



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 21, 2018

Subject: Liquor License Renewal Application – Homeport Eatery

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 #: 4771
DBA: Homeport Eatery
License Type: Restaurant/Eating Place
Licensee: Teal West
Premises Address: 209 Lincoln Street

This license has been dormant as a result of Homeport Eatery closing – see attached letter from Teal West. Ms. West is seeking renewal of the license so that she can transfer the license to a prospective buyer.

Please notify no later than **noon on Friday, March 30** of any reason to protest this renewal request. This request is scheduled to go before the Assembly on April 10.

Thank you.

Teal West
209 Cedar Beach Road
Sitka, AK 99835

March 21, 2018

City and Borough of Sitka Assembly and Staff
100 Lake Street
Sitka Alaska 99835

To Whom it May Concern:

Attached is the State of Alaska, liquor license #4771. This license has been dormant as a result of Homeport Eatery closing. I have recently renewed this license with the State of Alaska. I am asking you approve this renewal so that I can transfer it to Mr. Barragan, as he starts a new business venture in Sitka.

The reintroduction of this license will create jobs, increase sales tax revenue, and also aid in supporting the economy of Sitka. Mr. Barragan has done an excellent job at giving back to our community and creating employment opportunities. Reinstating this license will aid in continuing that for our town. Thank you for your consideration and time.

Sincerely,

Teal West

RECEIVED
MAR 21 2018
City & Borough of Sitka-
Clerk's Office



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

March 16, 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:	Restaurant/Eating Place	License Number:	4771
Licensee:	Teal West		
Doing Business As:	Homeport Eatery		

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

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:	Teal West	License #:	4771
License Type:	Restaurant/Eating Place	Statute:	AS 04.11.100
Doing Business As:	Homeport Eatery		
Premises Address:	209 Lincoln Street		
Local Governing Body:	City & Borough of Sitka		
Community Council:	None		

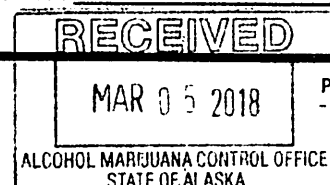
Mailing Address:	209 Cedar Beach Rd.		
City:	Sitka	State:	AK
ZIP:	99835		

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:	Teal West		
Contact Phone:	907 738 8813	Business Phone:	Same
Contact Email:	tealwest@gmail.com		

Seasonal License? ☐ Yes ☒ No

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





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550 W 7th Avenue, Suite 1600
Anchorage, AK 99501
alcoholandmarijuana.alaska.gov
http://www.regulating.alaska.gov/web/amco
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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

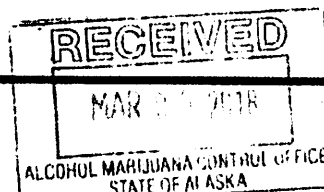
This section must be completed by any sole proprietorship who is applying for license renewal. Entities should skip to Section 4.
If more space is needed, please attach a separate sheet with the required information.
The following information must be completed for each licensee and each affiliate (spouse).

This individual is an: ☒ applicant ☐ affiliate

Name:	Teal West				
Mailing Address:	209 Cedar Beach				
City:	Sitka	State:	AK	ZIP:	99835
Email:	tealwest@gmail.com				
Contact Phone:	907 738 8813				

This individual is an: ☐ applicant ☒ affiliate

Name:	Mike West				
Mailing Address:	209 Cedar Beach Road				
City:	Sitka	State:	alaska	ZIP:	99835
Email:	tealwest@gmail.com				
Contact Phone:	9077388813				





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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 #:	
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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.

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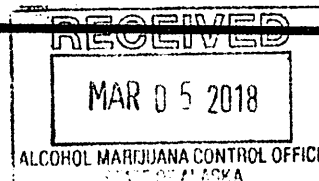
This subsection must be completed by any community or entity, including a corporation, limited liability company, partnership, or limited partnership, that is applying for renewal. If more space is needed, please attach additional completed copies of this page.

- ☐ 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:					
Title(s):		Phone:		% Owned:	
Mailing Address:					
City:		State:		ZIP:	

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

Section 6 – Violations and Convictions

Applicant violations and convictions in calendar years 2016 and 2017:

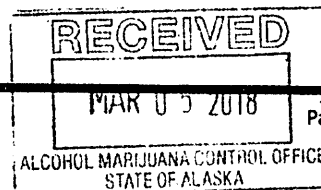
	Yes	No
Have any notices of violation (NOVs) been issued to this licensee in the calendar years 2016 or 2017?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Has any person or entity named in this application been convicted of a violation of Title 04, of 3 AAC 304, or a local ordinance adopted 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.	





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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:	\$324,908	2016 Gross Receipts:	\$324,908	% From Food:	100 %
2017 Food Receipts:	\$0	2017 Gross Receipts:	\$0	% From Food:	0 %

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.

[Signature]

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.

[Signature]

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. *Not at Location (out of any longer business)*

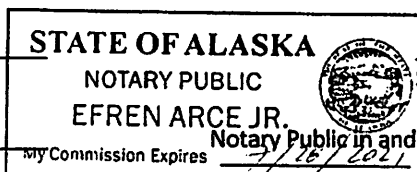
[Signature]

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]

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.

Dealy West
Signature of licensee



Signature of Notary Public

Teal C. West
Printed name of licensee

Notary Public in and for the State of

Alaska

My commission expires: *7/28/2021*

Subscribed and sworn to before me this *29th* day of *February*, 20*21*.

License Fee:	\$ 600.00	Application Fee:	\$ 200.00	TOTAL:	\$ 800.00
Late Fee of \$500.00 – if received or postmarked after 01/02/2018:					<i>500</i>
Miscellaneous Fees:	<i>\$600 2nd waiver / \$300 1st waiver</i>				<i>900</i>
GRAND TOTAL (if different than TOTAL):					<i>\$1200</i>

