

STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD

LICENSE NUMBER

FORM CONTROL

XXXX

ISSUED

04/19/2021

ABC BOARD

LIQUOR LICENSE
2021 - 2022

5553

LICENSE RENEWAL APPLICATION DUE
DECEMBER 31, 2022 (AS 04.11.270(b))

THIS LICENSE EXPIRES MIDNIGHT
FEBRUARY 28, 2023 UNLESS DATED BELOW

TYPE OF LICENSE: Beverage Dispenser

LICENSE FEE: \$2,500.00

1105

CITY / BOROUGH: Sitka
Sitka

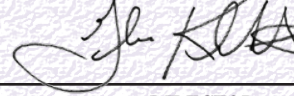
D/B/A: Mean Queen - Duplicate
205 Harbor Drive - Downstairs

Mail Address:
Mean Queen, LLC
205 Harbor Drive
Sitka, AK 99835

This license cannot be transferred without permission
of the Alcoholic Beverage Control Board

[] Special restriction - see reverse side

ISSUED BY ORDER OF THE
ALCOHOLIC BEVERAGE CONTROL BOARD



DIRECTOR

04-900 (REV 9/09)

THIS LICENSE MUST BE POSTED IN A VISIBLE PLACE ON THE PREMISES

STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD

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COPY

DIRECTOR

THIS LICENSE MUST BE POSTED IN A VISIBLE PLACE ON THE PREMISES

04-900 (REV 9/09)



Alaska Alcoholic Beverage Control Board

Master Checklist: Renewal Liquor License Application

| | | | |
|--------------------|--|-----------------|--|
| Doing Business As: | | License Number: | |
| License Type: | | | |
| Examiner: | | Transaction #: | |

| Document | Received | Completed | Notes |
|----------------------------|----------|-----------|-------|
| AB-17: Renewal Application | | | |
| App and License Fees | | | |

| Supplemental Document | Received | Completed | Notes |
|-----------------------------|----------|-----------|-------|
| Tourism/Rec Site Statement | | | |
| AB-25: Supplier Cert (WS) | | | |
| AB-29: Waiver of Operation | | | |
| AB-30: Minimum Operation | | | |
| AB-33: Restaurant Affidavit | | | |
| COI / COC / 5 Star | | | |
| FP Cards & Fees / AB-08a | | | |
| Late Fee | | | |

| | |
|--------------------|--|
| Names on FP Cards: | |
|--------------------|--|

| | Yes | No |
|---|--------------------------|--------------------------|
| Selling alcohol in response to written order (package stores)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Mailing address and contact information different than in database (if yes, update database)? | <input type="checkbox"/> | <input type="checkbox"/> |
| In "Good Standing" with CBPL (skip this and next question for sole proprietor)? | <input type="checkbox"/> | <input type="checkbox"/> |
| Officers and stockholders match CBPL and database (if "No", determine if transfer necessary)? | <input type="checkbox"/> | <input type="checkbox"/> |

LGB 1 Response: C/B Sitka

LGB 2 Response: N/A

☐ Waive☐ Protest☐ Lapsed☐ Waive☐ Protest☐ Lapsed



Alaska Alcoholic Beverage Control Board

Form AB-17: 2021/2022 License Renewal Application

- This form and any required supplemental forms must be completed, signed by the licensee, and postmarked no later than 12/31/2020 per AS 04.11.270, 3 AAC 304.160, with all required fees paid in full, or a non-refundable \$500.00 late fee applies.
- Any complete application for renewal or any fees for renewal that have not been postmarked by 02/28/2021 will be expired per AS 04.11.540, 3 AAC 304.160(e).
- All fields of this application must be deemed complete by AMCO staff and must be accompanied by the required fees and all documents required, or the application will be returned without being processed, per AS 04.11.270, 3 AAC 304.105
- Receipt and/or processing of renewal payments by AMCO staff neither indicates nor guarantees in any way that an application will be deemed complete, renewed, or that it will be scheduled for the next ABC Board meeting.

Establishment Contact Information

| | | | |
|-----------------------|---------------------------------------|------------|------|
| Licensee (Owner): | Mean Queen LLC | License #: | 5553 |
| License Type: | Beverage Dispensary - Duplicate | | |
| Doing Business As: | mean queen | | |
| Premises Address: | 205 Harbor Dr Sitka AK 99835-Downtown | | |
| Local Governing Body: | City & Borough of Sitka | | |
| Community Council: | City Assembly | | |

If your mailing address has changed, write the NEW address below:

| | | | | | |
|------------------|------|--------|--|------|--|
| Mailing Address: | NA - | | | | |
| City: | | State: | | ZIP: | |

Section 1 – Licensee Contact Information

Contact Licensee: The individual listed below must be listed in Section 2 or 3 as an Official/Owner/Shareholder of your entity and must be listed on CBPL with the same name and title.

