

1. Planning office to assure whether any structure, or use of land or a structure, including parking requirements, at the license location conforms to Title 18 of this code;
2. Finance office to determine whether the business operated under the license is, or persons named on the application are, delinquent in the payment of any of the following:
 - a. Sales tax or penalty and interest on sales tax arising from the operation of the business conducted under the license;
 - b. Property taxes; penalties or interest on real or personal property applied to the business operated under the license;
 - c. Charges for a utility service provided for the benefit of the business conducted under the license;
 - d. Both state and city business license are current; and
3. Police department to determine whether, in the opinion of the chief of police, there has been an excessive number of convictions or arrests for unlawful activity at the license location, police reports of unlawful activity at the license location, or police dispatches to the license location.

B. New and transfer licenses will be scheduled for a public hearing before the City Council. The planning office will be responsible for overseeing that the public is notified as follows:

1. The applicant shall post a public notice sign on the subject property describing the owner, applicant, request, and date of the public hearing. The sign shall be at least twenty-four inches in width by thirty-six inches in height, with lettering at least one inch in height. The sign shall be visible from the highest traveled public right-of-way adjacent to the property.
2. At least two weeks prior to the date of the scheduled public hearing, the city planner shall mail a public notice announcing the owner, applicant, request, location of the proposed use and date of the public hearing to all property owners within five hundred feet of the subject property boundary; and
3. At least two weeks prior to the date of the scheduled public hearing, the city planner shall publish notice of the time and place of the hearing in the manner required by Section 2.08.020.

C. The Liquor License Application Review form will be reviewed by the Code Review Committee meeting for a recommendation to the City Council.

8.18.040 Consideration by council.

If the Council decides to protest the issuance, renewal or transfer of a license it shall state the basis of the protest and must be sent to the Board with a copy of the Application Review form. The protest must be received by the Board within sixty days of the city having received notice of the application.

Section 3. Effective Date. This ordinance is effective upon passage.

PASSED and ADOPTED by a duly constituted quorum of the Dillingham City Council on _____

Alice Ruby, Mayor

ATTEST:

[SEAL]

Janice Williams, City Clerk

City of Dillingham Information Memorandum

Agenda of: February 2, 2017

Attachment to:

Ordinance No. 2017-02

/ Resolution No. _____

Subject:

AMENDING TITLE 8 – HEALTH AND SAFETY BY THE ADDITION OF A NEW CHAPTER PROVIDING A PROCESS FOR REVIEWING LIQUOR LICENSE APPLICATIONS



City Manager: Recommend Approval

Signature: Rose Loera

Fiscal Note: Yes No

Funds Available: Yes No

Other Attachments:

-An advertisement for a Public Hearing on Ordinance No. 2017-02 will be scheduled to appear in the January 26 edition of the Bristol Bay Times as required to be advertised in a local newspaper five days in advance of the public hearing.

Summary Statement:

This ordinance was introduced at the January 19, 2017 Council meeting and is scheduled for a public hearing February 2, 2017.

This ordinance was vetted through the Code Review Committee beginning in 2015, and over time as events presented themselves evolved into a formal review process that is being recommended for adoption by the Council. The proposed ordinance provides an outline for the review of all types of liquor license applications: renewals, new, and transfers, that are presented to the City.

Attachment to: 2017-02 / Resolution No. _____
Ordinance No. _____

Summary Statement continued:

| Route to | Department Head | Date |
|----------|------------------|------|
| X | Finance Director | |
| | | |
| | | |
| X | City Clerk | |

CITY OF DILLINGHAM, ALASKA

RESOLUTION NO. 2017-05

A RESOLUTION OF THE DILLINGHAM CITY COUNCIL APPROVING AN INCREASE IN THE AMBULANCE BILLING RATES

WHEREAS, the City last adjusted Ambulance Billing Rates effective May 1, 2013; and

WHEREAS, the City currently charges for Basic Life Support, Advanced Life Support and Mileage; and

WHEREAS, the City of Dillingham is considered Super Rural by Medicaid standards which means the Medicaid reimbursement rate is higher than urban areas; and

WHEREAS, the Fire Department Executive Committee is recommending the proposed rate increases based on what is allowable by Medicaid/Medicare; and

WHEREAS, Resolution No. 2015-57, adopted October 1, 2015, established the criteria for the use of the Ambulance Fund:

1. The Ambulance Fund will cap at \$700,000;
2. Ten percent will be reserved for hiring a third party vendor to bill for services rendered;
3. The Ambulance Fund, up to the \$700,000 cap, will be used for stipends for the volunteers, equipment acquisition and Fire Department building improvements; and
4. The amount in the Ambulance fund, above the \$700,000 cap, will be used for supporting the Fire Department operations.

