

Department of Commerce, Community, and Economic Development

ALCOHOL & MARIJUANA CONTROL OFFICE 550 West 7th Avenue, Suite 1600 Anchorage, AK 99501 Main: 907.269.0350

November 7, 2019

City & Borough of Sitka

Via Email: sara.peterson@cityofsitka.org; melissa.henshaw@cityofsitka.org

Re: Notice of 2020/2021 Liquor License Renewal Application

License Type:	Beverage Dispensary	License Number:	268
Licensee:	Bayview Restaurant		
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,

Erika McConnell, Director

Euka M' Connell

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

Form AB-17: 2020/2021 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 are is due to renew by December 31, 2019. 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 and submitted to AMCO's main office before any license renewal application will be reviewed. Receipt and/or processing of renewal payments by AMCO staff neither indicates nor guarantees that an application will be considered complete, or that a license will be renewed.

	ection 1 - Establishmen usiness seeking to have its license renev				olease contact AMC
Licensee:	Bayview Pub, LLC			License #:	268
License Type:	Beverage Dispensary			-1/2	7
Doing Business As:	Bayview Restaurant		fi .		
Premises Address:	407 Lincoln Street, Suite 201			W-1 12 12 12 12 12 12 12 12 12 12 12 12 12	
Local Governing Body:	City & Borough of Sitka				
Community Council:	None				
Mailing Address:	407 LINCOLN ST, SI SITKA	FITE 26	2(
City:	SITKA	State:	AK	ZIP:	99835
Enter information for the ind	lividual who will be designated as the p quired to be listed in and authorized to :	rimary point	of contact regardi	ng this applicati	on. This individual
Contact Licensee:	ANTHONY N. BUAK		Contact Phone	e: 901.	747-5500
Contact Email:	ANTHONY N. BUAK tonyb@nwinnet			1.0	
Uptional: If you wish for AMC bout this application and other	CO staff to communicate with an individ ner matters pertaining to the license, pla	ual who is <u>no</u> ease provide	ot a licensee named	on this form (e	g: legal counsel)
Name of Contact:	NIBOUE BUAK		Contact Phone		381-0119
Contact Email:	NIBONE BUAR WINE. NE				



Alaska CBPL Entity #:

Alaska Alcoholic Beverage Control Board

Form AB-17: 2020/2021 Renewal License Application

10032438

Section 2 – Entity or Community Ownership Information

Licensees who directly hold a license as an individual or individuals should skip to Section 3. General partnerships and local governments should skip to the second half of this page. All licensees that are <u>corporations</u> or <u>LLCs</u> must complete this section. Corporations and LLCs are required to be in good standing with the Alaska Division of Corporations, Business & Professional Licensing (CBPL). The CBPL Entity # below is neither your EIN/tax ID number, nor your business license number. You may view your entity's status or find your CBPL entity number by vising the following site: https://www.commerce.alaska.gov/cbp/main/search/entitles

You must ensure that you	are able to certify the following st	tatement before	signing your initials in th	e box to the right: Initials
	Rood standing with CRP1 and the			
 If the applicant is a conthe stock in the corporal in the applicant is a limin ownership interest of if the applicant is a parwith an interest of 10% 	mpleted by any community or enti- applying for renewal. If more space poration, the following information ation, and for each president, vice- ited liability organization, the follo 10% or more, and for each manage tnership, including a limited partne 6 or more, and for each general pa	e is needed, pleas in must be comple president, secreto owing information er. ership, the followintner.	e attach additional comp eted for each shareholder ary, and managing office must be completed for a ing information must be a	leted copies of this page. r who owns 10% or more of er. each member with an completed for each partner
that individual on this application	nation provided in the below fields with CBPL. If one individual holds mu cation and with CBPL. Failure to list ials, additional copies of this page	all required titles or a separate she	ioned in the bullets above constitutes an incomple let of paper may be subn	e, all titles must be listed for
Title(s):	FINTHONY N. BLUAR	K [] B. 10-21		
Mailing Address:	HOT LINEOUN ST. SWI	Phone:	201-941-5300	% Owned: 100 %
City:	SITKA	State:	AK	ZIP: 99865
Name of Official:	PATRICIA BUAK			
Title(s):	AFFILIATE.	Phone:	907-747-5300	% Owned: 0 4
Mailing Address:	407 LINEON ST. J	WITE ROI	111 330	10 10
City:	STKA	State:	AK	ZIP: 99835
Name of Official:			,	
Title(s):		Phone:		% Owned:
Mailing Address:				A Owned:
City:		State:		ZIP:
[Form AB-17] (rev 09/17/2019) License # 268 DBA Bayview Rest	aurant	AMCO .0CT 0 9 201	F	NOV 01 2019



