



# City of Homer

[www.cityofhomer-ak.gov](http://www.cityofhomer-ak.gov)

Police Department

4060 Heath Street  
Homer, Alaska 99603

[police@cityofhomer-ak.gov](mailto:police@cityofhomer-ak.gov)

(p) 907-235-3150

(f) 907-235-3151/ 907-226-3009

## Memorandum

TO: RENEK KRAUSE, MMC, DEPUTY CITY CLERK

CC: LISA LINEGAR, COMMUNICATIONS SUPERVISOR

FROM: MARK ROBL, POLICE CHIEF

DATE: MARCH 12, 2020

SUBJECT: CAPT. PATTIES FISH HOUSE, LITTLE MERMAID AND SAVE-U-MORE LIQUOR #6

---

The Homer Police Department has no objection to the Liquor License Renewal Application within the City of Homer for the following businesses:

License Type: Package Store  
License #: 4221  
DBA Name: Save U More Liquor #6  
Service Location: 3611 Greatland Street  
Homer, AK 99603  
Licensee: Castle Liquor, Inc.  
Contact Person: Deserae Shipman

License Type: Restaurant Eating Place  
License #: 3210  
DBA Name: Little Mermaid  
Service Location: 162 W Pioneer Avenue,  
Homer, AK 99603  
Licensee: Voglco, LLC  
Contact Person: Mary Vogl

License Type: Restaurant/Eating Place  
License #: 2673  
DBA Name: Captain Patties Fish House  
Service Location: 4241 Homer Spit Rd. #1  
Homer, AK 99603  
Licensee: Captain Patties Fish House, Inc.  
Contact Person: Patty Hensley



# City of Homer

[www.cityofhomer-ak.gov](http://www.cityofhomer-ak.gov)

Police Department

4060 Heath Street  
Homer, Alaska 99603

[police@cityofhomer-ak.gov](mailto:police@cityofhomer-ak.gov)

(p) 907-235-3150

(f) 907-235-3151/ 907-226-3009

## Memorandum

TO: HOMER CITY CLERK

CC: LISA LINEGAR, COMMUNICATIONS SUPERVISOR

FROM: LIEUTENANT RYAN BROWNING

DATE: MARCH 13, 2020

SUBJECT: LIQUOR LICENSE RENEWAL APPLICATIONS FOR SALTY DAWG SALOON AND ELKS LODGE

---

The Homer Police Department does not have any objections to the following liquor license renewals:

License Type: Beverage Dispensary  
License #: 1002  
DBA Name: Salty Dawg Saloon  
Service Location: 4380 Homer Spit Road, Homer, AK 99603  
Licensee: Sdawg, Inc.  
Contact Person: Cecilia Rockett

License Type: Club  
License #: 367  
DBA Name: BPO Elks Lodge #2127  
Service Location: 215 Jenny Way, Homer, AK 99603  
Licensee: BPO Elks Lodge #2127  
Contact Name: Jan C Jonker



## Office of the Borough Clerk

144 North Binkley Street, Soldotna, Alaska 99669 • (907) 714-2160 • (907) 714-2388 Fax

Johni Blankenship, MMC  
Borough Clerk

March 17, 2020

**Sent via email:** [clerk@ci.homer.ak.us](mailto:clerk@ci.homer.ak.us)

Homer City Hall  
City of Homer Clerk

RE: Non-Objection of Application

|                    |   |  |
|--------------------|---|--|
| Licensee/Applicant | : | B.P.O. ELKS LODGE #2127                          |
| Business Name      | : | BPO Elks Lodge #2127 (HOMER)                     |
| License Type       | : | Club   |
| License Location   | : | 215 W. Jenny Way, Homer, AK 99603, City of Homer |
| License No.        | : | 367  |
| Application Type   | : | License Renewal                                  |

Dear Ms. Jacobsen,

This serves to advise that the Kenai Peninsula Borough has reviewed the above referenced application and has no objection.

Should you have any questions, or need additional information, please do not hesitate to let us know.

Sincerely,

Johni Blankenship, MMC  
Borough Clerk

JB/ts

Encl.

cc: [homerelk@gci.net](mailto:homerelk@gci.net); [clerk@ci.homer.ak.us](mailto:clerk@ci.homer.ak.us); [DCooper@kpb.us](mailto:DCooper@kpb.us); [SNess@kpb.us](mailto:SNess@kpb.us)



## Office of the Borough Clerk

144 North Binkley Street, Soldotna, Alaska 99669 • (907) 714-2160 • (907) 714-2388 Fax

Johni Blankenship, MMC  
Borough Clerk

March 11, 2020

**Sent via email:** [clerk@ci.homer.ak.us](mailto:clerk@ci.homer.ak.us)

Homer City Hall  
City of Homer Clerk

RE: Non-Objection of Application

|                    |   |   |
|--------------------|---|---|
| Licensee/Applicant | : | Captain Patties Fish House, Inc.                        |
| Business Name      | : | Captain Patties Fish House                              |
| License Type       | : | Restaurant/Eating Places - Seasonal                     |
| License Location   | : | 4241 Homer Spit Road #1, Homer, AK 99603, City of Homer |
| License No.        | : | 2673  |
| Application Type   | : | License Renewal   |

Dear Ms. Jacobsen,

This serves to advise that the Kenai Peninsula Borough has reviewed the above referenced application and has no objection.

Should you have any questions, or need additional information, please do not hesitate to let us know.