NOW, THEREFORE, BE IT RESOLVED that the Dillingham City Council hereby authorizes the increase of the Ambulance Billing Rates effective upon passage, as follows:

| Description | Current Rates | Proposed Rates |
|---|----------------------|-----------------------|
| Non Transport (Non-TX) | \$200 | \$206 |
| Basic Life Support - Non Emergency (BLS-NE) | \$400 | \$412 |
| Basic Life Support - Emergency (BLS-E) | \$450 | \$464 |
| Advanced Life Support Level One – Emergency (ADLS1-E) | \$550 | \$569 |
| Advanced Life Support Level Two – Emergency (ADLS2-E) | \$650 | \$824 |
| Special Care Transport (SCT) | \$750 | \$974 |
| Mileage per mile with patient on board | \$13 | \$13 – no change |

PASSED and ADOPTED by a duly constituted quorum of the Dillingham City Council on

ATTEST:

Alice Ruby, Mayor

SEAL:

Janice Williams, City Clerk

City of Dillingham Information Memorandum

Agenda of: February 2, 2017

Attachment to:

Ordinance No. _____ / Resolution No. 2017-05

Subject:

A RESOLUTION OF THE DILLINGHAM CITY COUNCIL APPROVING AN INCREASE IN THE AMBULANCE BILLING RATES

City Manager: Recommend Approval

Signature: Rose Noera

Fiscal Note: Yes No

Funds Available: Yes No

Other Attachments:

- Chart - Ambulance Fee Schedule, State Comparisons, and Definitions

Summary Statement:

The ambulance fee rates were reviewed by the Fire Dept. Executive Committee and vetted through the Finance & Budget Committee.

The rate increases being proposed are the allowable limits set by medicaid/medicare.

Attachment to:
Ordinance No. _____ / Resolution No. 2017-05 _____

Summary Statement continued:

| Route to | Department Head | Date |
|----------|------------------|------|
| X | Finance Director | |
| | | |
| | | |
| X | City Clerk | |

Ambulance Fee Schedule, State Comparisons, and Definitions

| DVFD&RS Pre-2013 Rates | | Medicaid/Medicare 2013 Payables | | DVFD&RS 2013 Adopted Rates | | Medicaid/Medicare 2016 Payables | | 2017 DVFD&RS Proposed Fee Schedule | |
|---------------------------|--------|------------------------------------|----------|-------------------------------|-------|------------------------------------|----------|---------------------------------------|----------|
| BLS | \$300 | BLS | \$366.43 | Non-Tx | \$200 | BLS-NE | \$359.55 | | |
| ALS | \$400 | ALS1 | \$435.14 | BLS-NE | \$400 | BLS-E | \$481.33 | BLS-NE | \$412.00 |
| Mileage | \$7.50 | ALS2 | \$629.80 | BLS-E | \$450 | ALS1 | \$569.29 | BLS-E | \$463.50 |
| | | Mileage | \$7.03 | ALS1 | \$550 | ALS2 | \$823.97 | ALS1 | \$569.29 |
| | | | | ALS2 | \$650 | SCT | \$973.78 | ALS2 | \$823.97 |
| | | | | SCT | \$750 | Mileage | \$11.02 | SCT | \$973.78 |
| | | | | Mileage | \$13 | | | Mileage | \$13 |

