

STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD

LICENSE NUMBER

FORM CONTROL

XXXX

ISSUED

3/02/2021

ABC BOARD

LIQUOR LICENSE
2021 - 2022

4390

LICENSE RENEWAL APPLICATION DUE
DECEMBER 31, 2022 (AS 04.11.270(b))

THIS LICENSE EXPIRES MIDNIGHT
FEBRUARY 28, 2023 UNLESS DATED BELOW

TYPE OF LICENSE: Package Store

LICENSE FEE: \$1,500.00

1150

CITY / BOROUGH: Sitka
Sitka

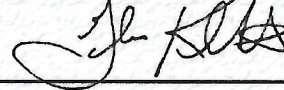
D/B/A: Cascade Convenience Cen.
1211 A Sawmill Creek Rd

Mail Address:
Triple C Ventures Inc.
208 Lake Street Ste. B
Sitka, AK 99835

This license cannot be transferred without permission
of the Alcoholic Beverage Control Board

☐ Special restriction - see reverse side

ISSUED BY ORDER OF THE
ALCOHOLIC BEVERAGE CONTROL BOARD



DIRECTOR

04-900 (REV 9/09)

THIS LICENSE MUST BE POSTED IN A VISIBLE PLACE ON THE PREMISES

STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD

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ABC BOARD

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COPY

DIRECTOR

D/B/A: Cascade Convenience Center
1211 A Sawmill Creek Rd

Mailing Address:
Triple C Ventures Inc.
208 Lake Street Ste. B
Sitka, AK 99835

THIS LICENSE MUST BE POSTED IN A VISIBLE PLACE ON THE PREMISES

04-900 (REV 9/09)



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

Alaska Alcoholic Beverage Control Board

Master Checklist: Renewal Liquor License Application

Doing Business As:	Cascade Convenience Center	License Number:	4390
License Type:	Package Store		
Examiner:	Kristina S.	Transaction #:	100011742

Document	Received	Completed	Notes
AB-17: Renewal Application	12/14	3-2-21	
App and License Fees	12/14	3-2-21	

Supplemental Document	Received	Completed	Notes
Tourism/Rec Site Statement			
AB-25: Supplier Cert (WS)			
AB-29: Waiver of Operation			
AB-30: Minimum Operation			
AB-33: Restaurant Affidavit			
COI / COC / 5 Star			
FP Cards & Fees / AB-08a			
Late Fee			

Names on FP Cards:	
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	Yes	No
Selling alcohol in response to written order (package stores)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mailing address and contact information different than in database (if yes, update database)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
In "Good Standing" with CBPL (skip this and next question for sole proprietor)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Officers and stockholders match CBPL and database (if "No", determine if transfer necessary)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

LGB 1 Response: Sitka City & Borough LGB 2 Response: N/A

<input type="checkbox"/> Waive	<input type="checkbox"/> Protest	<input type="checkbox"/> Lapsed	<input type="checkbox"/> Waive	<input type="checkbox"/> Protest	<input type="checkbox"/> Lapsed
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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

Alaska Alcoholic Beverage Control Board

Form AB-17: 2021/2022 License Renewal Application

- This form and any required supplemental forms must be completed, signed by the licensee, and postmarked no later than 12/31/2020 per AS 04.11.270, 3 AAC 304.160, with all required fees paid in full, or a non-refundable \$500.00 late fee applies.
- Any complete application for renewal or any fees for renewal that have not been postmarked by 02/28/2021 will be expired per AS 04.11.540, 3 AAC 304.160(e).
- All fields of this application must be deemed complete by AMCO staff and must be accompanied by the required fees and all documents required, or the application will be returned without being processed, per AS 04.11.270, 3 AAC 304.105
- Receipt and/or processing of renewal payments by AMCO staff neither indicates nor guarantees in any way that an application will be deemed complete, renewed, or that it will be scheduled for the next ABC Board meeting.