Sincerely,

Johni Blankenship, MMC  
Borough Clerk

JB/ts

Encl.

cc: [pattyhensley1@hotmail.com](mailto:pattyhensley1@hotmail.com); [clerk@ci.homer.ak.us](mailto:clerk@ci.homer.ak.us); [DCooper@kpb.us](mailto:DCooper@kpb.us); [SNess@kpb.us](mailto:SNess@kpb.us)



## Office of the Borough Clerk

144 North Binkley Street, Soldotna, Alaska 99669 • (907) 714-2160 • (907) 714-2388 Fax

Johni Blankenship, MMC  
Borough Clerk

March 17, 2020

**Sent via email:** clerk@ci.homer.ak.us

Homer City Hall  
City of Homer Clerk

RE: Non-Objection of Application

|                    |   |   |
|--------------------|---|---|
| Licensee/Applicant | : | Sdawg, Inc.   |
| Business Name      | : | Salty Dawg Saloon                                       |
| License Type       | : | Beverage Dispensary                                     |
| License Location   | : | 4380 Homer Spit Road, Homer, AK 99603, City of<br>Homer |
| License No.        | : | 1002  |
| Application Type   | : | License Renewal   |

Dear Ms. Jacobsen,

This serves to advise that the Kenai Peninsula Borough has reviewed the above referenced application and has no objection.

Should you have any questions, or need additional information, please do not hesitate to let us know.

Sincerely,

Johni Blankenship, MMC  
Borough Clerk

JB/ts

Encl.

cc: saltydawgsaloonak@gmail.com; clerk@ci.homer.ak.us; DCooper@kpb.us;  
SNess@kpb.us



## Office of the Borough Clerk

144 North Binkley Street, Soldotna, Alaska 99669 • (907) 714-2160 • (907) 714-2388 Fax

Johni Blankenship, MMC  
Borough Clerk

March 11, 2020

**Sent via email:** clerk@ci.homer.ak.us

Homer City Hall  
City of Homer Clerk

RE: Non-Objection of Application

|                    |   |  |
|--------------------|---|--|
| Licensee/Applicant | : | Castle Liquor, Inc.                    |
| Business Name      | : | SAVE-U-MORE LIQUOR #6                  |
| License Type       | : | Package Store                          |
| License Location   | : | 3611 Greatland Street, Homer, AK 99603 |
| License No.        | : | 4221                                   |
| Application Type   | : | License Renewal                        |

Dear Ms. Jacobsen,

This serves to advise that the Kenai Peninsula Borough has reviewed the above referenced application and has no objection.

Should you have any questions, or need additional information, please do not hesitate to let us know.

Sincerely,

Johni Blankenship, MMC  
Borough Clerk

JB/ts

Encl.

cc: gerlindekonrad@gmail.com; clerk@ci.homer.ak.us; DCooper@kpb.us;  
SNess@kpb.us



## Office of the Borough Clerk

144 North Binkley Street, Soldotna, Alaska 99669 • (907) 714-2160 • (907) 714-2388 Fax

Johni Blankenship, MMC  
Borough Clerk

March 11, 2020

**Sent via email:** clerk@ci.homer.ak.us

Homer City Hall  
City of Homer Clerk

RE: Non-Objection of Application

|                    |   |  |
|--------------------|---|--|
| Licensee/Applicant | : | Voglco, LLC                            |
| Business Name      | : | Little Mermaid                         |
| License Type       | : | Restaurant/Eating Places               |
| License Location   | : | 162 W. Pioneer Avenue, Homer, AK 99603 |
| License No.        | : | 3210                                   |
| Application Type   | : | License Renewal                        |

Dear Ms. Jacobsen,

This serves to advise that the Kenai Peninsula Borough has reviewed the above referenced application and has no objection.

Should you have any questions, or need additional information, please do not hesitate to let us know.

Sincerely,

Johni Blankenship, MMC  
Borough Clerk

JB/ts

Encl.

cc: kathyvogl@yahoo.com; clerk@ci.homer.ak.us; DCooper@kpb.us; SNess@kpb.us



March 5, 2020

City of Homer

Kenai Peninsula Borough

Via Email: [clerk@cityofhomer-ak.gov](mailto:clerk@cityofhomer-ak.gov) ; [jblankenship@kpb.us](mailto:jblankenship@kpb.us) ; [Dhenry@kpb.us](mailto:Dhenry@kpb.us) ; [JRodgers@kpb.us](mailto:JRodgers@kpb.us) ;  
[SNess@kpb.us](mailto:SNess@kpb.us) ; [joanne@borough.kenai.ak.us](mailto:joanne@borough.kenai.ak.us) ; [tshassetz@kpb.us](mailto:tshassetz@kpb.us)

**Re: Notice of 2020/2021 Liquor License Renewal Application**

|      |                            |                         |
|------|----------------------------|-------------------------|
| 2673 | Captain Patties Fish House | Restaurant/Eating Place |
| 3210 | Little Mermaid             | Restaurant/Eating Place |
| 4221 | Save-U-More Liquor #6      | Package 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,

Glen Klinkhart, Director  
[amco.localgovernmentonly@alaska.gov](mailto:amco.localgovernmentonly@alaska.gov)





**Alaska Alcoholic Beverage Control Board**  
**Restaurant or Eating Place License**  
**Form AB-17a: 2020/2021 Renewal License Application**

**What is this form?**

This renewal license application form is required for all individuals or entities seeking to apply for renewal of an existing restaurant or eating place liquor license that is due to renew by December 31, 2019. All fields of this form must be complete and correct, or the application will be returned to you in the manner in which it was received, per AS 04.11.270 and 3 AAC 304.105. The Community Council field only should be verified/completed by licensees whose establishments are located within the Municipality of Anchorage or outside of city limits within the Matanuska-Susitna Borough.

This form must be completed and submitted to AMCO's main office before any license renewal application will be reviewed. Receipt and/or processing of renewal payments by AMCO staff neither indicates nor guarantees that an application will be considered complete, or that a license will be renewed.