Alaska Alcoholic Beverage Control Board

Form AB-17: 2020/2021 Renewal License Application

Section 3 - Sole Proprietor Ownership Information

Entities, such as corporations or LLCs, should skip this section. This section must be completed by any licensee who directly holds the license as an individual or multiple individuals and is applying for license renewal. If more space is needed, please attach a separate sheet that includes all of the required information. The following information must be completed for each licensee and each affiliate. 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 - 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 5. 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 set forth in AS 04.21.025 and 3 AAC 304.465. Section 5 – License Operation Check a single box for each calendar year that best describes how this liquor license was operated: 2018 2019 The license was regularly operated continuously throughout each year. The license was regularly operated during a specific season each year. The license was only operated to meet the minimum requirement of 240 total hours each calendar year. 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. 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 of the calendar years.

[Form AB-17] (rev 09/17/2019) License # 268 DBA Bayview Restaurant

AMCO

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, unless a complete copy of the form (including fees) has already been submitted for that year.

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Alaska Alcoholic Beverage Control Board

Form AB-17: 2020/2021 Renewal License Application

Section 6 – Violat	tions and Conv	victions .		
Applicant violations and convictions in calendar years 2018 and	d 2019:		Yes	No
Have any notices of violation (NOVs) been issued for this license	in the calendar years	2018 or 2019?		V
Has any person or entity named in this application been convicted ordinance adopted under AS 04.21.010 in the calendar years 201	ed of a violation of Title 18 or 2019?	e 04, of 3 AAC 304, or a I	ocal	V
If "Yes" to either of the previous two questions, attach a separa	ate page to this applica	ation listing all NOVs an	d/or conviction	ns.
Section 7 –	Certifications			
Read each line below, and then sign your initials in the box to the	he right of each staten	nent:		Initials
I certify that all current licensees (as defined in AS 04.11.260) an in accordance with AS 04.11.450, no one other than the licensee licensed business.	d affiliates have been e(s) has a direct or indi	listed on this application rect financial interest in	n, and that the	A.B.
I certify that I have not altered the functional floor plan or reduce and I have not changed the business name or the ownership (incl stakeholders) from what is currently approved and on file with the	uding officers, manage	ers, general partners, or	es,	A.B.
I certify on behalf of myself or of the organized entity that I under any other form provided by AMCO is grounds for rejection or den	ial of this application o	r revocation of any licer	se issued.	A.B.
As an applicant for a liquor license renewal, declare under penal 3 AAC 804, and that this application, including all accompanying s provide all information required by the Alcoholic Beverage Control that fail free to do so by any deadline given to me by AMCO staff with the Alcoholic Beverage Control that fail free to do so by any deadline given to me by AMCO staff with the AMCO staff with the AMCO Signature of licensee Printed name of licensee Yes No Seasonal License? Yes No If "Yes", write your.	chedules and statement of Board or AMCO staffill result in this application of the staff of the	nts, is true, correct, and in support of this application being returned to not a mature of Notary Public or the State of	complete. I agration and under the as incompleted as incompleted.	erstand te.
License Fee: \$ 2500.00 Application Fee:	\$ 300.00	TOTAL:	\$ 2800.00	
Miscellaneous Fees:				
GRAND TOTAL (if different than TOTAL):				

[Form AB-17] (rev 09/17/2019) License # 268 DBA Bayview Restaurant

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Scanned with CamScanner

Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Form AB-13: Business Name Change

What is this form?

This business name change form is required for any licensee seeking to change the business name of the licensee's licensed premises when the name change is not part of a transfer of ownership or location, per 3 AAC 304.185(c). The required \$250 business name change fee may be made by check, cashier's check, money order, or credit card (VISA, MasterCard, or Discover).

This form must be completed and submitted to AMCO's main office prior to changing any business name. A new State of Alaska business license must be obtained prior to completing this form. Forms and contact information may be found on the Corporations, Business & Professional Licensing website at https://www.commerce.alaska.gov/web/cbpl/BusinessLicensing.aspx.

	opy of this form and pay a separate Section 1 – Estab	lishment Informa	42 = 4.1		
Licensee:	Bayview Pub LLC.		tion. e Number:	1260	
License Type:		dens	e wanner.	268	
Current DBA:	Beverage Dispensary				
	Bayview Restaurant				
Premises Address:	407 Lincoln Street, Suite	201		·	
City:	Sitka	State:	AK	ZIP:	99835
Signature of ligensee Printed name of licensee	V N Brunk	SANC ON CASE Notak	Public in and	for the Sta	ate of Alosia in 41
		USE ONLY :			4
Issue Date:	11/4/9	Transaction #:	117	4816	
[Form AB-13] (rev 02/10/201	n The M. Connect	RECEIV			Page 1 of 1