



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: January 8, 2018

Subject: Liquor License Renewal Application – Bayview Restaurant

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 #: 268
DBA: Bayview Restaurant
License Type: Beverage Dispensary
Licensee: Bayview Pub, LLC
Premises Address: 407 Lincoln Street, Suite 201

Please notify no later than **noon on Tuesday, January 16** of any reason to protest this renewal request.

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

January 8, 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:	Beverage Dispensary	License Number:	268
Licensee:	Bayview Pub, LLC		
Doing Business As:	Bayview Restaurant		

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:	BD	License Number:	268
Doing Business As:	Bayview Restaurant		
Examiner:	Carrie	Transaction #:	1020458

Document	Received	Completed	Notes
AB-17: Renewal Application	12/12/17	1/4	
App and License Fees	12/12/17	1/4	

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			
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"/>
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Mailing address different than one in database?

<input type="checkbox"/>	<input checked="" type="checkbox"/>
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In "Good Standing" with CBPL (skip this and next question for sole proprietor)?

<input checked="" type="checkbox"/>	<input type="checkbox"/>
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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.

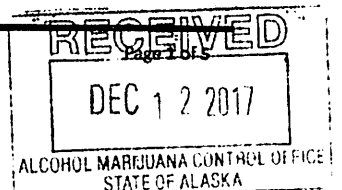
Licensee:	Bayview Pub, LLC	License #:	268
License Type:	Beverage Dispensary	Statute:	AS 04.11.090
Doing Business As:	Bayview Restaurant		
Premises Address:	407 Lincoln Street Suite 201 SUITE 201		
Local Governing Body:	City & Borough of Sitka		
Community Council:	None		

Mailing Address:	407 LINCOLN STREET, SUITE 201		
City:	SITKA	State:	AK
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:	ANTHONY (TONY) BLAK		
Contact Phone:	509-660-1710	Business Phone:	907-747-5300
Contact Email:	tonyb@nwlnet		

Seasonal License? ☐ Yes ☒ No
If "Yes", write your six-month operating period: _____





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Anchorage, AK 99501
alcohol.licensing@alaska.gov
<https://www.commerce.alaska.gov/web/amco>
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Alaska Alcoholic Beverage Control Board

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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:

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

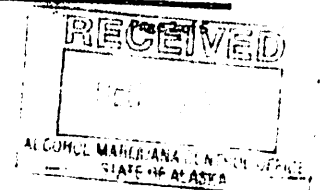
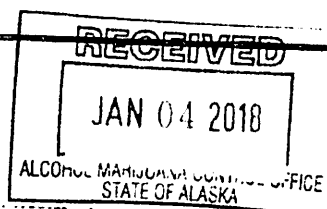
A.B. 1/4/17

Name:	ANTHONY (TONY) BLAK				
Mailing Address:	407 LINGUA ST, SUITE 401				
City:	SITKA	State:	AK	ZIP:	99855
Email:	tony@nwic.net				
Contact Phone:	907-660-1110/MOBILE 907-747-5300				

This individual is an: ☐ applicant ☐ affiliate

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

[Form AB-17] (rev 10/16/2017)
License #268 DDA Dayview Restaurant





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Alaska Alcoholic Beverage Control Board

Form AB-17: 2018/2019 Renewal License Application

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 using 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 #:	1053243E
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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: Initials

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.

AE

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.

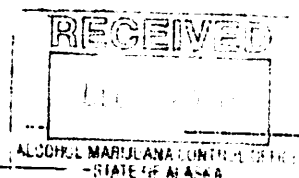
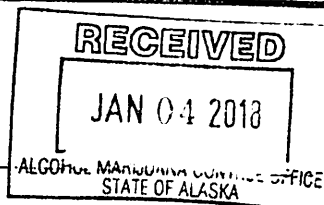
Entity Official Name:	ANTHONY N. BILAK		
Title(s):	MEMBER ANTHONY N BILAK	Phone:	907-747-5920
Mailing Address:	407 LINCOLN ST, SUITE 201		
City:	SITKA	State:	AK
		ZIP:	99835

Entity Official Name:			
Title(s):		Phone:	
Mailing Address:			
City:		State:	
		ZIP:	

Entity Official Name:			
Title(s):		Phone:	
Mailing Address:			
City:		State:	
		ZIP:	

[Form AB-17] (rev 10/16/2017)
License #268 DBA Bayview Restaurant

Page 3 of 5





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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.

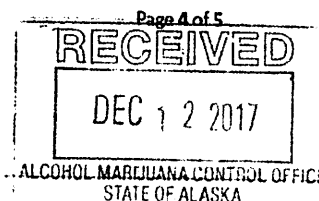
Section 7 – Alcohol Server Education

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.

AB





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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

AB

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.

AB

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.

AB

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.

AB

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

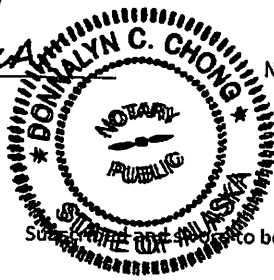
ANTHONY N. BLA

Printed name of licensee

Signature of Notary Public

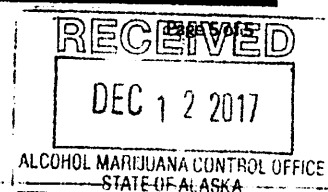
Notary Public in and for the State of AK

My commission expires: 12-08-2020



Subscribed and sworn to before me this 12th day of December, 2017.

License Fee:	\$ 2500.00	Application Fee:	\$ 200.00	TOTAL:	\$ 2700.00
Late Fee of \$500.00 – if received or postmarked after 01/02/2018:					
Miscellaneous Fees:					
GRAND TOTAL (if different than TOTAL):					



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	Bayview Pub, LLC

ENTITY DETAILS

Entity Type: Limited Liability Company
Entity #: 10032438
Status: Good Standing
AK Formed Date: 9/30/2015
Duration/Expiration: Perpetual
Home State: ALASKA
Next Biennial Report Due: 1/2/2019
Entity Mailing Address: 407 LINCOLN STREET, SITKA, AK 99835
Entity Physical Address: 407 LINCOLN STREET, SITKA, AK 99835

REGISTERED AGENT

Agent Name: Anthony Buak
Registered Mailing Address: 407 LINCOLN STREET, SITKA, AK 99835
Registered Physical Address: 407 LINCOLN STREET, SITKA, AK 99835

OFFICIALS

AK Entity #	Name	Titles	Owned	<input type="checkbox"/> Show Former
	Anthony Buak	Member	100	

FILED DOCUMENTS

Date Filed	Type	Filing	Certificate
9/30/2015	Creation Filing	Click to View	Click to View
10/15/2015	Initial Report	Click to View	
11/22/2016	Biennial Report	Click to View	

Juneau Mailing Address

P.O. Box 110806
Juneau, AK 99811-0806

Physical Address

333 Willoughby Avenue
9th Floor
Juneau, AK 99801-1770

Phone Numbers

Main Phone: (907) 465-2550
FAX: (907) 465-2974

Anchorage Mailing/Physical Address

550 West Seventh Avenue
Suite 1500
Anchorage, AK 99501-3567

Phone Numbers

Main Phone: (907) 269-8160
FAX: (907) 269-8156

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