Establishment Contact Information

Licensee (Owner):	Triple C Ventures Inc.	License #:	4390
License Type:	Package Store		
Doing Business As:	Cascade Convenience Center		
Premises Address:	1211 A Sawmill Creek Road Sitka AK 99835		
Local Governing Body:	City & Borough of Sitka		
Community Council:	None		

If your mailing address has changed, write the NEW address below:

Mailing Address:					
City:		State:		ZIP:	

Section 1 – Licensee Contact Information

Contact Licensee: The individual listed below must be listed in Section 2 or 3 as an Official/Owner/Shareholder of your entity and must be listed on CBPL with the same name and title.

This person will be the designated point of contact regarding this license, unless the Optional contact is completed.

Contact Licensee:	Roger L. Hames	Contact Phone:	907-747-6044
Contact Email:	roger.hames@hamescorp.com		

Optional: If you wish for AMCO staff to communicate with anyone other than the Contact Licensee about your license, list them below:

Name of Contact:	Maxwell S. Rule	Contact Phone:	907-747-3459
Contact Email:	maxwell.rule@hamescorp.com		

Name of Contact:		Contact Phone:	
Contact Email:			

Section 2 – Written Order Information

Do you intend to sell alcoholic beverages and ship them to another location in response to written solicitation in calendar years 2021 and/or 2022?

YES ☐ NO ☒



Form AB-17: 2021/2022 License Renewal Application

Section 2 – Entity or Community Ownership Information

Sole Proprietors should skip this Section.

Use the link from Corporations, Business and Professional Licensing (CBPL) below to assist you in finding the Entity #.

<https://www.commerce.alaska.gov/cbp/main/search/entities>

Alaska CBPL Entity #:	84974D
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READ BEFORE PROCEEDING: Any new or changes to Shareholders (10% or more), Managers, Corporate Officers, Board of Directors, Partners, Controlling Interest or Ownership of the business license must be reported to the ABC Board within 10 days of the change and must be accompanied by a full set of fingerprints on FBI-approved card stock, AB-08a's, payment of \$48.25 for each new officer with a date-stamped copy of the CBPL change per AS 04.11.045, 50 & 55, or a Notice of Violation will be issued to your establishment and your application will be returned.

The only exception to this is a Corporation who can meet the requirements set forth in AS 04.11.050(c).

DO NOT LIST OFFICERS OR TITLES THAT ARE NOT REQUIRED FOR YOUR ENTITY TYPE.

- **Corporations of any type including non-profit** must list ONLY the following:
 - All shareholders who own 10% or more stock in the corporation
 - Each President, Vice-President, Secretary, and Managing Officer regardless of percentage owned
- **Limited Liability Corporations, of any type** must list ONLY the following:
 - All Members with an ownership interest of 10% or more
 - All Managers (of the LLC, not the DBA) regardless of percentage owned
- **Partnerships of any type, including Limited Partnerships** must list ONLY the following:
 - Each Partner with an interest of 10% or more
 - All General Partners regardless of percentage owned

Important Note: All entries below must match our records, or your application will be returned per AS 04.11.270, 3 AAC 304.105. You **must** list full legal names, all required titles, phone number, percentage of shares owned (if applicable) and a full mailing address for each official of your entity whose information we require. **If more space is needed: attach additional completed copies of this page. Additional information not on this page will be rejected.**

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

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

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



Alaska Alcoholic Beverage Control Board

Form AB-17: 2021/2022 License Renewal Application



Section 3 – Entity or Community Ownership Information

Sole Proprietors should skip this Section.

Use the link from Corporations, Business and Professional Licensing (CBPL) below to assist you in finding the Entity #.

<https://www.commerce.alaska.gov/cbp/main/search/entities>

Alaska CBPL Entity #:	84974D
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DO NOT LIST OFFICERS OR TITLES THAT ARE NOT REQUIRED FOR YOUR ENTITY TYPE.

- Corporations of any type including non-profit must list ONLY the following:
 - All shareholders who own 10% or more stock in the corporation
 - Each President, Vice-President, Secretary, and Managing Officer regardless of percentage owned
- Limited Liability Corporations, of any type must list ONLY the following:
 - All Members with an ownership interest of 10% or more
 - All Managers (of the LLC, not the DBA) regardless of percentage owned
- Partnerships of any type, including Limited Partnerships must list ONLY the following:
 - Each Partner with an interest of 10% or more
 - All General Partners regardless of percentage owned

Important Note: All entries below must match our records, or your application will be returned per AS 04.11.270, 3 AAC 304.105. You must list full legal names, all required titles, phone number, percentage of shares owned (if applicable) and a full mailing address for each official of your entity whose information we require. If more space is needed: attach additional completed copies of this page. Additional information not on this page will be rejected.

