV #24-1997 10_07_2024 205 S Willow St.pdf	Notice of Violation Document	12/06/2024 01:19 PM

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: 10/7/24

License #/Type: 3039 Beverage Dispensary

Licensee: Don Jose's, LLC

Address: 205 S. Willow Street, Kenai, AK

DBA: Don Jose's Mexican Restaurant

AMCO Case #: 24-1997

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 10-3-24, an inspection was conducted at your establishment. It was learned that you are in the process of transferring the license again to another new prospect. As you have been told during the past attempted transfers, you can not change the name until the transfer goes through or you complete the name change paperwork. The name outside the establishment now reads Martha's Concina.

Refer to 3AAC 305.630: Licensed premises

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

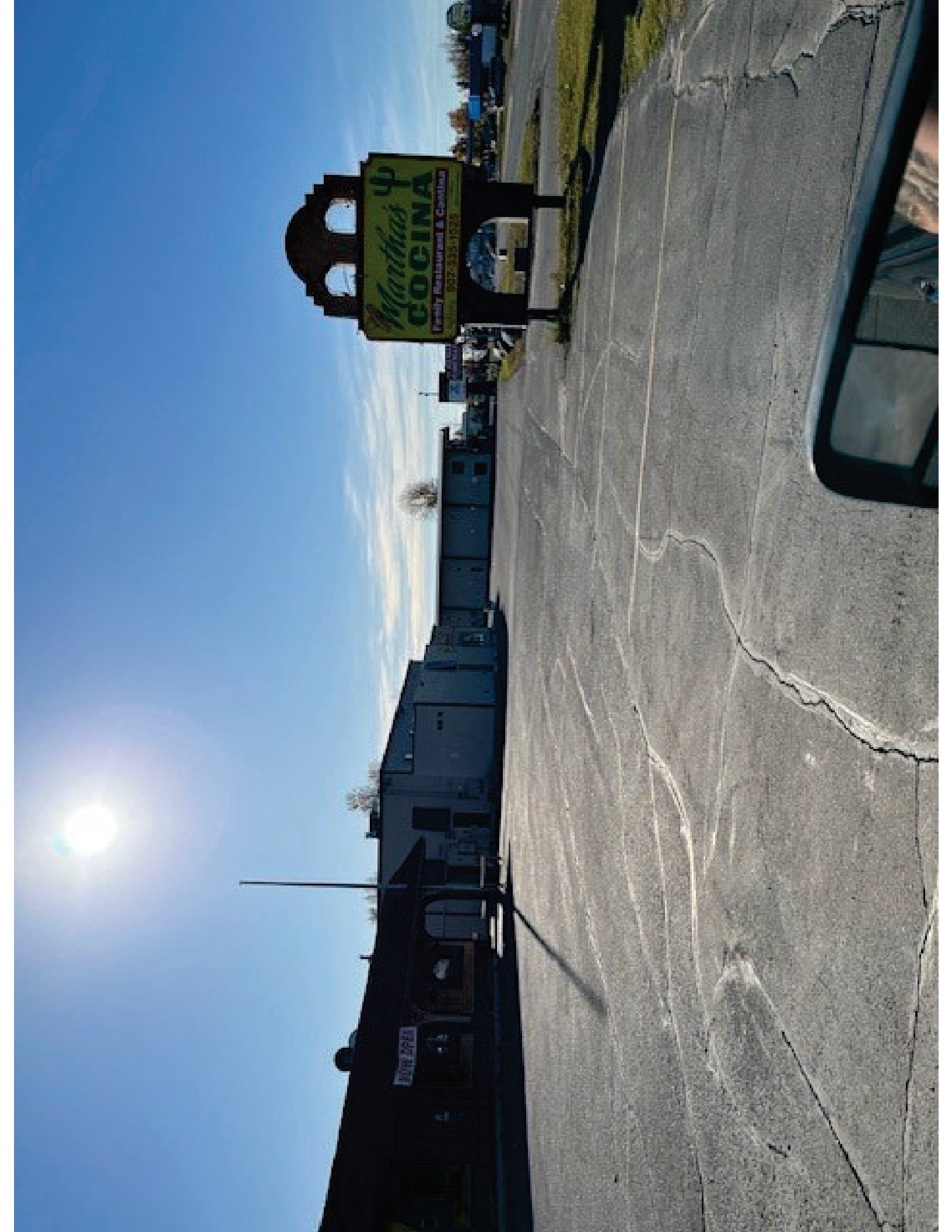
Received by:

SIGNATURE:

SIGNATURE:

Delivered VIA: Mail

Date:



From: [Hamilton, Joe \(CED\)](#)
To: [Bankowski, Joe \(CED\)](#)
Subject: FW: Ivan (Don Jose's 3039) Kenai
Date: Wednesday, November 13, 2024 8:48:15 AM

From: iramos alaskadonjoses.com <iramos@alaskadonjoses.com>
Sent: Monday, October 14, 2024 4:23 PM
To: Hamilton, Joe (CED) <joe.hamilton@alaska.gov>
Cc: CED ABC Alcohol Licensing (CED sponsored) <alcohol.licensing@alaska.gov>
Subject: Re: Ivan (Don Jose's 3039) Kenai

Thank you sir I will take care of this first thing morning

Ivan Ramos
Don Jose's LLC
Office: 907-279-2053
Cell: 907-360-1781
iramos@alaskadonjoses.com

On Oct 14, 2024, at 3:32 PM, Hamilton, Joe (CED)
<joe.hamilton@alaska.gov> wrote:

Submit and pay for name change if you want to leave it up.
Sent from my iPhone

On Oct 14, 2024, at 15:29, iramos alaskadonjoses.com
<iramos@alaskadonjoses.com> wrote:

CAUTION: This email originated from outside the State of Alaska mail system. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hello sir,

I would like to know what can i do to fix this violation for our Kenai license do we need to cover the signs up and have Don Jose's on

there?

Don Jose's LLC

Ivan Ramos

Director of Operations

Office: 907-279-5111 * 4

Cell: 907-360-1781

email: iramos@alaskadonjoses.com

www.alaskadonjoses.com



Alaska Alcoholic Beverage Control Board

Form AB-13: Business Name Change

Why is this form needed?

This business name change form is required for any licensee seeking to change the business name of the licensee's licensed premises when the name change is not part of a transfer of ownership or location, per 3 AAC 304.185(c). The required \$250 business name change fee may be made by check, cashier's check, money order, or credit card (VISA, MasterCard, American Express or Discover).

This form must be completed and submitted to AMCO's Anchorage office prior to changing any business name. A new State of Alaska business license must be obtained prior to completing this form. Forms and contact information may be found on the Corporations, Business & Professional Licensing website at <https://www.commerce.alaska.gov/web/cbpl/BusinessLicensing.aspx>.

Please note that licensees seeking approval of a business name change for more than one liquor license must submit a separate completed copy of this form and pay a separate fee for each license.

Section 1 - Establishment Information

Enter information for the business seeking to be licensed, as identified on the license application.

Licensee:	Bonita Don Jose's	License Number:	3039		
License Type:	Beverage Dispensary Liquor License				
Current DBA:	Don Jose's Mexican Restaurant				
Premises Address:	205 S Willow St.				
City:	Kenai	State:	AK	ZIP:	99611
Contact Person:	Jose Ramos	Contact Phone:	907-229-7196		
Contact Email:	salmonalaska@yahoo.com				

Section 2 - New Business Name

Enter information for the new State of Alaska business license and name.

Business License #:	2195415
Doing Business As:	Marthas Cocina

Initials

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.



Jose Ramos

Printed name of licensee

Signature of licensee

OFFICE USE ONLY			
Issue Date:		Transaction #:	100934298