

STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD

LICENSE NUMBER

FORM CONTROL

XXXX

ISSUED

LIQUOR LICENSE

2252

3/09/2021

2021 - 2022

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

ABC BOARD

THIS LICENSE EXPIRES MIDNIGHT  
FEBRUARY 28, 2023 UNLESS DATED BELOW

TYPE OF LICENSE: Beverage Dispens

LICENSE FEE: \$2,500.00

1104

CITY / BOROUGH: Homer  
Kenai Peninsula Borough

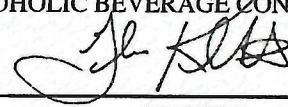
D/B/A: Don Jose's Mexican Restau  
127 W Pioneer Ave. Homer

Mail Address:  
Don Jose's, LLC  
127 W Pioneer Ave  
Homer, AK 99603

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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CITY / BOROUGH: Homer  
Kenai Peninsula Borough

D/B/A: Don Jose's Mexican Restaurant  
127 W Pioneer Ave. Homer

Mailing Address:  
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127 W Pioneer Ave  
Homer, AK 99603

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COPY

DIRECTOR

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

04-900 (REV 9/09)



Alcohol and Marijuana Control Office  
 550 W 7<sup>th</sup> Avenue, Suite 1600  
 Anchorage, AK 99501  
[alcohol.licensing@alaska.gov](mailto:alcohol.licensing@alaska.gov)  
<https://www.commerce.alaska.gov/web/amco>  
 Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

**Master Checklist: Renewal Liquor License Application**

Doing Business As:	Don Jose's Mexican Restaurant	License Number:	2252
License Type:	Beverage Dispensary		
Examiner:	Kristina S.	Transaction #:	100012801

Document	Received	Completed	Notes
AB-17: Renewal Application	12/15	3-8-21	
App and License Fees	12/10	3-8-21	

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 checked="" type="checkbox"/>
Mailing address and contact information different than in database (if yes, update database)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
In "Good Standing" with CBPL (skip this and next question for sole proprietor)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Officers and stockholders match CBPL and database (if "No", determine if transfer necessary)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

LGB 1 Response: Homer      LGB 2 Response: KPB

Waive     Protest     Lapsed   
  Waive     Protest     Lapsed

\* NOV attached



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):	Don Jose's LLC	License #:	2252
License Type:	Beverage Dispensary		
Doing Business As:	Don Jose's Mexican Restaurant		
Premises Address:	127 W Pioneer Ave Homer AK 99603		
Local Governing Body:	City of Homer (Kenai Peninsula Borough)		
Community Council:	None.		

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

Mailing Address:					
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:	Jose Ramos	Contact Phone:	907-229-7196
Contact Email:	Salmonalaska@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:	LISA FINK	Contact Phone:	678-382-9654
Contact Email:	Finklisa89@gmail.com		

Name of Contact:		Contact Phone:	
Contact Email:			

Name of Contact:		Contact Phone:	
Contact Email:			



Alaska Alcoholic Beverage Control Board

# 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 #:	56813D
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**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:	Jose Ramos			
Title(s):	Member	Phone:	907-229-7196	% Owned: 51
Mailing Address:	127 W Pioneer Ave			
City:	Homer	State:	AK	ZIP: 99603

Name of Official:	Maria C Ramos			
Title(s):	Member	Phone:	907-947-5360	% Owned: 49
Mailing Address:	127 W Pioneer Ave			
City:	Homer	State:	AK	ZIP: 99603

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



# 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:	<input type="checkbox"/> Applicant	<input type="checkbox"/> Affiliate	
Name:		Contact Phone:	
Mailing Address:			
City:		State:	
		ZIP:	
Email:			
This individual is an:	<input type="checkbox"/> Applicant	<input type="checkbox"/> 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 checked="" type="checkbox"/> |
| 2. The license was only operated during a specific season each year. (Seasonal)<br><i>If your operation dates have changed, list them below:</i>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| _____ to _____  |                                     |                                     |
| 3. The license was only operated to meet the minimum requirement of 240 total hours each calendar year.<br><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 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
<input checked="" type="checkbox"/>	<input type="checkbox"/>

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.