This person will be the designated point of contact regarding this license, unless the Optional contact is completed.

| | | | |
|-------------------|-------------------------|----------------|--------------|
| Contact Licensee: | Mary Magnuson | Contact Phone: | 907-752-0500 |
| Contact Email: | meanqueenmary@yahoo.com | | |

Optional: If you wish for AMCO staff to communicate with anyone other than the Contact Licensee about your license, list them below:

| | | | |
|------------------|--|----------------|--|
| Name of Contact: | | Contact Phone: | |
| Contact Email: | | | |

| | | | |
|------------------|--|----------------|--|
| Name of Contact: | | Contact Phone: | |
| Contact Email: | | | |

| | | | |
|------------------|--|----------------|--|
| Name of Contact: | | Contact Phone: | |
| Contact Email: | | | |



Form AB-17: 2021/2022 License Renewal Application

Section 2 – Entity or Community Ownership Information

Sole Proprietors should skip this Section.

Use the link from Corporations, Business and Professional Licensing (CBPL) below to assist you in finding the Entity #.

<https://www.commerce.alaska.gov/cbp/main/search/entities>

| | |
|-----------------------|----------|
| Alaska CBPL Entity #: | 10030340 |
|-----------------------|----------|

READ BEFORE PROCEEDING: Any new or changes to Shareholders (10% or more), Managers, Corporate Officers, Board of Directors, Partners, Controlling Interest or Ownership of the business license must be reported to the ABC Board within 10 days of the change and must be accompanied by a full set of fingerprints on FBI-approved card stock, AB-08a's, payment of \$48.25 for each new officer with a date-stamped copy of the CBPL change per AS 04.11.045, 50 & 55, or a Notice of Violation will be issued to your establishment and your application will be returned.

The only exception to this is a Corporation who can meet the requirements set forth in AS 04.11.050(c).

DO NOT LIST OFFICERS OR TITLES THAT ARE NOT REQUIRED FOR YOUR ENTITY TYPE.

- Corporations of any type including non-profit must list ONLY the following:
 - All shareholders who own 10% or more stock in the corporation
 - Each President, Vice-President, Secretary, and Managing Officer regardless of percentage owned
- Limited Liability Corporations, of any type must list ONLY the following:
 - All Members with an ownership interest of 10% or more
 - All Managers (of the LLC, not the DBA) regardless of percentage owned
- Partnerships of any type, including Limited Partnerships must list ONLY the following:
 - Each Partner with an interest of 10% or more
 - All General Partners regardless of percentage owned

Important Note: All entries below must match our records, or your application will be returned per AS 04.11.270, 3 AAC 304.105. You must list full legal names, all required titles, phone number, percentage of shares owned (if applicable) and a full mailing address for each official of your entity whose information we require. If more space is needed: attach additional completed copies of this page. Additional information not on this page will be rejected.

| | | | | | |
|-------------------|----------------|--------|------------|----------|-------|
| Name of Official: | Mary Magnuson | | | | |
| Title(s): | Member | Phone: | 907-720500 | % Owned: | 50 |
| Mailing Address: | 209 Mills St A | | | | |
| City: | Sitka | State: | AK | ZIP: | 99835 |

| | | | | | |
|-------------------|-------------------|--------|--------------|----------|-------|
| Name of Official: | Patrick O'Donnell | | | | |
| Title(s): | member | Phone: | 907-738-7440 | % Owned: | 50 |
| Mailing Address: | PO Box 1381 | | | | |
| City: | Sitka | State: | AK | ZIP: | 99835 |

| | | | | | |
|-------------------|--|--------|--|----------|--|
| Name of Official: | | | | | |
| Title(s): | | Phone: | | % Owned: | |
| Mailing Address: | | | | | |
| City: | | State: | | ZIP: | |

AMCO



Form AB-17: 2021/2022 License Renewal Application

Section 3 – Sole Proprietor Ownership Information

Corporations, LLC's and Partnerships of ALL kinds should skip this section.

READ BEFORE PROCEEDING: Any new or changes to the ownership of the business license must be reported to the ABC Board within 10 days of the change and must be accompanied by a full set of fingerprints on FBI approved cardstock, AB-08a's, payment of \$48.25 for each new owner or officer and a date stamped copy of the CBPL change per AS 04.11.045, or a Notice of Violation will be issued to your establishment and your application will be returned.

Important Note: All entries below must match our records, or your application will be returned per AS 04.11.270, 3 AAC 304.105. You must list full legal names, phone number, and mailing address for each owner or partner whose information we require.

