



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:



September 12, 2018

City of Dillingham
Attn: Janice Williams
Via Email: cityclerk@dillinghamak.us

License Type:	Beverage Dispensary	License Number:	1242
Licensee:	Paul G Brannon Trust U/W LLC		
Doing Business As:	Willow Tree Inn		

- New Application
 Transfer of Ownership Application
 Transfer of Location Application
 Transfer of Controlling Interest Application

We have received a completed 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 protest within 60 days and show proof of service upon the applicant.

AS 04.11.491 – AS 04.11.509 provide that the board will deny a license application if the board finds that the license is prohibited under as a result of an election conducted under AS 04.11.507.

AS 04.11.420 provides that the board will not issue a license when a local governing body protests an application on the grounds that the applicant’s proposed licensed premises are located in a place within the local government where a local zoning ordinance prohibits the alcohol establishment, unless the local government has approved a variance from the local ordinance.

Sincerely,

Jedediah Smith, Local Government Specialist
amco.localgovernmentonly@alaska.gov



Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

What is this form?

This transfer license application form is required for all individuals or entities seeking to apply for the transfer of ownership and/or location of an existing liquor license. Applicants should review **Title 04 of Alaska Statutes** and **Chapter 304 of the Alaska Administrative Code**. All fields of this form must be completed, per AS 04.11.260, AS 04.11.280, AS 04.11.290, and 3 AAC 304.105.

This form must be completed and submitted to AMCO's main office, along with all other required forms and documents, before any license application will be considered complete.

Section 1 – Transferor Information

Enter information for the **current** licensee and licensed establishment.

Licensee:	Alaska '49 LLC	License #:	1242
License Type:	Beverage Dispensary	Statutory Reference:	AS 04.11.090
Doing Business As:	Willow Tree Inn		
Premises Address:	513 Wood River Road		
City:	Dillingham	State:	AK
		ZIP:	99576
Local Governing Body:	City of Dillingham		

Transfer Type:

- Regular transfer
- Transfer with security interest
- Involuntary retransfer



OFFICE USE ONLY			
Complete Date:		Transaction #:	123230
Board Meeting Date:		License Years:	
Issue Date:		BRE:	



Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 2 – Transferee Information

Enter information for the *new* applicant and/or location seeking to be licensed.

Licensee:	Paul G Brannon Testamentary Trust U/W LLC		
Doing Business As:	Willow Tree Inn		
Premises Address:	513 Wood River Road		
City:	Dillingham	State:	AK ZIP: 99576
Community Council:	City of Dillingham		

Mailing Address:	PO Box 91006		
City:	Anchorage	State:	AK ZIP: 99509

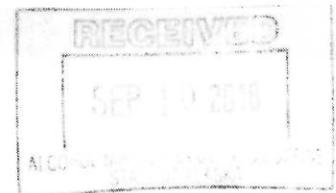
Designated Licensee:	Paul G Brannon Testamentary Trust U/W LLC <i>Michael Keenan Trustee</i>		
Contact Phone:	907 229 4064	Business Phone:	907 229 4064
Contact Email:	mjkatty@gmail.com		

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

Section 3 – Premises Information

Premises to be licensed is:

an existing facility a new building a proposed building



The next two questions must be completed by beverage dispensary (including tourism) and package store applicants only:

What is the distance of the shortest pedestrian route from the public entrance of the building of your proposed premises to the outer boundaries of the nearest school grounds? Include the unit of measurement in your answer.

1.4 miles

What is the distance of the shortest pedestrian route from the public entrance of the building of your proposed premises to the public entrance of the nearest church building? Include the unit of measurement in your answer.

.25 miles





Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 4 – Sole Proprietor Ownership Information

This section must be completed by any sole proprietor who is applying for a license. Entities should skip to Section 5.
 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:

This individual is an: applicant affiliate

Name:				
Address:				
City:		State:		ZIP:

Section 5 – Entity Ownership Information

This section must be completed by any entity, including a corporation, limited liability company (LLC), partnership, or limited partnership, that is applying for a license. Sole proprietors should skip to Section 6.
 If more space is needed, please attach a separate sheet with the required information.

