

# 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

November 22, 2019

Ludvig's Bistro Inc.

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

Re: Notice of 2020/2021 Liquor License Renewal Application

| License Type:      | Restaurant/ Eating Place | License Number: | 4246 |
|--------------------|--------------------------|-----------------|------|
| Licensee:          | Ludvig's Bistro Inc.     |                 |      |
| Doing Business As: | Ludvig's Bistro          |                 |      |

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,

Glen Klinkhart, Director

amco.localgovernmentonly@alaska.gov



550 W 7<sup>th</sup> Avenue, Suite 1600 Anchorage, AK 99501 <u>alcohol.licensing@alaska.gov</u>

Alcohol and Marijuana Control Office

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

Phone: 907.269.0350

# Restaurant or Eating Place License

## Form AB-17a: 2020/2021 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 restaurant or eating place liquor license that is due to renew by December 31, 2019. 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 should 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 and submitted to AMCO's main office before any license renewal application will be reviewed. Receipt and/or processing of renewal payments by AMCO staff neither indicates nor guarantees that an application will be considered complete, or that a license will be renewed.

|  | ection 1 – Establishmen   |                |                            |             | ease contact AMCO  |
|--|---|----------------|----------------------------|-------------|--------------------|
| Licensee:  | Ludvig's Bistro Inc.  License #: 4246   |                |                            |             |                    |
| License Type:  | Restaurant/Eating Place   |                |                            |             |                    |
| Doing Business As:   | Ludvig's Bistro   |                |                            |             |                    |
| Premises Address:  | 256 Katlian Street  |                |                            |             |                    |
| Local Governing Body:  | City & Borough of Sitka   |                |                            |             |                    |
| Community Council:   | None  |                |                            |             |                    |
| Mailing Address:   | 256 Kathian St  | *              |                            |             |                    |
| City:  | 256 Kathan St<br>Sitka  | State:         | AK                         | ZIP:        | 99835              |
| Enter information for the indi<br>nust be a licensee who is req<br>Contact Licensee: | vidual who will be designated as the puired to be listed in and authorized to s | rimary point o | cation.                    | application | n. This individual |
| vviitatt Littijet.   |   |                |                            |             | - A 2 .            |
| Contact Email:   | Colette Nelson  | wtma           | Contact Phone:             | 907         | 738-3603           |
| Contact Email: Optional: If you wish for AMC   | Udvigsbistro @ A  O staff to communicate with an individ                        | ual who is no  | t a licensee named on this | s form (eg: | legal councell     |
| Contact Email:  Optional: If you wish for AMC  | Indvigsbistro @ 1   | ual who is no  | t a licensee named on this | s form (eg: | legal councel)     |



## Form AB-17a: 2020/2021 Restaurant Renewal License Application

### Section 2 – Entity or Community Ownership Information

Licensees who directly hold a license as an individual or individuals should skip to Section 3. General partnerships and local governments should skip to the second half of this page. All licensees that are corporations or LLCs must complete this section. Corporations and LLCs are required to be in good standing with the Alaska Division of Corporations, Business & Professional Licensing (CBPL). The CBPL Entity # below is neither your EIN/tax ID number, nor your business license number. You may view your entity's status or find your CBPL entity number by vising the following site: <a href="https://www.commerce.alaska.gov/cbp/main/search/entities">https://www.commerce.alaska.gov/cbp/main/search/entities</a>

| Alaska CBPL Entity #:  | 76667D   |                                  |  |                   |               |
|--|--|----------------------------------|--|-------------------|---------------|
| You must ensure that you ar  | e able to certify the following statem   | ent before s                     | igning your initials in the b                                    | ox to the right   | : Initials    |
|  | good standing with CBPL and that all c   |                                  |  |                   |               |
| <ul> <li>If the applicant is a corpo</li> </ul>  | pleted by any <u>community</u> or <u>entity</u> , in<br>oplying for renewal. If more space is no<br><u>pration</u> , the following information mus<br>ion, and for each <i>president, vice-presi</i> | eeded, please<br>st be complet   | e attach additional complet<br>ted for each <i>shareholder w</i> | ed copies of th   | nis page      |
| <ul> <li>If the applicant is a <u>limite</u> <i>ownership interest of 10</i>.</li> <li>If the applicant is a <u>partnership</u></li> </ul> | ed liability organization, the following % or more, and for each manager. ership, including a limited partnership or more, and for each general partner  | information  o, the following    | must be completed for eac  |                   |               |
| that individual on this applicated with that individual on this applicated.  ALL of your qualifying officials                              | tion provided in the below fields (inclu<br>h CBPL. If one individual holds multiple<br>tion and with CBPL. Failure to list all re<br>s, additional copies of this page or a s                       | e titles menti<br>equired titles | oned in the bullets above, a constitutes an incomplete           | all titles must b | oe listed for |
| Name of Official:  | Colette Nelson   | ~                                | 1  |                   | _             |
| Title(s):  | President Socreture  | ephone:                          | 907-7-38-3603  | % Owned:          | 100 %         |
| Mailing Address:   | 256 Katlian S  | te                               |  | ¥                 |               |
| City:  | Stha   | State:                           | Ak   | ZIP: 9            | 9835          |
| Name of Official:  | ***  |                                  |  | 1                 |               |
| Title(s):  |  | Phone:                           |  | % Owned:          |               |
| Mailing Address:   |  |                                  | <u></u>  |                   | 1             |
| City:  |  | State:                           |  | ZIP:              |               |
| Name of Official:  |  |                                  |  |                   |               |
| Title(s):  |  | Phone:                           |  | % Owned:          |               |