| Organization / City | Population | Paid Staff | Vol.'s | BLS | | | | ALS | | ALS II | | Per Mile |
|------------------------------|-------------|------------|--------|--------------|----------|----------|--------------|------------|--------------|----------|--------------|----------|
| | | | | Non Emergent | Emergent | Resident | Non Resident | Resident | Non Resident | Resident | Non Resident | |
| Capital City FD | >15000 | 33 | 65 | N/A | N/A | \$500.00 | \$600.00 | \$700.00 | \$800.00 | \$950.00 | \$1,050.00 | \$12.00 |
| Fairbanks FD | >15000 | 39 | 0 | | | \$600.00 | \$800.00 | \$800.00 | \$1,000.00 | | | \$12.00 |
| Kenai FD | 10000-15000 | 18 | 0 | \$350.00 | \$550.00 | | | \$600.00 | N/A | \$800.00 | N/A | \$11.00 |
| Mat-Su Borough | >15000 | 18 | 200 | \$800.00 | \$800.00 | \$800.00 | \$800.00 | \$900.00 | \$900.00 | \$950.00 | \$950.00 | \$20.00 |
| Central Emergency Services | >15000 | 42 | 35 | \$300.00 | \$500.00 | | | \$600.00 | | \$800.00 | | \$11.00 |
| Anchorage Fire | >15000 | 325 | 0 | \$700.00 | \$700.00 | \$700.00 | \$800.00 | \$850.00 | \$950.00 | \$850.00 | \$950.00 | \$12.00 |
| North Tongas VFD | <5000 | 3 | 15 | | | \$562.00 | | \$668.00 | | \$966.00 | | \$8.94 |
| Nikiski | 5500 | 21 | 20 | \$500.00 | \$600.00 | \$500.00 | \$600.00 | \$600.00 | | \$800.00 | | \$11.00 |
| Cordova VFD | <5000 | 2 | 40 | \$500.00 | \$500.00 | | | \$500.00 | | \$500.00 | | N/A |
| Petersburg VFD | <5000 | 2 | 65 | \$300.00 | \$300.00 | | | \$300.00 | | \$300.00 | | \$3flat |
| Ninilchik Emergency Services | <5000 | 0 | 25 | | | \$700.00 | | \$1,000.00 | | | | \$11.00 |
| Sitka FD | 5000-10000 | 9 | 45 | MAL* | | | | MAL* | | MAL* | | |
| Skagway | 750-3000 | 4 | 25-40 | \$350.00 | \$350.00 | \$350.00 | \$350.00 | \$500.00 | \$500.00 | \$500.00 | \$500.00 | \$6.00 |
| Dillingham VFD | <5000 | 2 | 33 | \$400.00 | \$450.00 | | | \$550.00 | | \$650.00 | | \$13.00 |

*MAL-Medicaid Allowable Limits

This chart was obtained from Alaska Fire Chief's Association. The data in this chart was obtained about 7 months ago.

William Corbett

PO Box 1085, Dillingham, AK 99576

January 11, 2017

Alice Ruby, Mayor
City of Dillingham
PO Box 889
Dillingham, AK 99576

Dear Mayor Ruby:

Please accept this letter as my formal interest in serving on the Dillingham Planning Commission.

I have served on the Commission in the past and am interested in doing so again. My wife Angeli and I both graduated from Dillingham High School, went off to college and returned afterwards. We own a home in the Neqleq neighborhood and I am employed at the Bristol Bay Area Health Corporation. Our strong family ties as well as personal investments demonstrate my commitment to our town.

Serving on the Planning Commission will allow me to engage in the civic processes that helps make Dillingham a strong community. Thank you for your time and consideration.

Sincerely,



William Corbett

Janice Williams

Subject: Planning Commission, Seat C

From: Gregory Marxmiller [mailto:gregorymarxmiller@yahoo.com]

Sent: Friday, January 13, 2017 8:42 AM

To: Courtenay Carty <planner@dillinghamak.us>

Subject: Seat c

To the Mayor and Members of the City Council,

At your pleasure I would like to retain my seat, Seat C, on the planning Commission for another term. I am interested and committed to doing my part to make sure that we have a well functioning Planning Commission. I am grateful for the time I have been able to serve and I look forward to being able to serve in the future.

Sincerely

Gregg Marxmiller

January 12, 2017

Jessica Denslinger
PO Box 1086
Dillingham, Alaska 99576

City of Dillingham
Mayor Ruby & Council Members
PO Box 889
Dillingham, Alaska 99576

Re: Planning Commission Seat

Madam Mayor and Honorable Council Members,

I am submitting my letter of interest for a seat on the Dillingham Planning Commission. For over 20 years, Dillingham has been home to my husband and I. We raised our children here, and now are lucky enough to have our grandchildren living here as well.