- 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 Keenan, <i>make</i>			
Title(s):	Member, Manager	Phone:	9072294064	% Owned: 100
Address:	PO Box 91006			
City:	Anchorage	State:	AK	ZIP: 99509





Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Entity Official:					
Title(s):	<i>MJK</i>	Phone:		% Owned:	
Address:					
City:		State:		ZIP:	

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

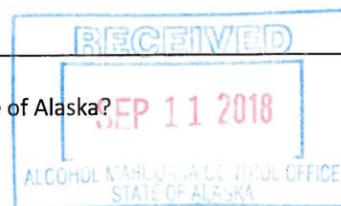
Entity Official:					
Title(s):		Phone:		% Owned:	
Address:					
City:		State:		ZIP:	

This subsection must be completed by any applicant that is a corporation or LLC. Corporations and LLCs are required to be in good standing with the Alaska Division of Corporations (DOC) and have a registered agent who is an individual resident of the state of Alaska.

DOC Entity #:	10089891	AK Formed Date:	8-17-18	Home State:	AK
Registered Agent:	Michael Keenan	Agent's Phone:	9072294064		
Agent's Mailing Address:	PO Box 91006				
City:	Anchorage	State:	AK	ZIP:	99509

Residency of Agent:

Is your corporation or LLC's registered agent an individual resident of the state of Alaska?



Yes No



Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 6 – Other Licenses

Ownership and financial interest in other alcoholic beverage businesses:

Yes No

Does any representative or owner named as a transferee in this application have any direct or indirect financial interest in any other alcoholic beverage business that does business in or is licensed in Alaska?

If "Yes", disclose which individual(s) has the financial interest, what the type of business is, and if licensed in Alaska, which license number(s) and license type(s):

License #2787 Kvichak Pacific LLC dba Olsen's Liquor Store, Michael Keenan is 100% Owner
License #1405 Brannon Rentals LLC dba Dillingham Liquor Store, Michael Keenan is 100% Owner

Section 7 – 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:

Paul D Kelly
Kelly & Patterson
2207 Spenard, Suite 101
Anchorage, AK 99503

Tel: 907 258 6777
email: pkalaska@hotmail.com





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-01: Transfer License Application

Section 8 – Transferor Certifications

Additional copies of this page may be attached, as needed, for the controlling interest of the current licensee to be represented.

I declare under penalty of perjury that the undersigned represents a **controlling interest** of the current licensee. I additionally certify that I, as the current licensee (either the sole proprietor or the controlling interest of the currently licensed entity) have examined this application, approve of the transfer of this license, and find the information on this application to be true, correct, and complete.

[Signature]
 Signature of transferor

LaPreal Bauer, Member Alaska '49 LLC
 Printed name of transferor

Subscribed and sworn to before me this 24 day of August, 20 18.

[Signature]
 Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: 6-17-2020

[Signature]
 Signature of transferor

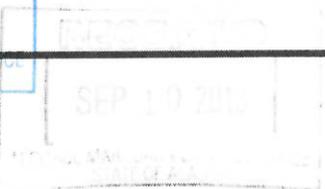
Monica McCollor
 Printed name of transferor

Subscribed and sworn to before me this 11 day of September, 20 18.

[Signature]
 Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: 6-17-2020





Alaska Alcoholic Beverage Control Board Form AB-01: Transfer License Application

Section 9 – Transferee Certifications

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

Initials

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

I certify that all proposed licensees have been listed with the Division of Corporations.

I certify 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.

I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check the identification of a patron will complete an approved alcohol server education course, if required by AS 04.21.025, and, while selling or serving alcoholic beverages, will carry or have available to show a current course card or a photocopy of the card certifying completion of approved alcohol server education course, if required by 3 AAC 304.465.

I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application.

As an applicant for a liquor license, 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.

x Michael J. Keenan
Signature of transferee

Michael J Keenan Trustee Paul G Brannon Testamentary Trust U/W LLC
Printed name

Subscribed and sworn to before me this 24 day of August, 2018.