Name of Official:	Maxwell S Rule				
Title(s):	President	Phone:	907-747-3459	% Owned:	0
Mailing Address:	208 Lake. St STE B				
City:	Sitka	State:	AK	ZIP:	99835

Name of Official:	Barbara Hames				
Title(s):	Treasurer	Phone:	907-747-8486	% Owned:	0
Mailing Address:	2715 Halibut Point Road				
City:	SITKA	State:	AK	ZIP:	99835

Name of Official:					
Title(s):		Phone:		% Owned:	
Mailing Address:					
City:		State:		ZIP:	



Form AB-17: 2021/2022 License Renewal Application

Section 3 – Sole Proprietor Ownership Information

Corporations, LLC's and Partnerships of ALL kinds should skip this section.

READ BEFORE PROCEEDING: Any new or changes to the ownership of the business license must be reported to the ABC Board within 10 days of the change and must be accompanied by a full set of fingerprints on FBI approved cardstock, AB-08a's, payment of \$48.25 for each new owner or officer and a date stamped copy of the CBPL change per AS 04.11.045, or a Notice of Violation will be issued to your establishment and your application will be returned.

Important Note: All entries below must match our records, or your application will be returned per AS 04.11.270, 3 AAC 304.105. You must list full legal names, phone number, and mailing address for each owner or partner whose information we require. If more space is needed, attach additional copies of this page. Additional owners not listed on this page will be rejected.

This individual is an: ☐ Applicant ☐ Affiliate

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

This individual is an: ☐ Applicant ☐ Affiliate

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

Section 4 – License Operation

Check ONE BOX for EACH CALENDAR YEAR that best describes how this liquor license was operated:

- | | 2019 | 2020 |
|---|-------------------------------------|-------------------------------------|
| 1. The license was regularly operated continuously throughout each year. (Year-round) | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. The license was only operated during a specific season each year. (Seasonal)
<i>If your operation dates have changed, list them below:</i>
_____ to _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The license was only operated to meet the minimum requirement of 240 total hours each calendar year.
<i>A complete AB-30: Proof of Minimum Operation Checklist, and all documentation must be provided with this form.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. The license was not operated at all or was not operated for at least the minimum requirement of 240 total hours each year, during one or both calendar years. <i>A complete Form AB-29: Waiver of Operation Application and corresponding fees must be submitted with this application for each calendar year during which the license was not operated.</i> | <input type="checkbox"/> | <input type="checkbox"/> |

If you have not met the minimum number of hours of operation in 2020, you are not required to pay the fees, however a complete AB-29 is required with Section 2 marked "OTHER" and COVID is listed as the reason.

Section 5 – Violations and Convictions

Have **ANY** Notices of Violation been issued for this license **OR** has **ANY** person or entity in this application been convicted of a violation of Title 04, 3AAC 304 or a local ordinance adopted under AS 04.21.010 in 2019 or 2020?

Yes ☐ No ☒

If you checked YES, you MUST attach a list of all Notices of Violation and/or Convictions per AS 04.11.270(a)(2)

If you are unsure if you have received any Notices of Violation, contact the office before submitting this form.

AMCO



Alaska Alcoholic Beverage Control Board


Form AB-17: 2021/2022 License Renewal Application

Section 6 – Certifications

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, 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 potentially expired if I do not comply with statutory or regulatory requirements.
- I certify that all current licensees (as defined in AS 04.11.260) and affiliates have been listed on this application, and 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.
- 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 accurately listed, and I have provided AMCO with all required changes of Shareholders (10% or more), Managers, Corporate Officers/Board of Directors, Partners, Controlling Interest or Ownership of the business license, and have provided all required documents for any new or changes in 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 304.465.
- 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 from what is currently approved and on file with the Alcoholic Beverage Control Board.

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.


Signature of licensee

Roger L. Hames

Printed name of licensee


Signature of Notary Public

Notary Public in and for the State of: Alaska

My commission expires: June 17, 2022

Subscribed and sworn to before me this 8 day of December, 2020.