Currently, I am the owner and operator of a small business here in Dillingham, The Spruce Kitchen. Prior to owning this business, my work history was mainly in the field of education. My Bachelor's Degree is in Business Administration.

Prior to purchasing our restaurant, I was employed with the UAF Bristol Bay Campus as the Manager of Administrative Services and prior to that, I was employed by the Dillingham City School District. I have experience with strategic planning, grant management, human resources, fiscal management and teaching as an adjunct professor.

I would like to be considered for a seat on the Dillingham Planning Commission because I care about this community. I would like to become more involved in city government and feel it would be a great learning experience! I care a great deal about our community and its future!

Thank you for your consideration.

Sincerely,



Jessica Denslinger

Janice Williams

Subject: FW: Text from Dane Grondin

I would like to be considered for an extension to continue serving on the library board.
Dane Grondin

Sonja Marx
Librarian

City of Dillingham
Dillingham Public Library
PO Box 870
306 D St W
Dillingham, AK 99576
T 907-842-5610
F 907-842-4237
librarian@dillinghamak.us
www.dillinghamak.us



This message and any attachments are intended only for the addressee(s) and may contain privileged or confidential information. If you have received this message in error, please delete the message and any attachments and destroy any copies. Thank you.

LAW OFFICES OF ERNOUF & COFFEY

A PROFESSIONAL CORPORATION

PO Box 212314

Anchorage, Ak 99521

**Office Phone: (907) 274-3385
306-6001**

Coffey Cell Phone: (907)

Coffey E mail: dancoffey@gci.net

NOTICE TO ABC BOARD

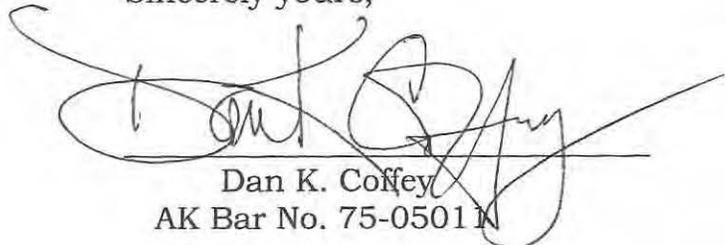
TO: Alaska Alcohol Control Board
CC: Mike Keenan
FROM: Dan Coffey
RE: Transfer of location application
Olsens' Liquor Store
Dillingham, Alaska
DATE: 1-23-17

Our Firm represents Mike Keenan owner of a package liquor license located in Dillingham, Alaska. In 2016, Mr. Keenan filed an application to transfer the location of that license. The application is currently scheduled to be heard at the upcoming Board meeting in Juneau, Alaska on February 1, 2017.

The purpose of this Memo is to advise the Staff and the Board that the transfer application is hereby withdrawn at the request of our client, Mr. Keenan. The application should no longer be considered by the Board.

If the staff or the Board has any questions about this action, please contact the undersigned, attorney for Mr. Keenan.

Sincerely yours,



Dan K. Coffey
AK Bar No. 75-0501 N



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

RECEIVED

DEC 8 2016

CITY OF DILLINGHAM

December 8, 2016

City of Dillingham

Attn: Janice Williams

Via Email: cityclerk@dillinghamak.us

Re: Notice of 2017/2018 Liquor License Renewal Application

| | | | |
|---------------------------|----------------------|------------------------|------|
| License Type: | Package Store | License Number: | 2787 |
| Licensee: | Kvichak Pacific, LLC | | |
| Doing Business As: | Olsen's Liquor Store | | |

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,

Cynthia Franklin, Director

amco.localgovernmentonly@alaska.gov



**Alaska Alcoholic Beverage Control Board
Renewal License Application
Form AB-17b: Package Store**

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

What is this form?