Paul Dig
Signature of Notary Public

Notary Public in and for the State of Alaska.

My commission expires: 6-17-2020



Alaska Alcoholic Beverage Control Board Form AB-02: Premises Diagram

What is this form?

A detailed diagram of the proposed licensed premises is required for all liquor license applications, per AS 04.11.260 and 3 AAC 304.185. Your diagram must include dimensions and must show all entrances and boundaries of the premises, walls, bars, fixtures, and areas of storage, service, consumption, and manufacturing. If your proposed premises is located within a building or building complex that contains multiple businesses and/or tenants, please provide an additional page that clearly shows the location of your proposed premises within the building or building complex, along with the addresses and/or suite numbers of the other businesses and/or tenants within the building or building complex.

The **second page** of this form is not required. Blueprints, CAD drawings, or other clearly drawn and marked diagrams may be submitted in lieu of the second page of this form. The first page must still be completed, attached to, and submitted with any supplemental diagrams. An AMCO employee may require you to complete the second page of this form if additional documentation for your premises diagram is needed.

This form must be completed and submitted to AMCO's main office before any license application will be considered complete.

Yes No

I have attached blueprints, CAD drawings, or other supporting documents in addition to, or in lieu of, the second page of this form.

Section 1 – Establishment Information

Enter information for the business seeking to be licensed, as identified on the license application.

Licensee:	Paul G Brannon Testamentary Trust U/W LLC	License Number:	1242		
License Type:	Beverage Dispensary				
Doing Business As:	Willow Tree Inn				
Premises Address:	513 Wood River Road				
City:	Dillingham	State:	AK	ZIP:	99576





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-02: Premises Diagram

Section 2 – Detailed Premises Diagram

Clearly indicate the boundaries of the premises and the proposed licensed area within that property. Clearly indicate the interior layout of any enclosed areas on the proposed premises. Clearly identify all entrances and exits, walls, bars, and fixtures, and outline in red the perimeter of the areas designated for alcohol storage, service, consumption, and manufacturing. Include dimensions, cross-streets, and points of reference in your drawing. You may attach blueprints or other detailed drawings that meet the requirements of this form.



STATE OF ALASKA
ALCOHOL BEVERAGE CONTROL BOARD
Licensed Premises Diagram

INSTRUCTIONS: Draw a detailed floor plan of your present or proposed licensed premises on the graph below; show all entrances and exits, and all fixtures such as tables, booths, games, counters, bars, coolers, stages, etc.