NOTARY PUBLIC
PAULA ROBINSON
STATE OF ALASKA
My Commission Expires June 17, 2022

Restaurant/Eating Place applications must include a completed AB-33: Restaurant Receipts Affidavit

Recreational Site applications must include a completed Recreational Site Statement

Tourism applications must include a completed Tourism Statement

Wholesale applications must include a completed AB-25: Supplier Certification

All renewal and supplemental forms are available online

Any application that is not complete or does not include ALL required completed forms and fees will not be processed and will be returned per AS 04.11.270, 3 AAC 304.105.

FOR OFFICE USE ONLY

License Fee:	\$ <u>1500</u>	Application Fee:	\$ 300.00	Misc. Fee:	\$
Total Fees Due:					\$ <u>1800</u>

AMCO

Department of Commerce, Community, and Economic Development

DIVISION OF CORPORATIONS, BUSINESS & PROFESSIONAL LICENSING

State of Alaska / Commerce / Corporations, Business, and Professional Licensing / Search & Database Download / Business License / License #306493

LICENSE DETAILS

License #: 306493

Print Business License

Business Name: CASCADE CONVENIENCE CENTER (SHC)

Status: Active

Issue Date: 04/22/2004

Expiration Date: 12/31/2021

Mailing Address: 208 LAKE STREET, SUITE B
SITKA, AK 99835-7582

Physical Address: 1211-A SAWMILL CREEK RD.
SITKA, AK 99835

Owners

TRIPLE C VENTURES, INC.

Activities

Line of Business	NAICS	Professional License #
42 - Trade	445310 - BEER, WINE, AND LIQUOR STORES	
42 - Trade	447110 - GASOLINE STATIONS WITH CONVENIENCE STORES	

Endorsements

End	Action			Action	Address
# Issue	Renew	Expiration	End	Note	
1 10/20/2017	11/19/2019	12/31/2021			1211-A SAWMILL CREEK RD., SITKA, AK 99835
2 10/7/2013		12/31/2015			2035 HALIBUT POINT RD., SITKA, AK 99835

License Lapse(s)

Department of Commerce, Community, and Economic Development

CORPORATIONS, BUSINESS & PROFESSIONAL

LICENSING

State of Alaska / Commerce / Corporations, Business, and Professional Licensing / Search & Database Download / Corporations / Entity Details

ENTITY DETAILS

Name(s)

Type	Name
Legal Name	TRIPLE C VENTURES, INC.

Entity Type: Business Corporation

Entity #: 84974D

Status: Good Standing

AK Formed Date: 2/11/2004

Duration/Expiration: Perpetual

Home State: ALASKA

Next Biennial Report Due: 1/2/2022

Entity Mailing Address: 208 LAKE STREET , SUITE B, SITKA, AK 99835

Entity Physical Address: 208 LAKE STREET , SUITE B, SITKA, AK 99835

Registered Agent

Agent Name: John Peterson

Registered Mailing Address: 307 BAWDEN ST, KETCHIKAN, AK 99901

Registered Physical Address: 307 BAWDEN ST, KETCHIKAN, AK 99901

Officials

☐Show Former

AK Entity #	Name	Titles	Owned
8451D	Barbara Hames	Director, Treasurer	
	HAMES CORPORATION	Shareholder	100.00
	Mary W Hames	Director, Secretary, Vice President	

AK Entity #	Name	Titles	Owned
	Maxwell S Rule	President	
	Roger L Hames	Director	

Filed Documents

Date Filed	Type	Filing	Certificate
2/11/2004	Creation Filing	Click to View	
3/25/2004	Initial Report	Click to View	
3/25/2004	Biennial Report		
12/27/2005	Biennial Report	Click to View	
2/06/2008	Biennial Report	Click to View	
12/28/2009	Biennial Report	Click to View	
12/29/2011	Biennial Report	Click to View	
12/16/2013	Biennial Report	Click to View	
3/25/2014	Correction	Click to View	Click to View
12/04/2015	Biennial Report	Click to View	
1/31/2017	Change of Officials	Click to View	
12/21/2017	Biennial Report	Click to View	
11/22/2019	Biennial Report	Click to View	