This renewal license application form is required for all individuals or entities seeking to apply for renewal of an existing package store license that will expire on December 31, 2016. 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 needs to 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.

| | | | |
|-----------------------|-----------------------|------------|--------------|
| Licensee: | Kvichak Pacific LLC | License #: | 2787 |
| License Type: | Package Store | Statute: | AS 04.11.150 |
| Doing Business As: | Olsen's Liquor Store | | |
| Premises Address: | 1.25 Mile Willow Lane | | |
| Local Governing Body: | City of Dillingham | | |
| Community Council: | None | | |

| | | | |
|------------------|--------------|--------|-------|
| Mailing Address: | Pc Box 91006 | | |
| City: | Anchorage | State: | AK |
| | | ZIP: | 99509 |

Enter information for the licensee who will be designated as the primary point of contact regarding this application and the license.

| | | | |
|----------------------|---------------------|-----------------|--------------|
| Designated Licensee: | MICHAEL J. KEENAW | | |
| Contact Phone: | 907 229 4064 | Business Phone: | 907 229 4064 |
| Contact Email: | mjkatty49@gmail.com | | |

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





**Alaska Alcoholic Beverage Control Board
 Renewal License Application
 Form AB-17b: Package Store**

Section 2 – Sole Proprietor Ownership Information

This section must be completed by any sole proprietor who is applying for a license. Entities should skip to Section 3.
 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: | | | | |
| Address: | | | | |
| City: | | State: | | ZIP: |
| Email: | | | | |
| Contact Phone: | | | | |

This individual is an: applicant affiliate

| | | | | |
|----------------|--|--------|--|------|
| Name: | | | | |
| Address: | | | | |
| City: | | State: | | ZIP: |
| Email: | | | | |
| Contact Phone: | | | | |

Section 3 – 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 (DOC). Partnerships may skip to Page 3. Sole proprietors should skip to Section 4.

| | |
|----------------------|--------|
| Alaska DOC Entity #: | 129993 |
|----------------------|--------|

Alaska Division of Corporations: Yes No

Is your entity in good standing with the Alaska Division of Corporations?





**Alaska Alcoholic Beverage Control Board
Renewal License Application
Form AB-17b: Package Store**

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

This subsection must be completed by any entity, including a corporation, limited liability company (LLC), 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: | MICHAEL J. KEENAN | | | |
| Title(s): | MANAGER MEMBER | Phone: | 907 229 4064 | % Owned: 100 |
| Address: | PO BOX 91006 | | | |
| City: | Anchorage | State: | AK | ZIP: 99509 |

| | | | | |
|------------------|--|--------|--|----------|
| Entity Official: | | | | |
| Title(s): | | Phone: | | % Owned: |
| Address: | | | | |
| City: | | State: | | ZIP: |

| | | | | |
|------------------|--|--------|--|----------|
| Entity Official: | | | | |
| Title(s): | | Phone: | | % Owned: |
| Address: | | | | |
| City: | | State: | | ZIP: |

| | | | | |
|------------------|--|--------|--|----------|
| Entity Official: | | | | |
| Title(s): | | Phone: | | % Owned: |
| Address: | | | | |
| City: | | State: | | ZIP: |

| | | | | |
|------------------|--|--------|--|----------|
| Entity Official: | | | | |
| Title(s): | | Phone: | | % Owned: |
| Address: | | | | |
| City: | | State: | | ZIP: |





Alaska Alcoholic Beverage Control Board
Renewal License Application
Form AB-17b: Package Store

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

Section 4 - 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? [] [X]

If "Yes", disclose the name of the individual and the reason for this authorization: []

Section 5 - License Operation

Written Orders: Yes No

Did you sell alcoholic beverages in response to a written order in calendar years 2015 or 2016? [] [X]

Check the box that best describes your liquor license operations in calendar years 2015 and 2016:

The license was regularly operated continuously throughout each year, for 8 or more hours each day, [X]

except Sunday

The license was regularly operated during a specific season each year, for 8 or more hours each day. []

The license was only operated to meet the minimum requirement of 30 days each year, 8 hours each day. If this box is checked, an AMCO employee will contact you after reviewing your application. []

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, an AMCO employee will contact you after reviewing your application. []

Section 6 - Convictions

Applicant convictions in calendar years 2015 and 2016: Yes No

Has any person 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 2015 or 2016? [] [X]

If "Yes", list all convictions: []





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 Renewal License Application Form AB-17b: Package Store

Section 7 – 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, and if the licensee is an organized entity, that all current entity officials and stakeholders are listed with the Alaska Division of Corporations.

mjk

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.

mjk

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.

mjk

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 or stakeholders) from what is currently on file with the Alcoholic Beverage Control Board.

mjk

I certify that I have not violated any restrictions pertaining to this particular license type, and that this license has not been operated in violation of a condition or restriction imposed by the Alcoholic Beverage Control Board.

mjk

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.