DBA: Willow Tree Inn

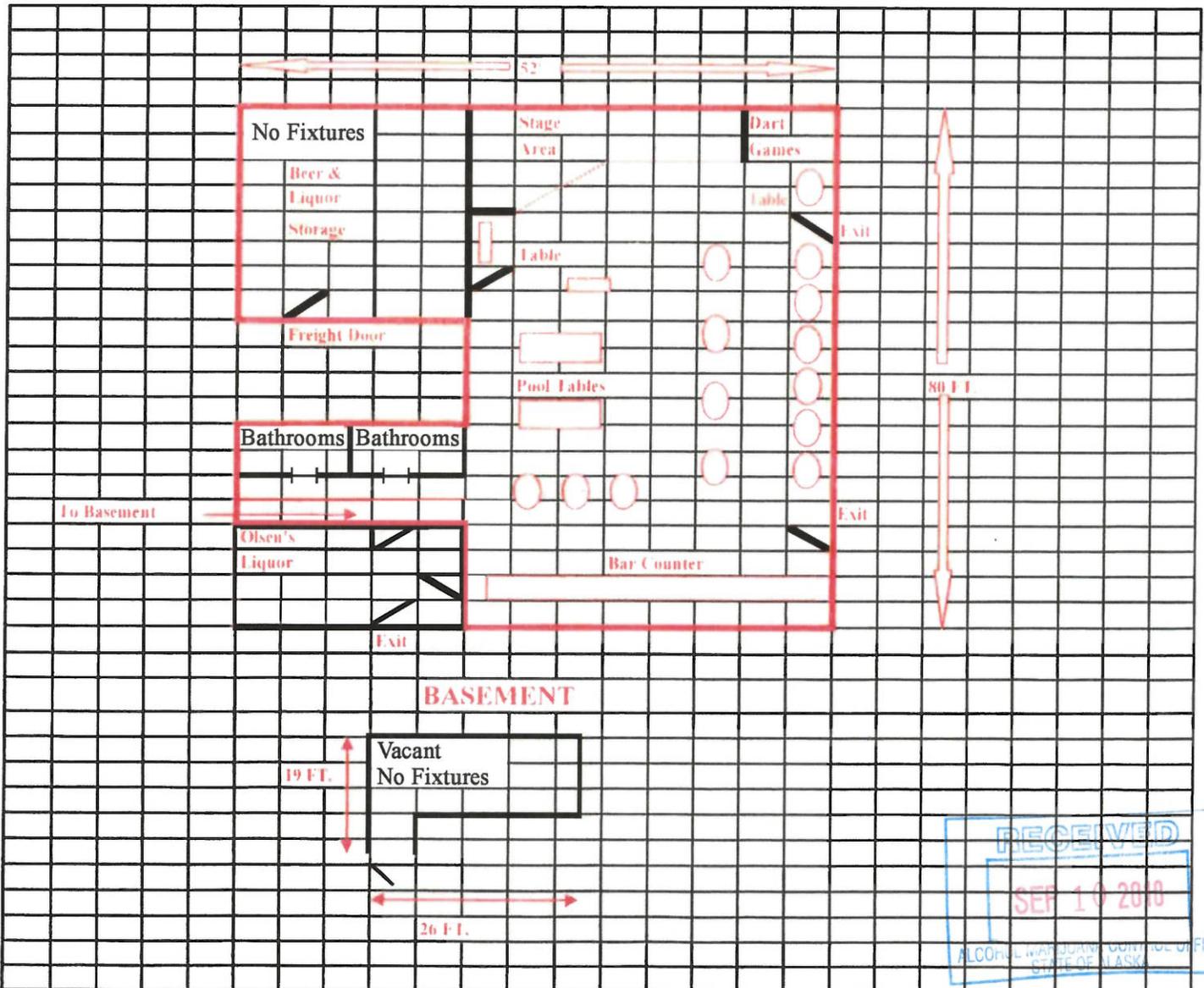
PREMISES LOCATION: 513 Wood River Road Dillingham, Alaska

Indicate scale by x after appropriate statement or show length and width of premises. _____ 1 SQ. = 4 FT.

SCALE A: _____ 1 SQ. = 1 FT. **SCALE E**  1 SQ.= 4 FT.

Length and width of premises in feet: **80 X 52**

Outline the area to be designated for sale, service, storage, and consumption of alcoholic beverages in red.
DO NOT USE BLUE INK OR PENCIL ON THIS DIAGRAM.



----- Wood River Road -----





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

October 19, 2018

Paul G Brannon Testamentary Trust U/W, LLC
DBA Willow Tree Inn
PO Box 217
Dillingham, AK 99576

Re: Willow Tree Inn, License #1242

Dear Paul G Brannon Testamentary Trust U/W, LLC:

At the October 15, 2018, meeting of the Alcoholic Beverage Control Board in Kenai, Alaska, the board voted to uphold the objection to your transfer made by the Department of Labor, with a 30-day abeyance to allow you time to work with the Department of Labor to have the objection lifted.

The Department of Labor, Division of Workers' Compensation objected to the transfer of your license as the transferor, Alaska '49 LLC, has not made timely payment of a penalty assessed by the Department.

The Alcoholic Beverage Control Board's action means that the objection by the Department of Labor must be lifted by November 18, 2018, or else the transfer application is denied.

Please contact alcohol.licensing@alaska.gov with any questions.

Sincerely,

A handwritten signature in cursive script that reads "Erika McConnell".