**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.

|                              |   |                   |      |
|------------------------------|---|-------------------|------|
| <b>Licensee:</b>             | Captain Patties Fish House, Inc.        | <b>License #:</b> | 2673 |
| <b>License Type:</b>         | Restaurant/Eating Place                 |                   |      |
| <b>Doing Business As:</b>    | Captain Patties Fish House              |                   |      |
| <b>Premises Address:</b>     | 4241 Homer Spit Road #1                 |                   |      |
| <b>Local Governing Body:</b> | City of Homer (Kenai Peninsula Borough) |                   |      |
| <b>Community Council:</b>    | None                                    |                   |      |

|                         |            |               |    |             |       |
|-------------------------|------------|---------------|----|-------------|-------|
| <b>Mailing Address:</b> | PO Box 210 |               |    |             |       |
| <b>City:</b>            | Anchorage  | <b>State:</b> | AK | <b>ZIP:</b> | 99556 |

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.

|                          |                           |                       |              |
|--------------------------|---------------------------|-----------------------|--------------|
| <b>Contact Licensee:</b> | Patty Hensley             | <b>Contact Phone:</b> | 907.399.1925 |
| <b>Contact Email:</b>    | PattyHensley1@hotmail.com |                       |              |

**Optional:** If you wish for AMCO staff to communicate with an 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.

|                         |  |                       |  |
|-------------------------|--|-----------------------|--|
| <b>Name of Contact:</b> |  | <b>Contact Phone:</b> |  |
| <b>Contact Email:</b>   |  |                       |  |



# Form AB-17a: 2020/2021 Restaurant Renewal License Application

## Section 2 – Entity or Community Ownership Information

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

|                       |        |
|-----------------------|--------|
| Alaska CBPL Entity #: | 739780 |
|-----------------------|--------|

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.



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 **shareholder 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 titles, 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. **You must list ALL of your qualifying officials, additional copies of this page or a separate sheet of paper may be submitted if necessary.**

|                   |               |        |              |              |
|-------------------|---------------|--------|--------------|--------------|
| Name of Official: | Patty Hensley |        |              |              |
| Title(s):         | Pres.         | Phone: | 907-399-1925 | % Owned: 100 |
| Mailing Address:  | PO Box 210    |        |              |              |
| City:             | Anchorage PT  | State: | AK           | ZIP: 99504   |

|                   |               |        |          |            |
|-------------------|---------------|--------|----------|------------|
| Name of Official: | John Michels  |        |          |            |
| Title(s):         | Sec/Treas.    | Phone: | 399-1902 | % Owned: 5 |
| Mailing Address:  | PO Box 210    |        |          |            |
| City:             | Anchorage PT. | State: | AK       | ZIP: 99504 |

|                   |  |        |  |            |
|-------------------|--|--------|--|------------|
| Name of Official: |  |        |  |            |
| Title(s):         |  | Phone: |  | % Owned: 5 |
| Mailing Address:  |  |        |  |            |
| City:             |  | State: |  | ZIP:       |

AMCO  
DEC 30 2019



# Form AB-17a: 2020/2021 Restaurant Renewal License Application

## Section 3 – Sole Proprietor Ownership Information

Entities, such as corporations or LLCs, should skip this section. This section must be completed by any licensee who directly holds the license as an **individual or multiple individuals** and is applying for license renewal. If more space is needed, please attach a separate sheet that includes all of the required information.

The following information must be completed for each licensee and each affiliate.

This individual is an:  applicant  affiliate

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

This individual is an:  applicant  affiliate

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

## Section 4 – Alcohol Server Education

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

Initials

I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check identification of a patron have completed an alcohol server education course approved by the ABC Board and keep current, valid copies of their course completion cards on the licensed premises during all working hours, as set forth in AS 04.21.025 and 3 AAC 304.465.

## Section 5 – License Operation

Check a **single box** for each calendar year that best describes how this liquor license was operated:

2018    2019

The license was regularly operated continuously throughout each year.

The license was regularly operated during a specific season each year.

The license was only operated to meet the minimum requirement of 240 total hours each calendar year.

*If this box is checked, a complete copy of Form AB-30: Proof of Minimum Operation Checklist, and all necessary documentation must be provided with this application.*

The license was not operated at all or was not operated for at least the minimum requirement of 240 total hours each year, during one or both of the calendar years.

*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.*

# Notice of Violation

(3AAC 304.625)

Information provided and responses are public documents per Alaska Public Access Law.

Date: [Redacted] License #/Type: #2673 **Restaurant/Eating Place**  
 Licensee: John Patties Fish House, Inc. Address: 4241 Homer Spit Road, Homer, AK  
 DBA: John Patties Fish House AMCO Case #: 19-0740

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

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

On 12-19, an inspection was conducted at your establishment. It was noted that the premises had significantly expanded. The expansion was not approved by the Director. Licensee John Mische was asked to provide proof of server education to which he replied he works in the back and was unaware he had to have it. It was explained to him that as a licensee and a supervisor he is required to have server education.

Your attention is directed to 3AAC 304.184: Licensed premises, AS 04.21.025: Alcohol server education, AS 04.21.030: Responsibility of licensees, agents, and employees and AS 04.16.150: Licensee responsible for violations

**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 304.185 (B) provides that upon receipt of a Notice of Violation, a licensee may request to appear before the Director and be heard on the Notice of Violation. The request must be made within ten days after receipt of the Notice and the Director must grant an appearance without cost. A Licensee shall respond, either orally or in writing, to the Notice.