Alaska Alcoholic Beverage Control Board

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.

Signature of licensee: [Handwritten Signature]
Printed name of licensee: Jose Ramos

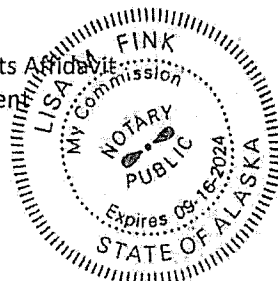
Signature of Notary Public: [Handwritten Signature]
Notary Public in and for the State of: Alaska
My commission expires: 9/16/24

Subscribed and sworn to before me this 14 day of Dec, 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

Table with 4 columns: License Fee (\$2500.00), Application Fee (\$300.00), Misc. Fee (\$), Total Fees Due (\$2800.00)

# Notice of Violation

(3AAC 304.525)

This form, all information provided and responses are public documents per Alaska Public Records ACT AS 40.25

Date: 5/22/19

License #/Type: 2252

Beverage Dispensary

Licensee: Don Jose's, LLC

Address: 127 W. Pioneer Ave, Homer, AK 99603

DBA: Don Jose's Mexican Restaurant

AMCO Case #: 19-0845

This is a notice to you as licensee that an alleged violation has occurred. If the Alcoholic Beverage Control Board decides to act against your license, under the provisions of AS 44.62.330 - AS 44.62.630 (Administrative Procedures Act) you will receive an Accusation and Notice of your right to an Administrative Hearing.

**Note:** This is not an accusation or a criminal complaint.

On 5-16-19, an inspection was conducted at Don Jose's Mexican Restaurant. License Maria Carmen Ramos was asked to provide proof of current alcohol server education. Mrs Ramos provided Inv. Hamilton TAP card #126593 which had expired on 5-13-17.

Your attention is directed to AS 04.21.025: Alcohol server education, AS 04.16.150: Licensee responsible for violations and AS 04.21.030: Responsibility of licensees, agents and employees

**You are directed to respond in writing to this Notice of Violation within 10 days of receipt to explain what action you have taken to prevent a re-occurrence of this violation. FAILURE TO RESPOND TO THIS NOTICE OF VIOLATION WITHIN 10 DAYS WILL RESULT IN YOUR APPEARANCE, EITHER IN PERSON OR TELEPHONICALLY, BEFORE THE ABC BOARD AT THEIR NEXT REGULARLY SCHEDULED BOARD MEETING.**

**\*Please send your response to the address below and include your alcohol license number in your response.**

3 AAC 304.525 (B) provides that upon receipt of a Notice of Violation, a licensee may request to appear before the Director and be heard regarding the Notice of Violation. The request must be made within ten days after receipt of the Notice and the Director must grant an appearance within ten days after receipt of a request. A Licensee shall respond, either orally or in writing, to the Notice.

**Alcohol & Marijuana Control Office**

**ATTN: Enforcement**

**550 W. 7<sup>th</sup> Ave, Suite 1600**

**Anchorage, Alaska 99501**

**[amco.enforcement@alaska.gov](mailto:amco.enforcement@alaska.gov)**

Issuing Investigator: J. Hamilton

Received by:

SIGNATURE:



SIGNATURE:

Delivered VIA: Mail

Date:

Don Jose's LLC

Case: 114-362-298

May 16<sup>th</sup> 2019 Maria C Ramos did not have a current TAPS card she immediately took action and got a current TAP card on 5/18/19 certificate # 3918.

There was failure on our part not sending the documentation of completion within the 10 day period allocated by the AMCO enforcement officer, we do apologize.

New Company policy:

- Review employees TAPS card expiration date at the end of each month
- Place Notice on employee board "Staff must have TAPS card current and on hand"
- Make copies of all tap cards of all employee in a binder for review

Thank you,

Ivan Ramos

Director of Operations

Don Jose's LLC

[iramos@alaskadonjoses.com](mailto:iramos@alaskadonjoses.com)

907-632-3394



**From:** [Hamilton, Joe \(CED\)](#)  
**To:** [Davies, Jason M \(CED\)](#); [iramos@alaskadonjoses.com](mailto:iramos@alaskadonjoses.com)  
**Subject:** FW: Don Jose's LLC (Maria C Ramos)  
**Date:** Wednesday, June 19, 2019 8:02:57 AM  
**Attachments:** [Don Jose carmen abc.docx](#)  
[image001.png](#)

---

Ivan Ramos,

It should be noted that your mother cannot take an online course as there was a class scheduled in Homer on May 14 and another class on June 11<sup>th</sup>. Her certificate in effect is invalid. There is a warning during CHARR's registration that provides this information. Please refer your attention to 3AAC 304.465(e) which reads "Rural premises are those licensed premises not on a statewide road system or further than 50 miles on a road system from a community where a course is offered at least once every month." It appears CHARR provides a class every month in Homer. She will have to attend this course, or if she is in Soldotna/Kenai and a class is held sooner that would be better. In Anchorage they provide them two to three times a week.

Joe

**Joe Hamilton**  
**Special Investigator 1**  
**Enforcement Unit**  
**Alcohol & Marijuana Control Office**  
550 W. 7<sup>th</sup> Ave, Suite 1600  
Anchorage, AK 99501  
Office (907) 269-0063  
Cell (907) 441-2534  
[joe.hamilton@alaska.gov](mailto:joe.hamilton@alaska.gov)

**From:** Ivan Ramos

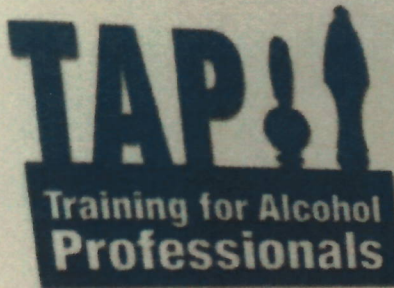
[mailto:iramos@alaskadonjoses.com]

**Sent:** Tuesday, June 18, 2019 4:14 PM

**To:** Hamilton, Joe (CED) <joe.hamilton@alaska.gov>

**Subject:** Don Jose's LLC (Maria C Ramos)

If you have any questions please feel free to contact me.



# Certificate of Completion

This is to certify that

**Maria Ramos**

has successfully completed the  
Alaskatap.com Responsible Beverage  
Server and Seller Training Program

A handwritten signature in black ink, appearing to read "Edward D McLean".

Edward D McLean, Administrator  
[www.Alaskatap.com](http://www.Alaskatap.com)

Date: 05/18/2019  
Expiration: 36 Months  
Certificate #: 3918  
Birth Date: 11/30/1957

NOTE This is your temporary certification form. Your official certification card will be mailed to you in 7-14 days.  
Please contact Alaska Charr at 800-478-2427 with questions regarding this certification.

AMCO Received 3/8/2021

Alaska Business License # 1039972

**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

**DON JOSE'S LLC**

127 W PIONEER AVE, HOMER, AK 99603

owned by

DON JOSE'S, LLC

is licensed by the department to conduct business for the period

December 28, 2019 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

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	DON JOSE'S, LLC

**Entity Type:** Limited Liability Company

**Entity #:** 56813D

**Status:** Good Standing

**AK Formed Date:** 9/28/1995

**Duration/Expiration:** Perpetual

**Home State:** ALASKA

**Next Biennial Report Due:** 1/2/2023

**Entity Mailing Address:** 127 W PIONEER AVE, HOMER, AK 99603

**Entity Physical Address:** 2052 E NORTHERN LIGHTS BLVD, ANCHORAGE, AK 99508

## Registered Agent

**Agent Name:** JOSE RAMOS

**Registered Mailing Address:** 127 PIONEER, HOMER, AK 99603

**Registered Physical Address:** 127 PIONEER, HOMER, AK 99603

## Officials

AK Entity #	Name	Titles	Owned
	Jose' Ramos	Member	51.00
	Maria C Ramos	Member	49.00

