

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

ALCOHOL & MARIJUANA CONTROL OFFICE 550 West 7<sup>th</sup> 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:	Package Store	License Number:	872
Licensee:	Pioneer Liquor, Inc.		
Doing Business As:	Pioneer Liquor Store		

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 7<sup>th</sup> Avenue, Suite 1600 Anchorage, AK 99501

alcohol.licensing@alaska.gov

https://www.commerce.alaska.gov/web/amco Phone: 907.269.0350

#### 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

Licensee:	Pioneer Liquor, Inc.			License #:	872	
License Type:	Package Store	-		Statute:	AS 04.11.150	
Doing Business As:	Pioneer Liquor Store	**************************************	······································		L	
Premises Address:	212 Katlian Street				· · · · · · · · · · · · · · · · · · ·	
Local Governing Body:	City & Borough of Sitka					
Community Council:	None					
Mailing Address:	P.O. 599					
City:	Sitka	State:	AK	ZIP:	99835	
iter information for the lice	nsee who will be designated as the p	rimary point o	f contact rega	rding this applicatio	on and the license	
Designated Licensee:	Richard D. Her	~ Jr	•			
Contact Phone:	907-747-3456	Business Phone: 907-747-3450		-3456		
Contact Email:	907-747-3456 11 heim @ gii.n.	et				
Yes easonal License?	No If "Yes", write your			od:		
orm AB-17b] (rev 10/25/2016)						



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S	ection 2	- Sole Prop	ietor Ownersh	ip Information	
This section must be completed if more space is needed, plete The following information materials and the section materials are sections.	ease attach a s	eparate sheet with	the required information	Entities should skip to Section on. ouse).	·3.
This individual is an:	applicant	affiliate			
Name:					
Address:					
City:			State:	ZIP:	
Email:		-			
Contact Phone:					
Name:	applicant	affiliate			
Address:			<del></del>		
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 #:	3841	15 D			

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**Alaska Division of Corporations:** 

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

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No

Yes



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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 <u>corporation</u>, the following information must be completed for each <u>stockholder who owns 10% or more</u> of 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*.

<ul> <li>If the applicant is a parti with an interest of 10%</li> </ul>	nership, including a <u>limited partnershi</u> or more, and for each general partne	<b>ip</b> , the follow r.	ing information must be co	mpleted fo	or each <i>partner</i>
Entity Official:	Richard O. Heim	50.			
Title(s):	President	Phone:	907-747-3456	% Owned:	
Address:	P.O. Dox 599				· · · · · · · · · · · · · · · · · · ·
City:	Sitka	State:	AK	ZIP:	99835
F .: 000 11	) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \				170
Entity Official:	Katherine Sul	Ser			
Title(s):	Vice President	Phone:	907-747-3456	% Own	ed: 51%
Address:	P.D. Box 599				
City:	Sitka	State:	AL	ZIP:	99835
Entity Official:	Linda Heim				
Title(s):	Secretary	Phone:	907-747-3456	% Own	ed: 49%
Address:	P.O. Box 599				
City:	Sitha	State:	AL	ZIP:	99835
Entity Official:		•			
Title(s):		Phone:		% Own	ed:
Address:					
City:		State:		ZIP:	
Entite Official.					
Entity Official:		r			
Title(s):		Phone:		% Own	ed:
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?		X
If "Yes", disclose the name of the individual and the reason for this authorization:		
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?		X
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.		<u> </u>
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?		X
If "Yes", list all convictions:		
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Read each line below, and then sign your initials in the box to the right of each statement:

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Initials

#### Section 7 - Certifications

if the licensee is an Corporations.	ent licensees (as define organized entity, that a	d in AS 04.11.260) a Il current entity offic	and affiliates have been cials and stakeholders a	listed on this applicati re listed with the Alasi	on, and ka Division of	RH
I certify on behalf of any other form prov	myself or of the organi ided by AMCO is ground	zed entity that I und ds for rejection or de	lerstand that providing a enial of this application	a false statement on th or revocation of any lic	is form or ense issued.	RH
I certify that in according the licensed busing	rdance with AS 04.11.45 less.	iO, no one other tha	n the licensee(s) has a d	irect or indirect financi	ial interest	RH
and these not charle	not altered the function ged the business name on holic Beverage Control I	or the ownership (in	ced or expanded the are cluding officers or stake	ea of the licensed prem holders) from what is o	ises, currently	RH
I certify that I have n operated in violation	ot violated any restricti of a condition or restri	ons pertaining to thi ction imposed by th	is particular license type e Alcoholic Beverage Co	e, and that this license hence here	has not been	RH
provide all information do so by any deadling Signature of licensees Printed name of licer	on required by the Alcole given to me by AMCO	ng an accompanying holic Beverage Cont	A PUBLIC OF A	nts, is true, correct, and	d complete. I a derstand that follete.  20 20 20 20 20 20 20 20 20 20 20 20 20	
License Fee:	\$ 1500.00	Filing Fee:	\$ 200.00	TOTAL:	\$ 1700.00	
	00 – if received or p	ostmarked after 0	1/03/2017:			
	Miscellaneous Fees:					
GRAND TOTAL (in	f different than TOTA	(L)!				
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