

City and Borough of Sitka

100 Lincoln Street • Sitka, Alaska 99835

MEMORANDUM

To: Utility Billing Clerk – Diana
Collections - Sunni
Municipal Billings – Lindsey
Sales Tax/Property Tax - Hannah
Fire Department
Police Department
Building Official(s)

From: Sara Peterson, Municipal Clerk

Date: March 1, 2018

Subject: Liquor License Renewal Application – American Legion Post #13

The Municipal Clerk's Office has been notified by the Alcohol and Marijuana Control Office of the following liquor license renewal application submitted by:

Lic #: 56
DBA: American Legion Post #13
License Type: Club
Licensee: American Legion Post #13
Premises Address: 205 Lincoln Street

Please notify no later than **noon on Tuesday, March 6** of any reason to protest this renewal request. This request is scheduled to go before the Assembly on March 13.

Thank you.



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

February 28, 2018

City and Borough of Sitka

Attn: Sara Peterson, Municipal Clerk

Via Email: sara.peterson@cityofsitka.org

melissa.henshaw@cityofsitka.org

Re: Notice of 2018/2019 Liquor License Renewal Application

License Type:	Club	License Number:	56
Licensee:	American Legion Post #13		
Doing Business As:	American Legion Post #13		

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 cursive script that reads "Erika McConnell".

Erika McConnell, Director

amco.localgovernmentonly@alaska.gov



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

License Type:	Club	License Number:	56
Doing Business As:	American Legion Post #13		
Examiner:	Carrie	Transaction #:	1020242

Document	Received	Completed	Notes
AB-17: Renewal Application	11/20/17	2/27	
App and License Fees	11/20/17	2/28	

Supplemental Document	Received	Completed	Notes
Tourism/Rec Site Statement			
AB-25: Supplier Cert (WS)			
AB-29: Waiver of Operation			
AB-30: Minimum Operation			
Fingerprint Cards & Fees / AB-08a: Crim. History	2/23 2/27	2/27	55474
Late Fee			

Names on FP Cards:	Jeremy DeTemple, Ronald Davis, Grant Smith, Margaret Carlson
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	Yes	No
Selling alcohol in response to written order (package stores)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mailing address different than one in database?	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>



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Form AB-17: 2018/2019 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, 2017. 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 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. If any populated information is incorrect, please contact AMCO.

Licensee:	American Legion Post #13	License #:	56
License Type:	Club	Statute:	AS 04.11.110
Doing Business As:	American Legion Post #13		
Premises Address:	205 Lincoln St		
Local Governing Body:	City & Borough of Sitka		
Community Council:	None		

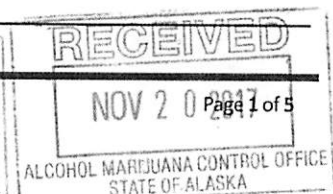
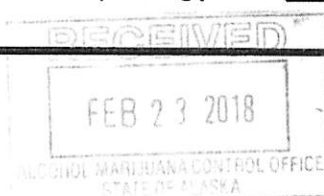
Mailing Address:	205 Lincoln St.		
City:	Sitka	State:	Alaska
		ZIP:	99835

Enter information for the individual who will be designated as the primary point of contact regarding this application. This individual must be a licensee who is required to be listed in and authorized to sign this application.

Point of Contact:	Ronald Davis		
Contact Phone:	907 738-3277	Business Phone:	907-747-8629
Contact Email:	halfbreed197071@yahoo.com		

Seasonal License? ☐ Yes ☒ No

If "Yes", write your six-month operating period: _____





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Form AB-17: 2018/2019 Renewal License Application

Section 2 – 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:

Margaret Carlson - manager -

Section 3 – Sole Proprietor Ownership Information

This section must be completed by any sole proprietorship who is applying for license renewal. Entities should skip to Section 4.

If more space is needed, please attach a separate sheet with the required information.