Erika McConnell
Director

cc: License File
City of Dillingham
Department of Labor, Division of Workers' Compensation



City of Dillingham

LIQUOR LICENSE APPLICATION REVIEW FORM

Received

License Renewal	License Transfer	New License	Other
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing Business As	License Type	Licensee	Physical Address
Olsen's Liquor Store	Package Store	Kvichak Pacific LLC	1.25 Mile Willow Lane

This review covers the period January 2016 to present

Route to FINANCE 10/5/2018 Respond by: 10/11/2018 Info. Available as of

ACTIVITY	STATUS
Sales Tax Reports Filed and Payments Submitted	Bal. Due \$0.00 Date/Amt. of Last Payment 09/14/18 \$529.30 No. late payments 23 Comment: Missing January through June 2018 sales tax reports. January 2016 through November 2017 reports were for \$0.00 in sales.
Real Property Tax Owns the property? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Bal. Due \$0.00 Date/Amt. of Last Payment _____ No. late payments _____ Comment:
Personal Property Tax (Inventory, Supplies, Office Equipment)	Bal. Due \$0.00 Date/Amt. of Last Payment _____ No. late payments _____ Comment:
Utility Bill Responsible for utilities? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	Bal. Due \$0.00 Date/Amt. of Last Payment _____ No. late payments _____ Comment:
Most Current DLG Business License	2018 License Year 12/15/2017 Date Applied Comment: License # 2882
Most Current AK State Bus. License	Exp 12/31/19 License Year 05/07/12 Date Applied Comment: License #973778



LIQUOR LICENSE APPLICATION REVIEW FORM

Received

License Renewal	License Transfer	New License	Other
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing Business As	License Type	Licensee	Physical Address
Olsen's Liquor Store	Package Store	Kvichak Pacific LLC	1.25 Mile Willow Lane

This review covers the period January 2016 to present.

Route to Public Safety 10/5/2018 **Respond by:** 10/11/2018 Info. Available as of 10-11-2018
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

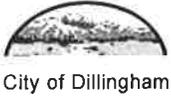
License Renewal	License Transfer	New License	Other
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing Business As	License Type	Licensee	Physical Address
Olsen's Liquor Store	Package Store	Kvichak Pacific LLC	1.25 Mile Willow Lane

This review covers the period January 2016 to present.

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.



LIQUOR LICENSE APPLICATION REVIEW FORM

Received

License Renewal	License Transfer	New License	Other
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Doing Business As	License Type	Licensee	Physical Address
Olsen's Liquor Store	Package Store	Kvichak Pacific LLC	1.25 Mile Willow Lane

Code Review Committee
 Reviewed by: _____ Date: October 25, 2018

Recommendation:

No Action

Deny

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

Code Review Committee recommends to protest this renewal based on the past due sales tax reports. The balance due shows \$0 as there is no way to estimate the amount due with lack of submitted reports.

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:



October 4, 2018

City of Dillingham
Attn: Lori Goodell
Via Email: cityclerk@dillinghamak.us

Re: Notice of 2019/2020 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,

Erika McConnell, Director
amco.localgovernmentonly@alaska.gov



Alaska Alcoholic Beverage Control Board
 Package Store License

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

Form AB-17b: 2019/2020 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 package store liquor license that will expire on December 31, 2018. 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. 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.

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:	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 515 WOOD ST RD RD 1-25 MILE WILLOW LANE AK				
Local Governing Body:	City of Dillingham				
Community Council:	None				
Mailing Address:	PO BOX 91006				
City:	ANCHORAGE, AK	State:	AK	ZIP:	99509

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.

Contact Licensee:	MICHAEL J. KEENAN	Contact Phone:	907 229 4064
Contact Email:	mjkatty49@gmail.com		

Optional: If you wish for AMCO staff to communicate with individual who is not a licensee named on this form (eg: legal counsel) about this application and other matters pertaining to the license, please provide that person's contact information in the fields below.

Name of Contact:		Contact Phone:	
Contact Email:			



Alaska Alcoholic Beverage Control Board

Form AB-17b: 2019/2020 Package Store Renewal License Application

Section 2 - Entity or Community Ownership Information

This top 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). This number 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 visiting the following site: https://www.commerce.alaska.gov/cbp/main/search/entities

General partnerships and local governments should skip to the second half of this page. Licensees who directly hold a license as an individual or individuals should skip to Section 3.