Show Former

## Filed Documents

Date Filed	Type	Filing	Certificate
10/12/1994	Biennial Report		
9/28/1995	Creation Filing		
9/28/1995	Creation Filing	<a href="#">Click to View</a>	
12/16/1996	Biennial Report	<a href="#">Click to View</a>	
12/31/1998	Biennial Report	<a href="#">Click to View</a>	
12/14/2000	Biennial Report	<a href="#">Click to View</a>	
1/03/2003	Biennial Report	<a href="#">Click to View</a>	
7/20/2005	Biennial Report	<a href="#">Click to View</a>	
10/15/2006	Biennial Report	<a href="#">Click to View</a>	
4/24/2009	Biennial Report	<a href="#">Click to View</a>	
3/10/2011	Biennial Report	<a href="#">Click to View</a>	
11/28/2012	Biennial Report	<a href="#">Click to View</a>	
10/23/2014	Biennial Report	<a href="#">Click to View</a>	
12/21/2016	Biennial Report	<a href="#">Click to View</a>	
10/15/2018	Biennial Report	<a href="#">Click to View</a>	
12/08/2020	Biennial Report	<a href="#">Click to View</a>	

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

[State of Alaska / Commerce / Corporations, Business, and Professional Licensing / Search & Database Download / Business License / License #1039972](#)

## LICENSE DETAILS

**License #:** 1039972

[Print Business License](#)

**Business Name:** DON JOSE'S LLC

**Status:** Active

**Issue Date:** 07/19/2016

**Expiration Date:** 12/31/2021

**Mailing Address:** 127 W PIONEER AVE  
HOMER, AK 99603

**Physical Address:** 127 W PIONEER AVE  
HOMER, AK 99603

## Owners

DON JOSE'S, LLC

## Activities

Line of Business	NAICS	Professional License #
72 - Accommodation and Food Services	722110 - FULL-SERVICE RESTAURANTS	

## Endorsements

No Endorsements Found

## License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD

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FORM CONTROL

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LIQUOR LICENSE

253

3/09/2021

2021 - 2022

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

ABC BOARD

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FEBRUARY 28, 2023 UNLESS DATED BELOW

TYPE OF LICENSE: Beverage Dispenser

LICENSE FEE: \$2,500.00

1104

CITY / BOROUGH: Homer  
Kenai Peninsula Borough

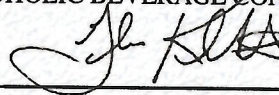
D/B/A: Alice's Champagne Palace  
195 E Pioneer Ave

Mail Address:  
Pioneer Beverages, Inc.  
203 W Pioneer Ave. Ste. 2b  
Homer, AK 99603

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

[ ] Special restriction - see reverse side

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DIRECTOR

04-900 (REV 9/09)

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3/09/2021

2021 - 2022

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LICENSE FEE: \$2,500.00

CITY / BOROUGH: Homer  
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D/B/A: Alice's Champagne Palace  
195 E Pioneer Ave

Mailing Address:  
Pioneer Beverages, Inc.  
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04-900 (REV 9/09)



Alcohol and Marijuana Control Office  
 550 W 7<sup>th</sup> Avenue, Suite 1600  
 Anchorage, AK 99501  
[alcohol.licensing@alaska.gov](mailto:alcohol.licensing@alaska.gov)  
<https://www.commerce.alaska.gov/web/amco>  
 Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

**Master Checklist: Renewal Liquor License Application**

Doing Business As:	Alice's Champagne Palace	License Number:	253
License Type:	Beverage Dispensary		
Examiner:	Kristina S.	Transaction #:	100024985

Document	Received	Completed	Notes
AB-17: Renewal Application	12/18	12/18/20	
App and License Fees	12/18	12/18/20	

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 checked="" type="checkbox"/>
Mailing address and contact information different than in database (if yes, update database)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
In "Good Standing" with CBPL (skip this and next question for sole proprietor)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Officers and stockholders match CBPL and database (if "No", determine if transfer necessary)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

LGB 1 Response: *Homer*

LGB 2 Response: *KPB*

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):	Pioneer Beverages, Inc.	License #:	253
License Type:	Beverage Dispensary		
Doing Business As:	Alice's Champagne Palace		
Premises Address:	195 E Pioneer Ave.		
Local Governing Body:	City of Homer (Kenai Peninsula Borough)		
Community Council:	None		

