



# City and Borough of Sitka

100 Lincoln Street • Sitka, Alaska 99835

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## 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 26, 2018

**Subject:** Liquor License Renewal Application – Beak Restaurant

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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 #:** 4971  
**DBA:** Beak Restaurant  
**License Type:** Restaurant/Eating Place  
**Licensee:** Beak, LLC  
**Premises Address:** 2 Lincoln Street, Ste. 1A

Please notify no later than **noon on Friday, February 2** of any reason to protest this renewal request. This request is scheduled to go before the Assembly on February 13.

Thank you.



THE STATE  
of **ALASKA**  
GOVERNOR BILL WALKER

**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 22, 2018

City and Borough of Sitka

Attn: Sara Peterson, Municipal Clerk

Via Email: [sara.peterson@cityofsitka.org](mailto:sara.peterson@cityofsitka.org)

[melissa.henshaw@cityofsitka.org](mailto:melissa.henshaw@cityofsitka.org)

**Re: Notice of 2018/2019 Liquor License Renewal Application**

<b>License Type:</b>	Restaurant/Eating Place	<b>License Number:</b>	4971
<b>Licensee:</b>	Beak, LLC		
<b>Doing Business As:</b>	Beak 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](mailto: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](mailto: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:	REP	License Number:	4971
Doing Business As:	Beak Restaurant		
Examiner:	Carrie	Transaction #:	1020730

Document	Received	Completed	Notes
AB-17: Renewal Application	12/28	1/14	
App and License Fees	12/28	1/14	

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 checked="" type="checkbox"/>	<input type="checkbox"/>
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Alaska Alcoholic Beverage Control Board

Restaurant or Eating Place License

**Form AB-17a: 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 restaurant or eating place 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:	Beak, LLC	License #:	4971
License Type:	Restaurant/Eating Place	Statute:	AS 04.11.100
Doing Business As:	Beak Restaurant		
Premises Address:	2 Lincoln Street, Ste. 1A		
Local Governing Body:	City & Borough of Sitka		
Community Council:	None		

Mailing Address:	692 Indian River Rd.		
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:	Renee J. Traffon		
Contact Phone:	(303) 478-2940	Business Phone:	(907) 966-2326
Contact Email:	Renee@beakrestaurant.com		

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



Alaska Alcoholic Beverage Control Board

Restaurant or Eating Place License

## Form AB-17a: 2018/2019 Renewal License Application

Alcohol and Marijuana Control Office

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Anchorage, AK 99501

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Phone: 907.269.0350

### 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:

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### 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:					

DEC 28 2017



Alaska Alcoholic Beverage Control Board

Restaurant or Eating Place License

## Form AB-17a: 2018/2019 Renewal License Application

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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 #:	10056808
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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.

RTT

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.

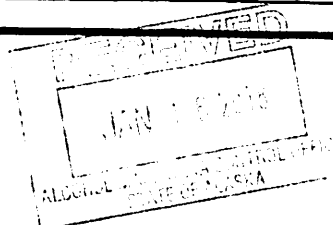
- If the applicant is a corporation, the following information must be completed for each stockholder who owns 10% or more of the stock in the corporation, and for each president, vice-president, secretary, and managing officer.
- If the applicant is a limited liability organization, the following information 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:	Renee J. Traftoz				
Title(s):	Member / Manager	Phone:	(303) 425-2940	% Owned:	100
Mailing Address:	692 Indian River Rd				
City:	Sitka	State:	AK	ZIP:	99835

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

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

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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

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.	<input type="text" value="RST"/>

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Section 8 – Gross Receipts

Enter the dollar amounts of the food and gross (food + alcohol) receipts on the licensed premises, and calculate the percentage of gross receipts that are from food sales on the licensed premises for each calendar year. (Food Receipts ÷ Gross Receipts x 100 = %)

2016 Food Receipts:	\$ 340,772.30	2016 Gross Receipts:	\$ 446,426.03	% From Food:	87.47%
2017 Food Receipts:	\$ 213,896.06	2017 Gross Receipts:	\$ 231,742.43	% From Food:	92.3%

Section 9 – Certifications

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

Initials

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

RJT

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.

RJT

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.

RJT

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.

RJT

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.

Renee J. Trafton

Signature of licensee

Renee J. Trafton

Printed name of licensee

ASHLEY RENE HANCOCK  
NOTARY PUBLIC

STATE OF COLORADO

NOTARY ID 20144027391

MY COMMISSION EXPIRES 07/11/2018

Signature of Notary Public

for the State of Colorado

My commission expires: 07-11-2018

Subscribed and sworn to before me this 28 day of December, 2017.

License Fee:	\$ 600.00	Application Fee:	\$ 200.00	TOTAL:	\$ 800.00
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	Beak LLC

**ENTITY DETAILS**

Entity Type: Limited Liability Company  
Entity #: 10056808  
Status: Good Standing  
AK Formed Date: 4/20/2017  
Duration/Expiration: Perpetual  
Home State: ALASKA  
Next Biennial Report Due: 1/2/2019  
Entity Mailing Address: 692 INDIAN RIVER RD, SITKA, AK 99835  
Entity Physical Address: 692 INDIAN RIVER RD., SITKA, AK 99835

**REGISTERED AGENT**

Agent Name: Renee Trafton  
Registered Mailing Address: 692 INDIAN RIVER RD, SITKA, AK 99835  
Registered Physical Address: 692 INDIAN RIVER RD, SITKA, AK 99835

**OFFICIALS**

AK Entity #	Name	Titles	<input type="checkbox"/> Show Former Owned
	Renee Trafton	Member, Manager	100

**FILED DOCUMENTS**

Date Filed	Type	Filing	Certificate
4/20/2017	Creation Filing	<a href="#">Click to View</a>	<a href="#">Click to View</a>
4/20/2017	Initial Report	<a href="#">Click to View</a>	

**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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