If more space is needed, attach additional copies of this page. Additional owners not listed on this page will be rejected.

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 – License Operation

Check ONE BOX for EACH CALENDAR YEAR that best describes how this liquor license was operated:

- | | 2019 | 2020 |
|---|-------------------------------------|-------------------------------------|
| 1. The license was regularly operated continuously throughout each year. (Year-round) | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 2. The license was only operated during a specific season each year. (Seasonal) <i>If your operation dates have changed, list them below:</i> _____ to _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The license was only operated to meet the minimum requirement of 240 total hours each calendar year. <i>A complete AB-30: Proof of Minimum Operation Checklist, and all documentation must be provided with this form.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. 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 calendar years. <i>A complete 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.</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If you have not met the minimum number of hours of operation in 2020, you are not required to pay the fees, however a complete AB-29 is required with Section 2 marked "OTHER" and COVID is listed as the reason.

Section 5 – Violations and Convictions

Have ANY Notices of Violation been issued for this license OR has ANY person or entity in this application been convicted of a violation of Title 04, 3AAC 304 or a local ordinance adopted under AS 04.21.010 in 2019 or 2020?

Yes ☐ No ☒

If you checked YES, you MUST attach a list of all Notices of Violation and/or Convictions per AS 04.11.270(a)(2)

If you are unsure if you have received any Notices of Violation, contact the office before submitting this form.

AMCO

**Form AB-17: 2021/2022 License Renewal Application****Section 6 – Certifications**

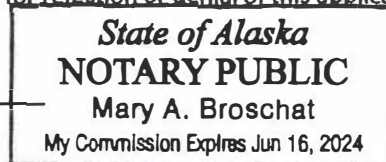
As an applicant for a liquor license renewal, I declare under penalty of perjury that I have read and am familiar with AS 04 and 3 AAC 304, and that this application, including all accompanying schedules and statements, are true, correct, and complete.

- I agree to provide all information required by the Alcoholic Beverage Control Board or requested by AMCO staff 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 and potentially expired if I do not comply with statutory or regulatory requirements.
- I certify that all current licensees (as defined in AS 04.11.260) and affiliates have been listed on this application, and 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.
- I certify that this entity is in good standing with Corporations, Business and Professional Licensing (CBPL) and that all entity officials and stakeholders are current and accurately listed, and I have provided AMCO with all required changes of Shareholders (10% or more), Managers, Corporate Officers/Board of Directors, Partners, Controlling Interest or Ownership of the business license, and have provided all required documents for any new or changes in officers.
- I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check identification of patrons 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, if applicable for this license type as set forth in AS 04.21.025 and 3 AAC 304.465.
- 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 from what is currently approved and on file with the Alcoholic Beverage Control Board.

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.

Mary Magnuson
Signature of licensee

Mary Magnuson
Printed name of licensee



[Signature]
Signature of Notary Public

Notary Public in and for the State of: Alaska

My commission expires: 06/16/24

Subscribed and sworn to before me this 30 day of December, 2020.

Restaurant/Eating Place applications must include a completed AB-33: Restaurant Receipts Affidavit

Recreational Site applications must include a completed Recreational Site Statement

Tourism applications must include a completed Tourism Statement

Wholesale applications must include a completed AB-25: Supplier Certification

All renewal and supplemental forms are available online

Any application that is not complete or does not include ALL required completed forms and fees will not be processed and will be returned per AS 04.11.270, 3 AAC 304.105.

FOR OFFICE USE ONLY

| | | | | | |
|-----------------|----|------------------|-----------|------------|----|
| License Fee: | \$ | Application Fee: | \$ 300.00 | Misc. Fee: | \$ |
| Total Fees Due: | | | | | \$ |

PRESS FIRMLY TO SEAL



1006

99501

U.S. POSTAGE PAID
PM 3-Day
SITKA, AK
99836
052 30, 20
AMOUNT
\$7.75
R2304W119893-05

PRIORITY MAIL
FLAT RATE ENVELOPE
POSTAGE REQUIRED



**PRIORITY[®]
MAIL**

FROM:

**Mean Queen
205 Harbor U
Sitka AK 99835**

- Expected delivery date specified for domestic use.
- Most domestic shipments include up to \$50 of insurance (restrictions apply).*
- USPS Tracking[®] included for domestic and many international destinations.
- Limited international insurance.**
- When used internationally, a customs declaration form is required.

*Insurance does not cover certain items. For details regarding claims exclusions see the Domestic Mail Manual at <http://pe.usps.com>.