Alcoholic Beverage Control Office  
 Attention: Enforcement  
 550 West 12th Avenue, Suite 1600  
 Anchorage, Alaska 99501  
[amco.enforcement@alaska.gov](mailto:amco.enforcement@alaska.gov)

Issued by: **J. Hamilton**

Received by:

SIGNATURE: [Redacted]

SIGNATURE:

Delivered by: **Mail**

Date:

AMCO

**From:** [John Michels](#)  
**To:** [CED AMCO Enforcement \(CED sponsored\)](#)  
**Subject:** Notice of Violation - Captain Pattie's Fish House - License #2673  
**Date:** Tuesday, May 28, 2019 11:52:17 AM

---

May 28, 2019

ATTN: Enforcement

In response to the notice of violation dated 05/10/2019, and received today, the following corrections have taken place:

1. Captain Pattie's instantly made the correction of serving alcohol ONLY in the original part of the establishment originally approved. The expansion went through the process of approvals by engineers, architects, City of Homer authorities and the Fire Marshalls and it was believed the ABC Board had also been notified. I emailed the Amended Premises Diagram Friday, May 24 2019 with the necessary corrections, signatures and fee.
2. I am the author of this response. My name is John Michels. I am not a server, never have been and was also unaware I am required to obtain and hold a server education card. I have scheduled myself to attend the next class conducted at the Best Western Bidarka Inn in Homer and taught by David Ahlberg. I contacted him instantly after being notified by Officer Hamilton during his inspection of our premises.

Captain Pattie's has had no violations since we opened in 2000 nor have we ever intended to do so. We are well respected by the community, the local and state police and the City of Homer. We contribute to numerous nonprofit organizations, charities and individuals in need. We will continue to do so if allowed.

Sincerely,

John Michel, owner  
Captain Pattie's Fish House, Inc.



# Form AB-17a: 2020/2021 Restaurant Renewal License Application

## Section 6 - Violations and Convictions

Applicant violations and convictions in calendar years 2018 and 2019:

|   |                                     |                                     |
|---|-------------------------------------|-------------------------------------|
|   | Yes                                 | No                                  |
| Have any notices of violation (NOVs) been issued for <u>this license</u> in the calendar years 2018 or 2019?  | See Attached                        | <input checked="" type="checkbox"/> |
| 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 2018 or 2019? | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |

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

## 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 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.   | <input checked="" type="checkbox"/> |
| 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. | <input checked="" type="checkbox"/> |
| 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.  | <input checked="" type="checkbox"/> |
| I am submitting as part of this application a completed copy of Form AB-33: Restaurant Receipts Affidavit, to provide evidence to the ABC Board that this establishment met the food sales requirement set forth in AS 04.11.100(e).   | <input checked="" type="checkbox"/> |

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.

Signature of licensee

Printed name of licensee

MARILEE A NIELSEN  
Notary Public  
State of Washington  
Notary Public in and for the State of Washington  
My Appointment Expires Jul 20, 2020

Signature of Notary Public

My commission expires: 7-25-20

Subscribed and sworn to before me this 26 day of Dec, 2019.

Seasonal License?  Yes  No

If "Yes", write your six-month operating period: 4/15 - 10/15

|  |                                 |                  |           |        |                                  |
|--|---------------------------------|------------------|-----------|--------|----------------------------------|
| License Fee:                           | \$ <del>600.00</del> <u>300</u> | Application Fee: | \$ 300.00 | TOTAL: | \$ <del>900.00</del> <u>Leto</u> |
| Miscellaneous Fees:                    |                                 |                  |           |        |                                  |
| GRAND TOTAL (if different than TOTAL): |                                 |                  |           |        |                                  |

12-26-19

Dear Amco,

I am requesting my license # 2673 be moved back to a seasonal license for 2020/2021 renewal.

I have also enclosed documentation on the violation I was issued 5/10/19.

Please e-mail me (pattynensley1@hotmail.com) or call 907-399-1925, with any questions.

Thank you,

Patty Nensley

CAPT. PATTIE'S FISH HOUSE, INC.

AMCO

DEC 30 2019



Alaska Alcoholic Beverage Control Board  
 Restaurant or Eating Place License  
**Form AB-17a: 2020/2021 Renewal License Application**

**What is this form?**

This renewal license application form is required for all individuals or entities seeking to apply for renewal of an existing restaurant or eating place liquor license that is due to renew by December 31, 2019. All fields of this form must be complete and correct, or the application will be returned to you in the manner in which it was received, per AS 04.11.270 and 3 AAC 304.105. The Community Council field only should be verified/completed by licensees whose establishments are located within the Municipality of Anchorage or outside of city limits within the Matanuska-Susitna Borough.

This form must be completed and submitted to AMCO's main office before any license renewal application will be reviewed. Receipt and/or processing of renewal payments by AMCO staff neither indicates nor guarantees that an application will be considered complete, or that a license will be renewed.

**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:             | Voglco LLC                              | License #: | 3210 |
| License Type:         | Restaurant/Eating Place                 |            |      |
| Doing Business As:    | Little Mermaid                          |            |      |
| Premises Address:     | 162 W Pioneer Avenue                    |            |      |
| Local Governing Body: | City of Homer (Kenai Peninsula Borough) |            |      |
| Community Council:    | None                                    |            |      |

|                  |               |        |    |
|------------------|---------------|--------|----|
| Mailing Address: | P.O. Box 3350 |        |    |
| City:            | Homer         | State: | AK |
| ZIP:             | 99603         |        |    |

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: | Mary Vogl           | Contact Phone: | 907-435-7142 |
| Contact Email:    | Kathyvogl@yahoo.com |                |              |

Optional: If you wish for AMCO staff to communicate with an 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:   |  |                |  |







# Form AB-17a: 2020/2021 Restaurant Renewal License Application

## Section 2 - Entity or Community Ownership Information

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

|                       |          |
|-----------------------|----------|
| Alaska CBPL Entity #: | 10112774 |
|-----------------------|----------|

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.