State:

**Mailing Address:** 

City:

ZIP:



## Form AB-17a: 2020/2021 Restaurant Renewal License Application

### **Section 3 – Sole Proprietor Ownership Information**

Entities, such as corporations or LLCs, should skip this section. This section must be completed by any licensee who directly holds the license as an <u>individual or multiple individuals</u> and is applying for license renewal. If more space is needed, please attach a separate sheet that includes all of the required information.

The following information must be completed for each licensee and each affiliate.

|  | Contact Ph   | none:  |                            |
|--|--|--|----------------------------|
| Mailing Address:   |  |  |                            |
| City:  | State:   | ZIP:   |                            |
| Email:   |  |  |                            |
| This individual is an: applicant   | affiliate  | , 4  |                            |
| Name:  | Contact Ph   | one:   |                            |
| Mailing Address:   |  |  |                            |
| City:  | State:   | ZIP:   |                            |
| Email:   |  |  |                            |
| certify that all licensees, agents, and employees ave completed an alcohol server education cours  | who sell or serve alcoholic beverages or chec<br>se approved by the ABC Board and keep curre   | k identification of a pent, valid copies of th   | eir (                      |
| Read the line below, and then sign your initials in certify that all licensees, agents, and employees have completed an alcohol server education course completion cards on the licensed premises  | the box to the right of the statement:  who sell or serve alcoholic beverages or checks approved by the ABC Board and keep curre during all working hours, as set forth in AS 0  | k identification of a pent, valid copies of th   | patron leir                |
| Read the line below, and then sign your initials in certify that all licensees, agents, and employees have completed an alcohol server education course course completion cards on the licensed premises.  Sect  | the box to the right of the statement:  who sell or serve alcoholic beverages or checks approved by the ABC Board and keep curre during all working hours, as set forth in AS 0 ion 5 – License Operation  | k identification of a pent, valid copies of th   | patron leir                |
| Read the line below, and then sign your initials in certify that all licensees, agents, and employees have completed an alcohol server education course completion cards on the licensed premises  | the box to the right of the statement:  who sell or serve alcoholic beverages or checks approved by the ABC Board and keep curre during all working hours, as set forth in AS 0 ion 5 – License Operation  | k identification of a pent, valid copies of th   | patron leir                |
| Read the line below, and then sign your initials in certify that all licensees, agents, and employees have completed an alcohol server education course course completion cards on the licensed premises.  Sect  | the box to the right of the statement:  who sell or serve alcoholic beverages or checks approved by the ABC Board and keep curred during all working hours, as set forth in AS O to the company of the co | k identification of a pent, valid copies of th   | patron<br>leir<br>304.465. |
| Read the line below, and then sign your initials in certify that all licensees, agents, and employees have completed an alcohol server education course course completion cards on the licensed premises Sections a single box for each calendar year that best  | who sell or serve alcoholic beverages or checks approved by the ABC Board and keep curred during all working hours, as set forth in AS 0 ion 5 – License Operation at describes how this liquor license was operation or oughout each year.  | k identification of a pent, valid copies of th   | patron<br>leir<br>304.465. |
| certify that all licensees, agents, and employees have completed an alcohol server education course course completion cards on the licensed premises  Sect Check a single box for each calendar year that besides the license was regularly operated continuously the  | who sell or serve alcoholic beverages or check is approved by the ABC Board and keep curred during all working hours, as set forth in AS 0 ion 5 – License Operation is describes how this liquor license was operation in the second sec | k identification of a pent, valid copies of the 4.21.025 and 3 AAC 3 ated:                               | patron<br>leir<br>304.465. |
| Sect Check a single box for each calendar year that best the license was regularly operated during a specific the license was only operated to meet the minimus of this box is checked, a complete copy of Form AB-locumentation must be provided with this application was not open the license was not | who sell or serve alcoholic beverages or checks approved by the ABC Board and keep curred during all working hours, as set forth in AS 0 ion 5 – License Operation at describes how this liquor license was operation of the season each year.  In requirement of 240 total hours each calence as a company of the season of the season of the season calence as a company of the season each year.  In requirement of 240 total hours each calence as a company of the season calence  | k identification of a pent, valid copies of the 4.21.025 and 3 AAC sated:  dar year.  nd all necessary   | patron<br>leir<br>304.465. |
| Read the line below, and then sign your initials in certify that all licensees, agents, and employees have completed an alcohol server education course course completion cards on the licensed premises.  Sect Check a single box for each calendar year that besome the license was regularly operated continuously the license was regularly operated during a specific the license was only operated to meet the minimus of this box is checked, a complete copy of Form Absorumentation must be provided with this application.   | who sell or serve alcoholic beverages or checked approved by the ABC Board and keep curred during all working hours, as set forth in AS 0 ion 5 – License Operation at describes how this liquor license was operation of the season each year.  Impreciately a compared to the season each year and the season each year.  Impreciately a compared to the season each year and the season each year are season each year.  In the box to the right of the statement:  In requirement of 240 total hours each calendary and the season each year are season each year.  In requirement of 240 total hours each calendary and the season each year are season each year.  In requirement of 240 total hours each calendary and the season each year are season each year.  In requirement of 240 total hours each calendary and the season each year are season each year.  In requirement of 240 total hours each calendary and the season each year are season each year.   | ck identification of a pent, valid copies of the 4.21.025 and 3 AAC 3 ated:  dar year.  nd all necessary | 2018 20                    |

[Form AB-17a] (rev 9/17/2019) License # 4246 DBA Ludvig's Bistro

Page 3 of 4

AMCO



# Form AB-17a: 2020/2021 Restaurant Renewal License Application

| Section 6 – Violat   | ions and Conv  | rictions  |  |
|--|--|---|--|
| Applicant violations and convictions in calendar years 2018 and  | 2019:  |   | Yes No   |
| Have any notices of violation (NOVs) been issued for this license  | in the calendar years 2  | 018 or 2019?  |  |
| Has any person or entity named in this application been convicte ordinance adopted under AS 04.21.010 in the calendar years 201  | d of a violation of Title<br>8 or 2019?  | 04, of 3 AAC 304, or a l  | local  |
| If "Yes" to either of the previous two questions, attach a separa  | te page to this applica  | tion listing all NOVs an  | d/or convictions.  |
| Section 7 –  | Certifications   |   |  |
| Read each line below, and then sign your initials in the box to the  | e right of each statem   | ent:  | Initials   |
| I certify that all current licensees (as defined in AS 04.11.260) an in accordance with AS 04.11.450, no one other than the licensee licensed business.  | d affiliates have been l<br>(s) has a direct or indir  | isted on this applicatio<br>ect financial interest in   | n, and that the  |
| I certify that I have not altered the functional floor plan or reduce<br>and I have not changed the business name or the ownership (incl<br>stakeholders) from what is currently approved and on file with th  | uding officers, manage   | rs, general partners, or  | ses,   |
| I certify on behalf of myself or of the organized entity that I under any other form provided by AMCO is grounds for rejection or den  | stand that providing a ial of this application o   | false statement on this<br>r revocation of any lice   | form or<br>nse issued.   |
| I am submitting as part of this application a completed copy of Fo evidence to the ABC Board that this establishment met the food s  | rm AB-33: Restaurant l<br>ales requirement set fo  | Receipts Affidavit, to pr<br>orth in AS 04.11.100(e).   | ovide  |
| As an applicant for a liquor license renewal, I declare under penals 3 AAC 304, and that this application, including all accompanying supprovide all information required by the Alcoholic Beverage Control that failure to do so by any deadline given to me by AMCO stair we suppressed that the suppressed of the suppresse | chedules and statemer I Board or AMCO staff Ill result in this applica  Sig totary Public to and for | nts, is true, correct, and in support of this application being returned to returned to return of Notary Publication State of Wastern Commission expires: | complete. I agree to cation and understand me as incomplete.  Sington  Culturation |
| Yes No  Seasonal License? If "Yes", write your   | 50.5   |   |  |
| License Fee: \$ 600.00 Application Fee:  | \$ 300.00  | TOTAL:  | \$ 900.00  |
| Miscellaneous Fees:  |  |   |  |
| GRAND TOTAL (if different than TOTAL):   |  |   | 900,00   |

[Form AB-17a] (rev 9/17/2019) License # 4246 DBA Ludvig's Bistro

Page 4 of 4