



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

**Department of Commerce, Community,
and Economic Development**

ALCOHOL & MARIJUANA CONTROL OFFICE

550 West 7th Avenue, Suite 1600

Anchorage, AK 99501

Main: 907.269.0350

January 5, 2017

City and Borough of Sitka

Attn: Sara Peterson, Municipal Clerk

Via Email: sara.peterson@cityofsitka.org
melissa.henshaw@cityofsitka.org

Re: Notice of 2017/2018 Liquor License Renewal Application

License Type:	Package Store	License Number:	4390
Licensee:	Triple C Ventures, Inc.		
Doing Business As:	Cascade Convenience Center		

We have received a completed renewal application for the above listed license (see attached application documents) within your jurisdiction. This is the notice required under AS 04.11.480.

A local governing body may protest the approval of an application(s) pursuant to AS 04.11.480 by furnishing the director and the applicant with a clear and concise written statement of reasons for the protest within 60 days of receipt of this notice, and by allowing the applicant a reasonable opportunity to defend the application before a meeting of the local governing body, as required by 3 AAC 304.145(d). If a protest is filed, the board will deny the application unless the board finds that the protest is arbitrary, capricious, and unreasonable.

To protest the application referenced above, please submit your written protest within 60 days, and show proof of service upon the applicant and proof that the applicant has had a reasonable opportunity to defend the application before a meeting of the local governing body.

Sincerely,

A handwritten signature in black ink, appearing to read "C. Franklin".

Cynthia Franklin, Director

amco.localgovernmentonly@alaska.gov



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 550 W 7th Avenue, Suite 1600
 Anchorage, AK 99501
alcohol.licensing@alaska.gov
<https://www.commerce.alaska.gov/web/amco>
 Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board Renewal License Application Form AB-17b: Package Store

What is this form?

This renewal license application form is required for all individuals or entities seeking to apply for renewal of an existing package store license that will expire on December 31, 2016. All fields of this form must be complete and correct, or the application will be returned to you in the manner in which it was received, per AS 04.11.270 and 3 AAC 304.105. The Community Council field only needs to be verified/completed by licensees whose establishments are located within the Municipality of Anchorage or outside of city limits within the Matanuska-Susitna Borough.

This form must be completed correctly and submitted to the Alcohol & Marijuana Control Office (AMCO)'s main office, along with all other required documents and fees, before any renewal license application will be considered complete.

Section 1 - Establishment and Contact Information

Enter information for the business seeking to have its license renewed.

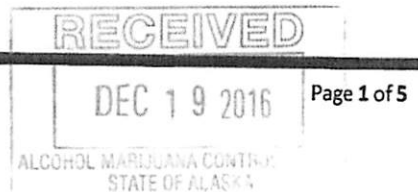
Licensee:	Triple C Ventures Inc.	License #:	4390
License Type:	Package Store	Statute:	AS 04.11.150
Doing Business As:	Cascade Convenience Center		
Premises Address:	1211 A Sawmill Creek Rd		
Local Governing Body:	City & Borough of Sitka		
Community Council:	None		

Mailing Address:	208 Lake St. STE B				
City:	Sitka	State:	AK	ZIP:	99835

Enter information for the licensee who will be designated as the primary point of contact regarding this application and the license.

Designated Licensee:	Maxwell S. Rule		
Contact Phone:	907-747-3459	Business Phone:	907-747-3663
Contact Email:	maxwell.rule@hamescorp.com		

Seasonal License? Yes No If "Yes", write your six-month operating period: _____





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Renewal License Application
Form AB-17b: Package Store**

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Section 2 – Sole Proprietor Ownership Information

This section must be completed by any sole proprietor who is applying for a license. Entities should skip to Section 3.
If more space is needed, please attach a separate sheet with the required information.
The following information must be completed for each licensee and each affiliate (spouse).

This individual is an: applicant affiliate

Name:				
Address:				
City:		State:		ZIP:
Email:				
Contact Phone:				

This individual is an: applicant affiliate

Name:				
Address:				
City:		State:		ZIP:
Email:				
Contact Phone:				

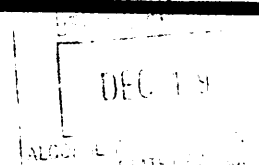
Section 3 – Entity Ownership Information

This subsection must be completed by any licensee that is a corporation or LLC. Corporations and LLCs are required to be in good standing with the Alaska Division of Corporations (DOC). Partnerships may skip to Page 3. Sole proprietors should skip to Section 4.

Alaska DOC Entity #:	84974D
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Alaska Division of Corporations: Yes No

Is your entity in good standing with the Alaska Division of Corporations?





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This subsection must be completed by any entity, including a corporation, limited liability company (LLC), partnership, or limited partnership, that is applying for renewal. If more space is needed, please attach additional completed copies of this page.

- If the applicant is a corporation, the following information 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, the following information 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, the following information must be completed for each *partner with an interest of 10% or more*, and for each *general partner*.

Entity Official:	Hames Corporation				
Title(s):	Shareholder	Phone:	907-747-3663	% Owned:	100
Address:	208 Lake St. STE B				
City:	Sitka	State:	AK	ZIP:	99835

Entity Official:	Roger L. Hames				
Title(s):	President	Phone:	907-747-6044	% Owned:	0
Address:	208 Lake St. STE B				
City:	Sitka	State:	AK	ZIP:	99835

Entity Official:	Mary W. Hames				
Title(s):	Secretary-VP	Phone:	907-747-6044	% Owned:	0
Address:	208 Lake St. STE B				
City:	Sitka	State:	AK	ZIP:	99835

Entity Official:	Barbara Hames				
Title(s):	Director-Treasurer	Phone:	907-747-8486	% Owned:	0
Address:	2715 Halibut Point Road				
City:	Sitka	State:	AK	ZIP:	99835

Entity Official:					
Title(s):		Phone:		% Owned:	
Address:					
City:		State:		ZIP:	



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Section 4 – Authorization

Communication with AMCO staff:

Yes No

Does any person other than a licensee named in this application have authority to discuss this license with AMCO staff?

If "Yes", disclose the name of the individual and the reason for this authorization:

Maxwell S. Rule - Hames Corporation CFO

Section 5 – License Operation

Written Orders:

Yes No

Did you sell alcoholic beverages in response to a written order in calendar years 2015 or 2016?

Check the box that best describes your liquor license operations in calendar years 2015 and 2016:

The license was regularly operated continuously throughout each year, for 8 or more hours each day.

The license was regularly operated during a specific season each year, for 8 or more hours each day.

The license was only operated to meet the minimum requirement of 30 days each year, 8 hours each day.
If this box is checked, an AMCO employee will contact you after reviewing your application.

The license was not operated at all or was not operated for at least the minimum requirement of 30 days each year, 8 hours each day, during one or both of the calendar years.

If this box is checked, an AMCO employee will contact you after reviewing your application.

Section 6 – Convictions

Applicant convictions in calendar years 2015 and 2016:

Yes No

Has any person named in this application been convicted of a violation of Title 04, of 3 AAC 304, or a local ordinance adopted under AS 04.21.010 in the calendar years 2015 or 2016?

If "Yes", list all convictions:

[Empty box for listing convictions]



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Section 7 – Certifications

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

Initials

I certify that all current licensees (as defined in AS 04.11.260) and affiliates have been listed on this application, and if the licensee is an organized entity, that all current entity officials and stakeholders are listed with the Alaska Division of Corporations.

RLH

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.

RLH

I certify 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.

RLH

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 or the ownership (including officers or stakeholders) from what is currently on file with the Alcoholic Beverage Control Board.

RLH

I certify that I have not violated any restrictions pertaining to this particular license type, and that this license has not been operated in violation of a condition or restriction imposed by the Alcoholic Beverage Control Board.

RLH

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, is true, correct, and complete. I agree to provide all information required by the Alcoholic Beverage Control Board 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 to me as incomplete.

Roger L Hames
Signature of licensee

Paul Johnson
Signature of Notary Public

Roger L Hames
Printed name of licensee

Notary Public in and for the State of Alaska

My commission expires: June 17, 2018

Subscribed and sworn to before me this 13th day of December, 2016.

License Fee:	\$ 1500.00	Filing Fee:	\$ 200.00	TOTAL:	\$ 1700.00
Late Fee of \$500.00 – If received or postmarked after 01/03/2017:					
Miscellaneous Fees:					
GRAND TOTAL (if different than TOTAL):					