MKV

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 **shareholder 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 titles, 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. You must list **ALL** of your qualifying officials, additional copies of this page or a separate sheet of paper may be submitted if necessary.

|                   |             |        |              |          |       |
|-------------------|-------------|--------|--------------|----------|-------|
| Name of Official: | Evan Vogl   |        |              |          |       |
| Title(s):         | Member      | Phone: | 907-435-7141 | % Owned: | 50    |
| Mailing Address:  | PO Box 3350 |        |              |          |       |
| City:             | Homer       | State: | AK           | ZIP:     | 99603 |

|                   |             |        |              |          |       |
|-------------------|-------------|--------|--------------|----------|-------|
| Name of Official: | Mary Vogl   |        |              |          |       |
| Title(s):         | member      | Phone: | 907-435-7142 | % Owned: | 50    |
| Mailing Address:  | PO Box 3350 |        |              |          |       |
| City:             | Homer       | State: | AK           | ZIP:     | 99603 |

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



# Form AB-17a: 2020/2021 Restaurant Renewal License Application

## Section 3 – Sole Proprietor Ownership Information

Entities, such as corporations or LLCs, should skip this section. This section must be completed by any licensee who directly holds the license as an **individual or multiple individuals** and is applying for license renewal. If more space is needed, please attach a separate sheet that includes all of the required information.

The following information must be completed for each licensee and each affiliate.

This individual is an:  applicant  affiliate

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

This individual is an:  applicant  affiliate

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

## Section 4 – Alcohol Server Education

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

Initials

I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check identification of a patron have completed an alcohol server education course approved by the ABC Board and keep current, valid copies of their course completion cards on the licensed premises during all working hours, as set forth in AS 04.21.025 and 3 AAC 304.465.

## Section 5 – License Operation

Check a **single box** for each calendar year that best describes how this liquor license was operated:

2018    2019

The license was regularly operated continuously throughout each year.

The license was regularly operated during a specific season each year.

The license was only operated to meet the minimum requirement of 240 total hours each calendar year.

*If this box is checked, a complete copy of Form AB-30: Proof of Minimum Operation Checklist, and all necessary documentation must be provided with this application.*

The license was not operated at all or was not operated for at least the minimum requirement of 240 total hours each year, during one or both of the calendar years.

*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.*



# Form AB-17a: 2020/2021 Restaurant Renewal License Application

## Section 6 - Violations and Convictions

Applicant violations and convictions in calendar years 2018 and 2019:

Yes No

Have any notices of violation (NOVs) been issued for this license in the calendar years 2018 or 2019?

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 2018 or 2019?

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

## 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 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.

mkv

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.

mkv

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.

mkv

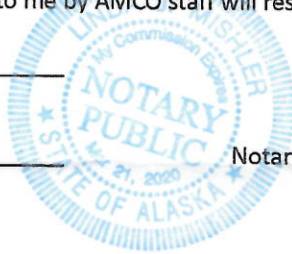
I am submitting as part of this application a completed copy of Form AB-33: Restaurant Receipts Affidavit, to provide evidence to the ABC Board that this establishment met the food sales requirement set forth in AS 04.11.100(e).

mkv

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.

Mary K Vogl  
Signature of licensee

Mary K Vogl  
Printed name of licensee



Linda J. Anushkin  
Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: 3/21/2020

Subscribed and sworn to before me this 24 day of January, 2020

Seasonal License?  Yes  No

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

|  |           |                  |           |        |           |
|--|-----------|------------------|-----------|--------|-----------|
| License Fee:                           | \$ 600.00 | Application Fee: | \$ 300.00 | TOTAL: | \$ 900.00 |
| Miscellaneous Fees:                    |           |                  |           |        |           |
| GRAND TOTAL (if different than TOTAL): |           |                  |           |        |           |



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

Package Store License

**Form AB-17b: 2020/2021 Renewal License Application**

**What is this form?**

This renewal license application form is required for all individuals or entities seeking to apply for renewal of an existing package store liquor license that is due to renew by December 31, 2019. All fields of this form must be complete and correct, or the application will be returned to you in the manner in which it was received, per AS 04.11.270 and 3 AAC 304.105. The Community Council field only should be verified/completed by licensees whose establishments are located within the Municipality of Anchorage or outside of city limits within the Matanuska-Susitna Borough.

This form must be completed and submitted to AMCO's main office before any license renewal application will be reviewed. Receipt and/or processing of renewal payments by AMCO staff neither indicates nor guarantees that an application will be considered complete, or that a license will be renewed.

**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:             | Castle Liquor Inc.                      | License #: | 4221 |
| License Type:         | Package Store                           |            |      |
| Doing Business As:    | Save-U-More Liquor #6                   |            |      |
| Premises Address:     | 3611 Greatland                          |            |      |
| Local Governing Body: | City of Homer (Kenai Peninsula Borough) |            |      |
| Community Council:    | None                                    |            |      |

|                  |              |        |    |
|------------------|--------------|--------|----|
| Mailing Address: | PO Box 58547 |        |    |
| City:            | Seattle      | State: | WA |
| ZIP:             | 98138        |        |    |

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: | Gerlinde Konrad          | Contact Phone: | 253-854-0208 |
| Contact Email:    | gerlindekonrad@gmail.com |                |              |

Optional: If you wish for AMCO staff to communicate with an 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: | Deserae Shipman    | Contact Phone: | 253-854-0208 |
| Contact Email:   | inorex@comcast.net |                |              |



# Form AB-17b: 2020/2021 Package Store Renewal License Application

## Section 2 – Entity or Community Ownership Information

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

|                       |        |
|-----------------------|--------|
| Alaska CBPL Entity #: | 43171D |
|-----------------------|--------|

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.

ve

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 **shareholder 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 titles, 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. **You must list ALL of your qualifying officials, additional copies of this page or a separate sheet of paper may be submitted if necessary.**

|                   |                 |        |              |              |
|-------------------|-----------------|--------|--------------|--------------|
| Name of Official: | Valentin Caspar |        |              |              |
| Title(s):         | President       | Phone: | 253-851-0208 | % Owned: 100 |
| Mailing Address:  | PO Box 58547    |        |              |              |
| City:             | Seattle         | State: | WA           | ZIP: 98138   |

|                   |                 |        |              |            |
|-------------------|-----------------|--------|--------------|------------|
| Name of Official: | Gerlinde Konrad |        |              |            |
| Title(s):         | Secretary       | Phone: | 253-851-0208 | % Owned:   |
| Mailing Address:  | 6122 Yakima     |        |              |            |
| City:             | Tacoma          | State: | WA           | ZIP: 98444 |

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



Form AB-17b: 2020/2021 Package Store Renewal License Application

Section 3 - Sole Proprietor Ownership Information

Entities, such as corporations or LLCs, should skip this section. This section must be completed by any licensee who directly holds the license as an individual or multiple individuals and is applying for license renewal. If more space is needed, please attach a separate sheet that includes all of the required information.

The following information must be completed for each licensee and each affiliate.

This individual is an: [ ] applicant [ ] affiliate

Form with fields: Name, Contact Phone, Mailing Address, City, State, ZIP, Email

This individual is an: [ ] applicant [ ] affiliate

Form with fields: 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.

[Handwritten initials]

Section 5 - License Operation

Check a single box for each calendar year that best describes how this liquor license was operated:

2018 2019

The license was regularly operated continuously throughout each year.

[X] [X]

The license was regularly operated during a specific season each year.

[ ] [ ]

The license was only operated to meet the minimum requirement of 240 total hours each calendar year.

[ ] [ ]

If this box is checked, a complete copy of Form AB-30: Proof of Minimum Operation Checklist, and all necessary documentation must be provided with this application.

The license was not operated at all or was not operated for at least the minimum requirement of 240 total hours each year, during one or both of the calendar years.

[ ] [ ]

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.



Alaska Alcoholic Beverage Control Board

Form AB-17b: 2020/2021 Package Store Renewal License Application

Section 6 - Written Orders

Written orders in calendar years 2020 and 2021: Yes No
Do you intend to sell alcoholic beverages and ship them to another location in response to written solicitation in calendar years 2020 and/or 2021? [ ] [x]

Section 7 - Violations and Convictions

Applicant violations and convictions in calendar years 2018 and 2019: Yes No
Have any notices of violation (NOVs) been issued for this license in the calendar years 2018 or 2019? [ ] [x]
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 2018 or 2019? [ ] [x]

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: Initials

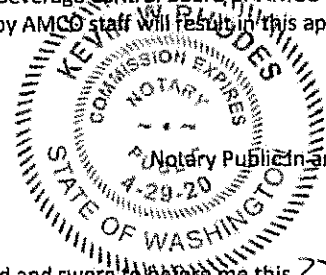
I certify that all current licensees (as defined in AS 04.11.260) and affiliates have been listed on this application, and that in accordance with AS 04.11.450, no one other than the licensee(s) has a direct or indirect financial interest in the licensed business. [Initials]

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. [Initials]

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. [Initials]

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.

Signature of licensee: Gerlunde Konrad
Printed name of licensee: Gerlunde Konrad



Signature of Notary Public: [Signature]
Notary Public and for the State of Washington
My commission expires: 04/29/2020

Subscribed and sworn to before me this 27th day of February, 2020.

Seasonal License? Yes [ ] No [ ] If "Yes", write your six-month operating period: \_\_\_\_\_

Table with 4 columns: License Fee (\$1500.00), Application Fee (\$300.00), TOTAL (\$1800.00), Miscellaneous Fees, GRAND TOTAL (if different than TOTAL): 1800.00



March 13, 2020

City of Homer  
Kenai Peninsula Borough  
Via Email: [clerk@cityofhomer-ak.gov](mailto:clerk@cityofhomer-ak.gov) ; [jblankenship@kpb.us](mailto:jblankenship@kpb.us) ; [Dhenry@kpb.us](mailto:Dhenry@kpb.us) ; [JRodgers@kpb.us](mailto:JRodgers@kpb.us) ;  
[SNess@kpb.us](mailto:SNess@kpb.us) ; [joanne@borough.kenai.ak.us](mailto:joanne@borough.kenai.ak.us) ; [tshassetz@kpb.us](mailto:tshassetz@kpb.us)

**Re: Notice of 2020/2021 Liquor License Renewal Application**

| License # | DBA                  | License Type        |
|-----------|----------------------|---------------------|
| 1002      | Salty Dawg Saloon    | Beverage Dispensary |
| 367       | BPO Elks Lodge #2127 | Club                |

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,

Glen Klinkhart, Director  
[amco.localgovernmentonly@alaska.gov](mailto:amco.localgovernmentonly@alaska.gov)





Alaska Alcoholic Beverage Control Board

**Form AB-17: 2020/2021 Renewal License Application**

**What is this form?**

This renewal license application form is required for all individuals or entities seeking to apply for renewal of an existing liquor license that are due to renew by December 31, 2019. All fields of this form must be complete and correct, or the application will be returned to you in the manner in which it was received, per AS 04.11.270 and 3 AAC 304.105. The Community Council field only should be verified/completed by licensees whose establishments are located within the Municipality of Anchorage or outside of city limits within the Matanuska-Susitna Borough.