Michael J. Keenan
 Signature of licensee

See attached
 Signature of Notary Public

MICHAEL J. KEENAN
 Printed name of licensee

Notary Public in and for the State of *California*.

My commission expires: *June 16, 2017*

Subscribed and sworn to before me this *17* day of *November*, 20*16*.

| | | | | | |
|--|------------|-------------|-----------|--------|------------|
| License Fee: | \$ 1500.00 | Filing Fee: | \$ 200.00 | TOTAL: | \$ 1700.00 |
| Late Fee of \$500.00 – if received or postmarked after 01/03/2017: | | | | | |
| Miscellaneous Fees: | | | | | |
| GRAND TOTAL (if different than TOTAL): | | | | | |





LIQUOR LICENSE APPLICATION REVIEW FORM

| |
|----------|
| Received |
| _____ |
| _____ |

| | | | |
|--------------------------|-------------------------|--------------------|-------------------------|
| License Renewal | License Transfer | New License | Other |
| | | | |
| Doing Business As | License Type | Licensee | Physical Address |
| | | | |

This review covers the period _____ to _____.

Route to FINANCE _____ **Respond by:** _____ Info. Available as of _____
Date Date Date

| ACTIVITY | STATUS |
|--|--|
| Sales Tax Reports Filed and Payments Submitted | Bal. Due _____ Date/Amt. of Last Payment _____ No. late payments _____ Comment: |
| Real Property Tax Owns the property? YES NO | Bal. Due _____ Date/Amt. of Last Payment _____ No. late payments _____ Comment: |
| Personal Property Tax (Inventory, Supplies, Office Equipment) | Bal. Due _____ Date/Amt. of Last Payment _____ No. late payments _____ Comment: |
| Utility Bill Responsible for utilities? YES NO | Bal. Due _____ Date/Amt. of Last Payment _____ No. late payments _____ Comment: |
| Most Current DLG Business License | _____ License Year Date Applied Comment: |
| Most Current AK State Bus. License | _____ License Year Date Applied Comment: |



LIQUOR LICENSE APPLICATION REVIEW FORM

| |
|----------|
| Received |
| _____ |
| _____ |

| | | | |
|--------------------------|-------------------------|--------------------|-------------------------|
| License Renewal | License Transfer | New License | Other |
| | | | |
| Doing Business As | License Type | Licensee | Physical Address |
| | | | |

This review covers the period _____ to _____.

Route to Public Safety _____ **Respond by:** _____ Info. Available as of _____
Date Date Date

Have there been any adverse reports filed in the past two years? YES NO

If yes, explain in detail and include dates. Use a separate sheet of paper if necessary. :

Serving to minors (under 21 years of age).

Intoxicated person on licenses premises.

Serving alcoholic beverages after hours.

Pattern of disturbances or fights on the licenses premises.

Open sale of prohibited drugs on the licenses premises.

Additional comments:



| |
|----------|
| Received |
| _____ |
| _____ |

| | | | |
|--------------------------|-------------------------|--------------------|-------------------------|
| License Renewal | License Transfer | New License | Other |
| | | | |
| Doing Business As | License Type | Licensee | Physical Address |
| | | | |

This review covers the period _____ to _____.

Route to PLANNING _____ **Respond by:** _____ Info. Available as of _____
Date Date Date

1) Does the structure, or use of land or a structure, including parking requirements at the proposed license location conform to Title 18. Explain.

2) License Transfer and New Licenses require a public hearing DMC 8.18.020, B. Provide a detail of the Public Notice Requirements.



| |
|----------|
| Received |
| _____ |
| _____ |

| | | | |
|--------------------------|-------------------------|--------------------|-------------------------|
| License Renewal | License Transfer | New License | Other |
| | | | |
| Doing Business As | License Type | Licensee | Physical Address |
| | | | |

Reviewed by: _____
Date

Recommendation:

No Action

Deny

Explain the reason(s) for a denial of the application:

OTHER:

During the two year period that the license is in effect, state statute allows the local governing body to protest the continued operation of a license during the second year of the biennial license period. This may be done by sending both the Alcohol Marijuana and Control Board and the licensee a protest and the reason for the protest by January 31 of the second year of the license.

OTHER Comment: