

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 6, 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:	Beverage Dispensary	License Number:	865
Licensee:	Pioneer Liquor, Inc.		
Doing Business As:	Pioneer Bar		

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,

Cynthia Franklin, Director

amco.localgovernmentonly@alaska.gov



Alcohol and Marijuana Control Office 550 W 7th Avenue, Suite 1600 Anchorage, AK 99501

alcohol.licensing@alaska.gov

Phone: 907.269.0350

https://www.commerce.alaska.gov/web/amco

Alaska Alcoholic Beverage Control Board

Form AB-17: Renewal License Application

What is this form?

This renewal license application form is required for all individuals or entities seeking to apply for renewal of an existing liquor 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

{	siness seeking to have its license renev	ved.			
Licensee:	Pioneer Liquor, Inc.			License #:	865
License Type:	Beverage Dispensary			Statute:	AS 04.11.090
Doing Business As:	Pioneer Bar				
Premises Address:	212 Katlian Street				
Local Governing Body:	City & Borough of Sitka				
Community Council:	None				
Mailing Address:	P.D. Box 599	1			
City:	Sitka	State:	AK	ZIP:	99835
Enter information for the lice	ensee who will be designated as the prin	many point of	Contact rogard	ing this and it at	
Designated Licensee:		i ~	contact regard	ing this application	and the license.
Contact Phone:	907-747-3456	Business P	Phone:	907-7	47-3456
Contact Email:	rlheim @gci.	ret		10.	11) ()
Yes Seasonal License?	No If "Yes", write your size		erating period	l:	
Form AB-17] (rev 10/25/2016)		**** <u>*</u>	windows as the control	-	Page 1 of 5



Alcohol and Marijuana Control Office 550 W 7th Avenue, Suite 1600 Anchorage, AK 99501 <u>alcohol.licensing@alaska.gov</u>

https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

Page 2 of 5

Alaska Alcoholic Beverage Control Board

Form AB-17: Renewal License Application

Section 2 - Sole Proprietor Ownership Information

The following information	·····		ee and each amiliate (spou	se).		
This individual is an:	applicant	affiliate				
Name:					·	
Address:						
City:			State:	ZIP:		
Email:						
Contact Phone:		· · · · · · · · · · · · · · · · · · ·				
Name:						
his individual is an:	applicant	affiliate				
Address:						
City:			State:	ZIP:		
Email:			State:	ZIP:		
			State:	ZIP:		
Email: Contact Phone: his subsection must be co	empleted by an	v licensee that is a <i>c</i>	State: Ownership Information or LLC. Corporation or skip to Page	mation	ed to be ir d skip to S	n good ection
Email: Contact Phone: his subsection must be co	empleted by an	y licensee that is a corations (DOC). Part	Ownership Infor	mation	ed to be ir d skip to S	n good ection
Email: Contact Phone: nis subsection must be coanding with the Alaska D	ompleted by and object of the completed by an of Corporation of Corporation (Corporation) (Corporati	y licensee that is a corations (DOC). Part	Ownership Infor	mation	ed to be ir d skip to S Yes	n good ection No



Alcohol and Marijuana Control Office 550 W 7th Avenue, Suite 1600 Anchorage, AK 99501 <u>alcohol.licensing@alaska.gov</u>

https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Form AB-17: Renewal License Application

This subsection must be completed by any <u>entity</u>, 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 <u>corporation</u>, the following information must be completed for each <u>stockholder who owns 10% or more of</u>
 the stock in the corporation, and for each <u>president</u>, <u>vice-president</u>, <u>secretary</u>, and <u>managing officer</u>.
- If the applicant is a <u>limited liability organization</u>, 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 <u>partnership</u>, including a <u>limited partnership</u>, the following information must be completed for each <u>partner</u> with an interest of 10% or more, and for each <u>general partner</u>.

Entity Official:	Richard D. Hein	n Jr.			
Title(s):	President	Phone:	907-747-3456	% Own	ned:
Address:	P.O. Box 599		1,4. 71. 750	L	
City:	Sitha	State:	AK	ZIP:	99835
			1 / / / -	L	11032
Entity Official:	Katherine Suls	er			
Title(s):	Vice President	Phone:	907-747-3456	% Own	ed: 51%
Address:	P.O. Box 599				1017
City:	Sitka	State:	AL	ZIP:	99835
Entity Official:	Linda Heim				
Title(s):	Secretary	Phone:	907-747-3456	% Own	ed: 49%
Address:	P.D. Box 599				1 // //
City:	Sitter	State:	AK	ZIP:	99835
Entity Official:					
Title(s):		Phone:		% Own	ed:
Address:					L
City:		State:		ZIP:	
					
Entity Official:					
Title(s):		Phone:		% Owne	ed:
Address:					
City:		State:		ZIP:	
	error a con encountries and our engagements of the second commences of the contribution of		# ** · · · — · · · · · · · · · · · · ·		*****

[Form AB-17] (rev 10/25/2016)



Alcohol and Marijuana Control Office 550 W 7th Avenue, Suite 1600 Anchorage, AK 99501 alcohol.licensing@alaska.gov

https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

Page 4 of 5

Alaska Alcoholic Beverage Control Board

Form AB-17: Renewal License Application

Section 4 – Authorization			
Communication with AMCO staff:	Yes	N	0
Does any person other than a licensee named in this application have authority to discuss this license with AMCO staff?		Ç	X
If "Yes", disclose the name of the individual and the reason for this authorization:		·	1
		 -	
Section 5 – License Operation			
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.		XI	
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?		ΙΣ	<u> </u>
If "Yes", list all convictions:			
orm AB-17] (rev 10/25/2016)			



Alcohol and Marijuana Control Office 550 W 7th Avenue, Suite 1600 Anchorage, AK 99501

alcohol.licensing@alaska.gov

https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

Initials

Alaska Alcoholic Beverage Control Board

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

Form AB-17: Renewal License Application

Section 7 - Certifications

I certify that all current licensees (as if the licensee is an organized entity, Corporations.	defined in AS 04.11.260) and that all current entity official	l affiliates have been li is and stakeholders ar	isted on this application e listed with the Alask	on, and a Division of	RA
I certify on behalf of myself or of the any other form provided by AMCO is	organized entity that I unders grounds for rejection or deni	stand that providing a al of this application o	false statement on this r revocation of any lice	s form or ense issued.	RH
I certify that in accordance with AS 04 in the licensed business.	3.11.450, no one other than t	he licensee(s) has a di	ect or indirect financia	al interest	RH
I certify that I have not altered the fur and I have not changed the business r on file with the Alcoholic Beverage Co	name or the ownership (inclu	or expanded the area ding officers or stakeh	of the licensed premi olders) from what is co	ses, urrently	P.H
I certify that I have not violated any reoperated in violation of a condition or	estrictions pertaining to this properties of the A	particular license type, Alcoholic Beverage Cor	and that this license hatrol Board.	as not been	RH
As an applicant for a liquor license ren 3 AAC 304, and that this application, in provide all information required by the do so by any deadline given to me by Signature of licensee Printed name of licensee	ncluding all accompanying sc e Alcoholic Beverage Control	hedules and statemen Board in support of the application being return to the application being	ts, is true, correct, and is application and und rned to me as incompleture of Notary Public the State of	I complete. I applerstand that finete. Alaica USK9 Hugust 2	reas to
License Fee: \$ 2500.00	Filing Fee:	\$ 200.00	TOTAL:	\$ 2700.00	
Late Fee of \$500.00 - if received	or postmarked after 01/	/03/2017:		, == 00.00	
Miscellaneous Fees:					
GRAND TOTAL (if different than	TOTAL):			2700	.00
[Form AB-17] (rev 10/25/2016)			the base of the second section of the second section is the second section of the		ge 5 of 5
·	111			ra	36 2 01 2