**This form must be completed and submitted to AMCO's main office before any license renewal application will be reviewed. Receipt and/or processing of renewal payments by AMCO staff neither indicates nor guarantees that an application will be considered complete, or that a license will be renewed.**

**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:             | BPO Elks Lodge #2127                    | License #: | 367   |
| License Type:         | Club                                    |            |       |
| Doing Business As:    | BPO Elks Lodge #2127                    |            |       |
| Premises Address:     | 215 W Jenny Way                         |            |       |
| Local Governing Body: | City of Homer (Kenai Peninsula Borough) |            |       |
| Community Council:    | None                                    |            |       |
| Mailing Address:      | 215 Jenny Way                           |            |       |
| City:                 | Homer                                   | State:     | AK    |
|                       |   | ZIP:       | 99603 |

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: | JAN C. JONKER    | Contact Phone: | 907-235-2127 |
| Contact Email:    | homerelk@goi.net |                |              |

**Optional:** If you wish for AMCO staff to communicate with an 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:   |  |                |  |



# Form AB-17: 2020/2021 Renewal License Application

## Section 2 – Entity or Community Ownership Information

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

|                       |       |
|-----------------------|-------|
| Alaska CBPL Entity #: | 50930 |
|-----------------------|-------|

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.

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 **shareholder 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 titles, 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. **You must list ALL of your qualifying officials, additional copies of this page or a separate sheet of paper may be submitted if necessary.**

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

|                   |        |          |  |  |
|-------------------|--------|----------|--|--|
| 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-17: 2020/2021 Renewal License Application

## Section 2 – Entity or Community Ownership Information

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

|                       |       |
|-----------------------|-------|
| Alaska CBPL Entity #: | 5093D |
|-----------------------|-------|

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.

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 **shareholder 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 titles, 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. **You must list ALL of your qualifying officials, additional copies of this page or a separate sheet of paper may be submitted if necessary.**

|                   |                 |        |              |          |       |
|-------------------|-----------------|--------|--------------|----------|-------|
| Name of Official: | Stephen Mueller |        |              |          |       |
| Title(s):         | President       | Phone: | 907-235-7748 | % Owned: | 0%    |
| Mailing Address:  | PO Box 1843     |        |              |          |       |
| City:             | Homer           | State: | AK           | ZIP:     | 99603 |

|                   |                  |        |              |          |       |
|-------------------|------------------|--------|--------------|----------|-------|
| Name of Official: | Benjamin D Spell |        |              |          |       |
| Title(s):         | Vice President   | Phone: | 907-687-9982 | % Owned: | 0%    |
| Mailing Address:  | POB 1978         |        |              |          |       |
| City:             | Homer            | State: | AK           | ZIP:     | 99603 |

|                   |                    |        |              |          |       |
|-------------------|--------------------|--------|--------------|----------|-------|
| Name of Official: | Mr. Jan C Jonker   |        |              |          |       |
| Title(s):         | Secretary          | Phone: | 907-435-7652 | % Owned: | 0%    |
| Mailing Address:  | 422 Elderberry CT. |        |              |          |       |
| City:             | Homer              | State: | AK           | ZIP:     | 99603 |



# Form AB-17: 2020/2021 Renewal License Application

## Section 3 – Sole Proprietor Ownership Information

Entities, such as corporations or LLCs, should skip this section. This section must be completed by any licensee who directly holds the license as an **individual or multiple individuals** and is applying for license renewal. If more space is needed, please attach a separate sheet that includes all of the required information.

The following information must be completed for each licensee and each affiliate. **N/A**

This individual is an:  applicant  affiliate

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

This individual is an:  applicant  affiliate

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

## Section 4 – Alcohol Server Education

This section must be completed only by the holder of a **beverage dispensary, club, or pub** license or **conditional contractor's permit**. The holders of all other license types should skip to Section 5.

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

Initials

I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check identification of a patron have completed an alcohol server education course approved by the ABC Board and keep current, valid copies of their course completion cards on the licensed premises during all working hours, as set forth in AS 04.21.025 and 3 AAC 304.465.

## Section 5 – License Operation

Check a **single box** for each calendar year that best describes how this liquor license was operated:

|   | 2018                                | 2019                                |
|---|-------------------------------------|-------------------------------------|
| The license was regularly operated continuously throughout each year.   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| The license was regularly operated during a specific season each year.  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| The license was only operated to meet the minimum requirement of 240 total hours each calendar year.<br><i>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.</i>   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 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.<br><i>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.</i> | <input type="checkbox"/>            | <input type="checkbox"/>            |



# Form AB-17: 2020/2021 Renewal License Application

## Section 6 – Violations and Convictions

Applicant violations and convictions in calendar years 2018 and 2019:

Yes No

Have any notices of violation (NOVs) been issued for this license in the calendar years 2018 or 2019?

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 2018 or 2019?

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 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 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.

JCS

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 Board.

JCS

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.

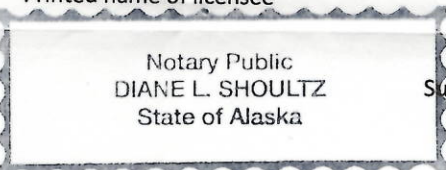
JCS

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.

Jane C. Jonker  
Signature of licensee  
JAN C. JONKER  
Printed name of licensee

Diane Shultz  
Signature of Notary Public  
Notary Public in and for the State of AK

My commission expires: 1-11-2023



Subscribed and sworn to before me this 20 day of December, 2019.