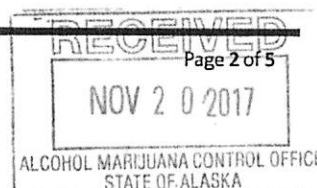
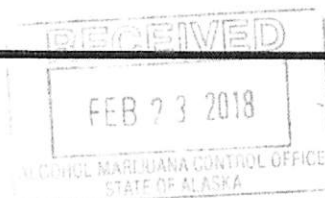
The following information must be completed for each licensee and each affiliate (spouse).

This individual is an: ☐ applicant ☐ affiliate

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

This individual is an: ☐ applicant ☐ affiliate

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





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Section 4 – 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, Business & Professional Licensing (CBPL). You may view your entity's status or find your CBPL entity number by visiting the following site: <https://www.commerce.alaska.gov/cbp/main/search/entities>
Partnerships may skip to the second half of this page. Sole proprietorships should skip to Section 5.

Alaska CBPL Entity #:	50544 D
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You must ensure that you are able to certify the following statement before signing your initials in the box to the right:

I certify that this entity is in good standing with CBPL and that all current entity officials and stakeholders (listed below) are also currently and accurately listed with CBPL.

Initials

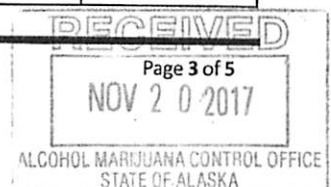
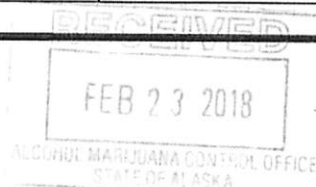
This subsection must be completed by any community or entity, including a corporation, limited liability company, partnership, or limited partnership, that is applying for renewal. If more space is needed, please attach additional completed copies of this page.

- 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 Name:	Grant Smith				
Title(s):	president - Commander	Phone:	907 752-1523	% Owned:	—
Mailing Address:	2020 HPR				
City:	Sitka	State:	AK	ZIP:	99835

Entity Official Name:	Ronald Davis				
Title(s):	Vice Commander / Sec	Phone:	907-738-3277	% Owned:	
Mailing Address:	P.O. Box 11				
City:	Sitka	State:	AK	ZIP:	99835

Entity Official Name:	Jeremy Detemple				
Title(s):	tres	Phone:	907 301-1087	% Owned:	~
Mailing Address:	1803 SMC Sitka AK 99835				
City:	Sitka	State:	AK	ZIP:	99835





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Section 5 – License Operation

Check a single box for each calendar year that best describes how this liquor license was operated:	2016	2017
The license was regularly operated continuously throughout each year, for 8 or more hours each day.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
The license was regularly operated during a specific season each year, for 8 or more hours each day.	<input type="checkbox"/>	<input type="checkbox"/>
The license was only operated to meet the minimum requirement of 30 days each year, 8 hours each day. <i>If this box is checked, a complete copy of Form AB-30: Proof of Minimum Operation Checklist, and all necessary documentation must be provided with this application.</i>	<input type="checkbox"/>	<input type="checkbox"/>
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. <i>If this box is checked, a complete copy of 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 for at least the minimum requirement.</i>	<input type="checkbox"/>	<input type="checkbox"/>

Section 6 – Violations and Convictions

Applicant violations and convictions in calendar years 2016 and 2017:	Yes	No
Have any notices of violation (NOVs) been issued to this licensee in the calendar years 2016 or 2017?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Has any person or entity 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 2016 or 2017?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

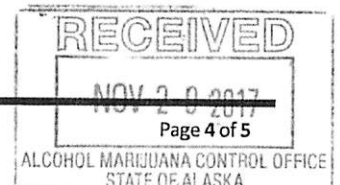
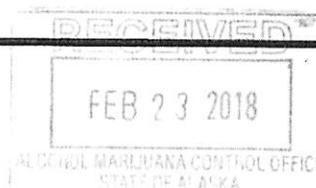
If "Yes" to either of the previous two questions, attach a separate page to this application listing all NOVs and/or convictions.

Section 7 – Alcohol Server Education

This section must be completed only by the holder of a beverage dispensary, club, or pub license or conditional contractor's permit. The holders of all other license types should skip to Section 8.

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

I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check identification of a patron 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, as required under AS 04.21.025 and 3 AAC 304.465.





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Section 8 – Certifications

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

I certify that all current licensees (as defined in AS 04.11.260) and affiliates have been listed on this application.

Initials

[Handwritten initials]

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.

[Handwritten initials]

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, managers, general partners, or stakeholders) from what is currently on file with the Alcoholic Beverage Control Board.

[Handwritten initials]

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.

[Handwritten initials]

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.

Signature of licensee

[Handwritten signature: Jeremy DeTemple]
Printed name of licensee

Signature of Notary Public

[Handwritten signature: Jonathan O. Lowrance]
Notary Public in and for the State of ALASKA

STATE OF ALASKA

NOTARY PUBLIC

JONATHAN O. LOWRANCE

My Commission Expires

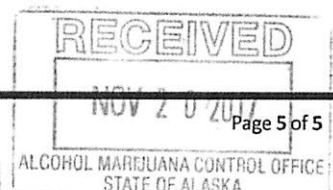
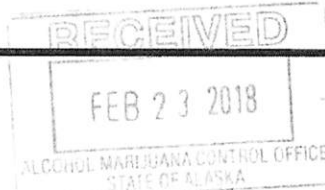
10-21-18

My commission expires: 10-21-2018

Subscribed and sworn to before me this 17 day of November, 2017.

License Fee:	\$ 1200.00	Application Fee:	\$ 200.00	TOTAL:	\$ 1400.00
Late Fee of \$500.00 – if received or postmarked after 01/02/2018:					—
Miscellaneous Fees:					—
GRAND TOTAL (if different than TOTAL):					1400.00

CK # 6375



Department of Commerce, Community, and Economic Development
Division of Corporations, Business and Professional
Licensing

State of Alaska > Commerce > Corporations, Business, & Professional Licensing > Search & Database Download > Corp. > Corporation Details

NAME(S)

Type	Name
Legal Name	SITKA POST NO. 13, THE AMERICAN LEGION, DEPARTMENT OF ALASKA

ENTITY DETAILS

Entity Type: Nonprofit Corporation
 Entity #: 50544D
 Status: Good Standing
 AK Formed Date: 11/9/1992
 Duration/Expiration: Perpetual
 Home State: ALASKA
 Next Biennial Report Due: 7/2/2018
 Entity Mailing Address: 205 LINCOLN ST, SITKA, AK 99835
 Entity Physical Address: 205 LINCOLN ST, SITKA, AK 99835

REGISTERED AGENT

Agent Name: Jeremy DeTemple
 Registered Mailing Address: 205 LINCOLN ST, SITKA, AK 99835
 Registered Physical Address: 181D PRICE ST, SITKA, AK 99835

OFFICIALS

AK Entity #	Name	Titles	<input type="checkbox"/> Show Former Owned
	Charley Daniel	Secretary	
	Charley Hazel	Director	
	Dave Roberts	President	
	Frank Dommrick	Director	
	Frank Uckert	Director	
	George House	President	
	Jermie DeTemple	Vice President	
	Robert Summersville	Treasurer	

FILED DOCUMENTS

Date Filed	Type	Filing	Certificate
11/09/1992	Creation Filing		
8/25/1994	Biennial Report		
11/06/1996	Biennial Report	Click to View	
9/15/1998	Biennial Report	Click to View	
1/02/2001	Biennial Report	Click to View	
9/23/2002	Biennial Report	Click to View	
7/30/2004	Biennial Report	Click to View	
7/30/2004	Agent Change	Click to View	