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

Mailing Address:					
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:	Michael Todd Boling	Contact Phone:	907-235-3225
Contact Email:	alices@homerbiz.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:	John Kelly	Contact Phone:	907-235-9700
Contact Email:	alices@homerbiz.com		

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 #:	10022395
-----------------------	----------

**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:	Michael Todd Boling				
Title(s):	Dir, Pres, Sec, Treas	Phone:	907-235-3225	% Owned:	100%
Mailing Address:	203 W. Pioneer Ave. Ste. 2B				
City:	Homer	State:	AK	ZIP:	99603

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

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

AMCO

DEC 18 2020



# 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 checked="" type="checkbox"/> |
| 2. The license was only operated during a specific season each year. (Seasonal)<br><i>If your operation dates have changed, list them below:</i><br>_____ 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.<br><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 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.

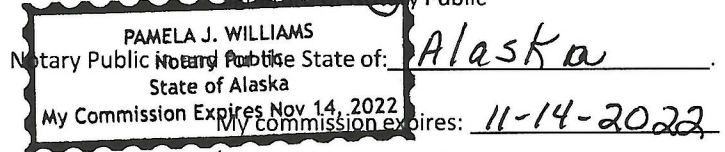
*Michael Todd Boling*

Signature of licensee

Michael Todd Boling

Printed name of licensee

*Pamela J. Williams*  
Signature of Notary Public



Subscribed and sworn to before me this 17<sup>th</sup> 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:	\$ <u>2500</u>	Application Fee:	\$ 300.00	Misc. Fee:	\$
Total Fees Due:					\$ <u>2800</u>

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

[State of Alaska / Commerce / Corporations, Business, and Professional Licensing / Search & Database Download / Business License / License #1011538](#)

## LICENSE DETAILS

**License #:** 1011538

License unavailable for printing

**Business Name:** ALICES'S CHAMPAGNE PALACE

**Status:** Expired

**Issue Date:** 10/10/2014

**Expiration Date:** 12/31/2016

**Mailing Address:** 203 WEST PIONEER STE 2  
HOMER, AK 99603

**Physical Address:** 195 EAST PIONEER  
HOMER, AK 99603

## Owners

PIONEER BEVERAGES, INC.

## Activities

Line of Business	NAICS	Professional License #
72 - Accommodation and Food Services	722110 - FULL-SERVICE RESTAURANTS	
72 - Accommodation and Food Services	722410 - DRINKING PLACES (ALCOHOLIC BEVERAGES)	

## Endorsements

No Endorsements Found

## License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

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	Pioneer Beverages, Inc.

**Entity Type:** Business Corporation

**Entity #:** 10022395

**Status:** Good Standing

**AK Formed Date:** 7/22/2014

**Duration/Expiration:** Perpetual

**Home State:** ALASKA

**Next Biennial Report Due:** 1/2/2022

**Entity Mailing Address:** 203 W PIONEER AVE STE 2B, HOMER, AK 99603

**Entity Physical Address:** 193 E PIONEER AVE, HOMER, AK 99603

## Registered Agent

**Agent Name:** Michael Todd Boling

**Registered Mailing Address:** 203 W PIONEER AVE STE 2B, HOMER, AK 99603

**Registered Physical Address:** 193 E PIONEER AVE , HOMER, AK 99603

## Officials

AK Entity #	Name	Titles	Owned
	Michael Todd Boling	Director, President, Secretary, Shareholder, Treasurer	100.00

Show Former

## Filed Documents

Date Filed	Type	Filing	Certificate
7/22/2014	Creation Filing	<a href="#">Click to View</a>	<a href="#">Click to View</a>
7/22/2014	Initial Report	<a href="#">Click to View</a>	
12/23/2015	Biennial Report	<a href="#">Click to View</a>	
11/20/2017	Biennial Report	<a href="#">Click to View</a>	
12/18/2019	Biennial Report	<a href="#">Click to View</a>	

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