Seasonal License?  Yes  No

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

|  |            |                  |           |        |            |
|--|------------|------------------|-----------|--------|------------|
| License Fee:                           | \$ 1200.00 | Application Fee: | \$ 300.00 | TOTAL: | \$ 1500.00 |
| Miscellaneous Fees:                    |            |                  |           |        |            |
| GRAND TOTAL (if different than TOTAL): |            |                  |           |        | 1500.00    |





What is this form?

# Form AB-17: 2020/2021 Renewal License Application

Alaska Alcoholic Beverage Control Board

Alcohol and Marijuana Control Office  
 550 W 7th 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

This renewal license application form is required for all individuals or entities seeking to apply for renewal of an existing liquor license that are due to renew by December 31, 2019. All fields of this form must be complete and correct, or the application will be returned to you in the manner in which it was received, per AS 04.11.270 and 3 AAC 304.105. The Community Council field only should be verified/completed by licensees whose establishments are located within the Municipality of Anchorage or outside of city limits within the Matanuska-Susitna Borough.

This form must be completed and submitted to AMCO's main office before any license renewal application will be reviewed. Receipt and/or processing of renewal payments by AMCO staff neither indicates nor guarantees that an application will be considered complete, or that a license will be renewed.

## 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:             | Sdawg Inc.                              | License #: | 1002 |
| License Type:         | Beverage Dispensary                     |            |      |
| Doing Business As:    | Salty Dawg Saloon                       |            |      |
| Premises Address:     | 4380 Homer Spit Road                    |            |      |
| Local Governing Body: | City of Homer (Kenai Peninsula Borough) |            |      |
| Community Council:    | None                                    |            |      |

|                  |               |        |       |
|------------------|---------------|--------|-------|
| Mailing Address: | P.O. Box 2581 |        |       |
| City:            | Homer         | State: | AK    |
|                  |               | ZIP:   | 99603 |

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: | JOHN L WARREN               | Contact Phone: | 907-249-5564 |
| Contact Email:    | saltydawgsaloonak@gmail.com |                |              |

Optional: If you wish for AMCO staff to communicate with an 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: | Dealia Rockett              | Contact Phone: | 907-299-7776 |
| Contact Email:   | saltydawgsaloonak@gmail.com |                |              |



Form AB-17: 2020/2021 Renewal License Application

Section 2 - Entity or Community Ownership Information

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

Alaska CBPL Entity #: 60345D

You must ensure that you are able to certify the following statement before signing your initials in the box to the right: Initials

[Signature]

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.

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 shareholder 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 titles, 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. You must list ALL of your qualifying officials, additional copies of this page or a separate sheet of paper may be submitted if necessary.

Name of Official: JOHN L. WARREN, Title(s): PRESIDENT, Mailing Address: P.O. Box 3581, City: Homer, AK, State: AK, Phone: 907-399-5544, % Owned: 100, ZIP: 99603

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

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



# Form AB-17: 2020/2021 Renewal License Application

## Section 3 - Sole Proprietor Ownership Information

Entities, such as corporations or LLCs, should skip this section. This section must be completed by any licensee who directly holds the license as an individual or multiple individuals and is applying for license renewal. If more space is needed, please attach a separate sheet that includes all of the required information.

The following information must be completed for each licensee and each affiliate.

This individual is an:  applicant  affiliate

|                  |                    |        |    |                |              |
|------------------|--------------------|--------|----|----------------|--------------|
| Name:            | JOHN L. WARE       |        |    | Contact Phone: | 907-399-5564 |
| Mailing Address: | P.O. Box 2581      |        |    |                |              |
| City:            | Homer              | State: | AK | ZIP:           | 99603        |
| Email:           | salthaus@smxll.com |        |    |                |              |

This individual is an:  applicant  affiliate

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

## Section 4 - Alcohol Server Education

This section must be completed only by the holder of a beverage dispensary, club, or pub license or conditional contractor's permit. The holders of all other license types should skip to Section 5.

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

Initials

I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check identification of a patron have completed an alcohol server education course approved by the ABC Board and keep current, valid copies of their course completion cards on the licensed premises during all working hours, as set forth in AS 04.21.025 and 3 AAC 304.465.

## Section 5 - License Operation

Check a single box for each calendar year that best describes how this liquor license was operated:

2018 2019

The license was regularly operated continuously throughout each year.

The license was regularly operated during a specific season each year.

The license was only operated to meet the minimum requirement of 240 total hours each calendar year. If this box is checked, a complete copy of Form AB-30: Proof of Minimum Operation Checklist, and all necessary documentation must be provided with this application.

The license was not operated at all or was not operated for at least the minimum requirement of 240 total hours each year, during one or both of the calendar years. 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.





# Form AB-17: 2020/2021 Renewal License Application

## Section 6 - Violations and Convictions

Applicant violations and convictions in calendar years 2018 and 2019:

Have any notices of violation (NOVs) been issued for this license in the calendar years 2018 or 2019?  
 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 2018 or 2019?  
 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 7 - 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.

[Signature]

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 Board.

[Signature]

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]

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.

Signature of licensee: [Signature]  
 Printed name of licensee: DAVID WARREN

Signature of Notary Public: Linda Laframboise  
 Notary Public in and for the State of: Alaska

My commission expires: 5/2/23

Subscribed and sworn to before me this 25th day of November, 2019  
 NOTARY PUBLIC  
 LINDA LAFRAMBOISE  
 STATE OF ALASKA  
 My Commission Expires May 2, 2023

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

|   |            |                  |           |        |            |
|---|------------|------------------|-----------|--------|------------|
| License Fee:  | \$ 2500.00 | Application Fee: | \$ 300.00 | TOTAL: | \$ 2800.00 |
| Miscellaneous Fees:                                   |            |                  |           |        |            |
| GRAND TOTAL (if different than TOTAL): <u>2800.00</u> |            |                  |           |        |            |