THE STATE
of **ALASKA**

Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing

Corporations Section

State Office Building, 333 Willoughby Avenue, 9th Floor

PO Box 110806, Juneau, AK 99811-0806

Phone: (907) 465-2550 • Fax: (907) 465-2974

Email: corporations@alaska.gov

Website: Corporations.Alaska.Gov

mailed
2-9-18
3:30 pm
over
night
me

COR

Notice of Change of Officials

Domestic Non-Profit Corporation (AS 10.20)

- This Notice of Change of Officials form is only for Domestic Non-Profit Corporations and is used to report changes in officers and directors information between biennial reporting periods.
- This Notice of Change of Officials will not be filed if the entity's biennial report is not current. To verify the entity's biennial report due date, go online to www.Corporations.Alaska.Gov and select, *Search Corporations Database*
- Standard processing time for complete and correct filings submitted to this office is approximately 10-15 business days. All filings are reviewed in the date order they are received.
- The information you submit is a public record and will be posted on the State's website.

1. Important:

AS 10.20.631

Each Domestic Non-Profit Corporation is required to notify this office when there is a change of officials.

— AS 10.20.631

Failure to meet this requirement may result in involuntary dissolution of the entity's authority to transact business in the State of Alaska.

— AS 10.20.325(7)

The Domestic Non-Profit Corporation is to keep and make available the records of the official(s) changes.

— AS 10.20.131

2. Fee:

☒ \$25 Nonrefundable Filing Fee (CORF)

3 AAC 16.050(c)

Mail this form and the non-refundable \$25 filing fee in U.S. dollars to the letterhead address. Make the check or money order payable to the State of Alaska, or use the attached credit card payment form.

3. Entity Information:

AS 10.20.631

Entity Name: Sitka Post 313, The American Legion, Department of Alaska

Alaska Entity Number: 50544D

RECEIVED

FEB 23 2018

4. REMOVE from Record: AS 10.20.631(b)

The following officials (officers and directors) will be completely removed from the record as a result of this filing:

Name: Jermie De Temple Name: George House

Name: Dave Roberts Name: Robert Sommerville

If an official is not being removed from record, then list them in Item #5 below (with their current information).

5. ALL Current Officials: AS 10.20.631(b) and AS 10.20.705

The following is a complete list of ALL remaining and new officials who will be on record as a result of this filing.

Non-Profit Corporations must have a President, Vice-President, Secretary, Treasurer, and at least three (3) Directors. Two or more offices may be held by the same person, except the offices of President and Secretary which cannot be the same person. — AS 10.20.086 and AS 10.20.121

List ALL officials and their current information to be on record.
BOLD fields are required.

FULL LEGAL NAME	COMPLETE MAILING ADDRESS	PRESIDENT	VICE-PRESIDENT	SECRETARY	TREASURER	DIRECTOR (3)	Assistant Secretary	Assistant Treasurer
Grant Smith	2020 H.P.R. Sitka, Alaska 99835	x						
Ronald Davis	P.O. Box 11 Sitka, Alaska 99835		x	X				
Jeremy K. DeTemple	1803 Sawmill Creek Road				X	x		
Charlie Hazel	P.O. Box 256 Wrangell AK 99729					x		
Frank Uckert	P.O. Box 2126 Sitka AK 99835					x		

→ If necessary, use the following supplement page and include all information required above in Item #5.

6. Required Signature: AS 10.20.631(b) and AS 10.20.650

The Notice of Change of Officials must be signed by an officer of the non-profit corporation. A Director is not an authorized signer. Persons who sign documents filed with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor.

Signature: Ron Davis Date: 2/9/2018

Printed Name: Ron Davis

Title of Authorized Signer: Vice Commander/ Vice President

(Must be signed by an officer of the non-profit. A director is not an authorized signer.)