Alaska CBPL Entity #: 129993

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.

[Handwritten initials]

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.

Important Note: The information provided in the below fields (including spelling of names, specific cities, and percentages held) must match that which is listed with CBPL. If one individual holds multiple titles mentioned in the bullets above, all titles must be listed for that individual on this application and with CBPL. Failure to list all required titles constitutes an incomplete application.

Name of Official: MICHAEL J. KEENAN
Title(s): MANAGER/MEMBER
Phone: 229 4284
% Owned: 100
Mailing Address: PO BOX 91006
City: ANCHORAGE
State: AK
ZIP: 99509

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

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



Form AB-17b: 2019/2020 Package Store Renewal License Application

Section 3 – Sole Proprietor Ownership Information

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. Entities should skip to Section 4. The following information must be completed for each licensee and each affiliate (spouse).

This individual is an: applicant affiliate (spouse)

Name:				Contact Phone:	
Mailing Address:					
City:		State:		ZIP:	
Email:					

This individual is an: applicant affiliate (spouse)

Name:				Contact Phone:	
Mailing Address:					
City:		State:		ZIP:	
Email:					

Section 4 – 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 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:

2017 2018

- The license was regularly operated continuously throughout each year. 2017 2018 ^{*}
- The license was regularly operated during a specific season each year. ** 2018 except during remodel* 2017 2018
- 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.* 2017 2018
- 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. *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.* 2017 2018



Alaska Alcoholic Beverage Control Board
Form AB-17b: 2019/2020 Package Store Renewal License Application

Section 6 – Written Orders

Written orders in calendar years 2019 and 2020:

Do you intend to sell alcoholic beverages and ship them to another location in response to written solicitation in calendar years 2019 and/or 2020? Yes No

Section 7 – Violations and Convictions

Applicant violations and convictions in calendar years 2017 and 2018:

Have any notices of violation (NOVs) been issued to this licensee in the calendar years 2017 or 2018? Yes No
 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 2017 or 2018? Yes No

If "Yes" to either of the previous two questions, attach a separate page to this application listing all NOVs and/or convictions.

Section 8 – Certifications

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

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. Initials

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 approved and on file with the Alcoholic Beverage Control (ABC) 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.

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 or 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 to me as incomplete.

Michael J. Keenan
Signature of licensee

MICHAEL J. KEENAN
Printed name of licensee

Paul P. Kelly
Signature of Notary Public
Notary Public in and for the State of Alaska

My commission expires: 6-17-2020
Subscribed and sworn to before me this 28 day of November, 2018.

Seasonal License? Yes No

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

License Fee:	\$ 1500.00	Application Fee:	\$ 300.00	TOTAL:	\$ 1800.00
Miscellaneous Fees:					
GRAND TOTAL (if different than TOTAL):					

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

[State of Alaska / Commerce / Corporations, Business, and Professional Licensing / Search & Database](#)
[Download / Corporations / Entity Details](#)

ENTITY DETAILS

Name(s)

Type	Name
Legal Name	KVICHAK PACIFIC, LLC

Entity Type: Limited Liability Company

Entity #: 129993

Status: Good Standing

AK Formed Date: 8/3/2010

Duration/Expiration: Perpetual

Home State: ALASKA

Next Biennial Report Due: 1/2/2020

Entity Mailing Address: P.O. BOX 91006, ANCHORAGE, AK 99509-1006

Entity Physical Address: 513 WOOD RIVER ROAD, DILLINGHAM, AK 99576

Registered Agent

Agent Name: MICHAEL J KEENAN

Registered Mailing Address: PO BOX 91006, ANCHORAGE, AK 99509

Registered Physical Address: 513 WOOD RIVER RD, DILLINGHAM, AK 99576

Officials

AK Entity #	Name	Titles	<input type="checkbox"/> Show Former Owned
	MICHAEL J. KEENAN	Member, Manager	100

Filed Documents