**See International Mail Manual at <http://pe.usps.com> for availability and limitations of coverage.

FLAT RATE ENVELOPE

ONE RATE ■ ANY WEIGHT

TRA

EXPECTED DELIVERY DAY: 01/07/21
USPS TRACKING[®] NUMBER



9505 5104 1392 0365 4405 63

PS00001000014

EP14F May 2020
OD: 12 1/2 x 9 1/2

For free Package Pickup,
scan the QR code.



USPS.COM/PICKUP

TO:
**AMCO
530 W 7th Ave, Ste 1600
Anchorage, AK
99501**

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Department of Commerce, Community, and Economic Development
**CORPORATIONS, BUSINESS & PROFESSIONAL
LICENSING**

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[Corporations](#) / Entity Details

ENTITY DETAILS

Name(s)

| Type | Name |
|------------|----------------|
| Legal Name | Mean Queen LLC |

Entity Type: Limited Liability Company

Entity #: 10030346

Status: Good Standing

AK Formed Date: 6/22/2015

Duration/Expiration: Perpetual

Home State: ALASKA

Next Biennial Report Due: 1/2/2021 [File Biennial Report](#)

Entity Mailing Address: 205 HARBOR DRIVE, SITKA, AK 99835

Entity Physical Address: 205 HARBOR DRIVE, SITKA, AK 99835

Registered Agent

Agent Name: Mary Magnuson

Registered Mailing Address: 209 MILLS ST A, SITKA, AK 99835

Registered Physical Address: 209 MILLS ST A, SITKA, AK 99835

Officials

☐ Show Former

| AK Entity # | Name | Titles | Owned |
|-------------|-------------------|--------|-------|
| | Mary Magnuson | Member | 50.00 |
| | Patrick O'Donnell | Member | 50.00 |

Filed Documents

| Date Filed | Type | Filing | Certificate |
|------------|-----------------|-------------------------------|-------------------------------|
| 6/22/2015 | Creation Filing | Click to View | Click to View |
| 6/22/2015 | Initial Report | Click to View | |
| 12/17/2016 | Biennial Report | Click to View | |
| 12/10/2018 | Biennial Report | Click to View | |

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Alaska Department of Commerce, Community, and Economic Development

Division of Corporations, Business, and Professional Licensing

PO Box 110806, Juneau, AK 99811-0806

This is to certify that

MEAN QUEEN

205 HARBOR DRIVE, SITKA, AK 99835

owned by

MEAN QUEEN LLC

is licensed by the department to conduct business for the period

October 15, 2020 to December 31, 2021
for the following line(s) of business:

72 - Accommodation and Food Services



This license shall not be taken as permission to do business in the state without having complied with the other requirements of the laws of the State or of the United States.

This license must be posted in a conspicuous place at the business location.
It is not transferable or assignable.

Julie Anderson
Commissioner



THE STATE
of **ALASKA**
GOVERNOR MIKE DUNLEAVY

Department of Commerce,
Community,
and Economic Development

ALCOHOL & MARIJUANA CONTROL OFFICE

550 West Seventh Avenue, Suite 1600
Anchorage, AK 99501
Main: 907.269.0350

April 19, 2021

Mean Queen, LLC
DBA: Mean Queen, Mean Queen - Duplicate
Via Email: meanqueenmary@yahoo.com

Re: Beverage Dispensary License #2786, 5553 DBA: Mean Queen, Mean Queen - Duplicate

Dear Applicant:

I have received your application for renewal of your liquor licenses. Our staff has reviewed your applications after receiving your applications and required fees. Your renewal documents appear to be in order, and I have determined that your applications are complete for purposes of AS 04.11.510, and AS 04.11.520.

Your applications are now considered complete and will be sent electronically to your local governing body, your community council if your proposed premises is in Anchorage or certain locations in the Matanuska-Susitna Borough, and to any non-profit agencies who have requested notification of applications.

A temporary license has been issued for these establishments and is attached to the email sent to you.

Your application will be scheduled for the **April 28, 2021** board meeting for Alcoholic Beverage Control Board consideration. The zoom link and call-in number for the meeting will be posted on our home page. The board will not grant or deny your application at the meeting unless your local government waives its right to protest per AS 04.11.480(a).

You will receive your regular renewed license after your local governing body and community council (if applicable) have waived their right to protest and ABC has approved your application.

This can take up to 60 days if your local government and/or community council chooses not to respond per 3 AAC 306.145(1).

Do not contact AMCO requesting your license until after Local Government has responded or lapsed, ABC has approved the renewal, and the office has appropriate time to complete and print the license.

Please feel free to contact us through the alcohol.licensing@alaska.gov email address if you have any questions.

Sincerely,

A handwritten signature in purple ink, appearing to read "Randi Baker".

Randi Baker
Occupational Licensing Examiner