

Office of the City Clerk

491 East Pioneer Avenue Homer, Alaska 99603

clerk@cityofhomer-ak.gov (p) 907-235-3130 (f) 907-235-3143

Memorandum 21-165

TO: MAYOR CASTNER AND HOMER CITY COUNCIL

FROM: RENEE KRAUSE, MMC, DEPUTY CITY CLERK

DATE: SEPTEMBER 21, 2021

SUBJECT: LIQUOR LICENSE TRANSFER GRACE RIDGE BREWING

The City Clerk's Office has been notified by the AMCO Board of a Transfer of Ownership Application of Liquor License Permit for Transfer of Ownership and or location of existing license within the City of Homer, for the following:

Type: Transfer of ownership and/or location of existing license

License #: 5433

DBA Name: Grace Ridge Brewing

Service Location: 3388 B Street Homer, AK 99603 Owner: Grace Ridge Brewing, Inc.

Mailing Address: 3388 B Street, Homer, AK 99603

Transfer to: Grace Ridge Brewing

Service Location: 870 Smoky Bay Way Homer, AK 99603

Owner: Grace Ridge Brewing, Inc.

Mailing Address: 870 Smoky Bay Way, Homer, AK 99603

RECOMMENDATION: Voice non objection and approval for the transfer of liquor license ownership and or location application.

Fiscal Note: Revenues.



Police Department

4060 Heath Street Homer, Alaska 99603

police@cityofhomer-ak.gov (p) 907-235-3150 (f) 907-235-3151/ 907-226-3009

Memorandum

TO: RENEE KRAUSE, MMC, DEPUTY CITY CLERK

CC: LISA LINEGAR, COMMUNICATIONS SUPERVISOR

FROM: RYAN BROWNING – POLICE LIEUTENANT

DATE: SEPTEMBER 21, 2021

SUBJECT: LIQUOR LICENSE TRANSFER FOR GRACE RIDGE BREWING

The Police Department does not have any objections to the transfer of liquor license for the following:

Type: Transfer of ownership and/or location of existing license

License #: 5433

DBA Name: Grace Ridge Brewing

Service Location: 3388 B Street Homer, AK 99603
Owner: Grace Ridge Brewing, Inc.

Mailing Address: 3388 B Street, Homer, AK 99603

Transfer to: Grace Ridge Brewing

Service Location: 870 Smoky Bay Way Homer, AK 99603

Owner: Grace Ridge Brewing, Inc.

Mailing Address: 870 Smoky Bay Way, Homer, AK 99603



Department of Commerce, Community, and Economic Development

ALCOHOL & MARIJUANA CONTROL OFFICE

550 West 7th Avenue, Suite 1600 Anchorage, AK 99501 Main: 907.269.0350

September 23, 2021

City of Homer Attn: City Clerk

Via Email: clerk@cityofhomer-ak.gov
Cc: MJacobsen@ci.homer.ak.us

License Type:	Brewery	License Number:	5433
Licensee:	Grace Ridge Brewing, Inc.		
Doing Business As:	Grace Ridge Brewing		
Premises Address:	870 Smoky Bay Way Homer		
	_		

☐ New Application	☐ Transfer of Ownership Application
	☐ Transfer of Controlling Interest Application

We have received a completed application for the above listed license (see attached application documents) within your jurisdiction. This is the notice required under AS 04.11.480.

A local governing body may protest the approval of an application(s) pursuant to AS 04.11.480 by furnishing the director **and** the applicant with a clear and concise written statement of reasons for the protest within 60 days of receipt of this notice, and by allowing the applicant a reasonable opportunity to defend the application before a meeting of the local governing body, as required by 3 AAC 304.145(d). If a protest is filed, the board will deny the application unless the board finds that the protest is arbitrary, capricious, and unreasonable. To protest the application referenced above, please submit your protest within 60 days and show proof of service upon the applicant.

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

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

Sincerely,

Glen Klinkhart, Director amco.localgovernmentonly@alaska.gov



Alcohol and Marijuana Control Office 550 W 7th Avenue, Suite 1600 Anchorage, AK 99501 alcohol, licensing@alaska.gov

https://www.commerce.alaska.gov/web/amco Phone: 907.269.0350

Form AB-01: Transfer License Application

What is this form?

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

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

Licensee:	GRAGE RIDGE	BREWING INE.	License #:		5433
License Type:	BREWERY		Statutory Refer	ence: A5	1
Doing Business As:	GRACE RIDGE	BREWING			
Premises Address:	3388 B 5	A STATE OF THE STA			
City:	HOMER	State:	ALASKA	ZIP:	99603
Local Governing Body	· Homer Cit	y COUNCIL			1 1000
ransfer Type: Regular transfer Transfer with secu	urity interest				
Regular transfer					
Regular transfer Transfer with secu	sfer	OFFICE USE ONLY		FP Fee -	10023079
Regular transfer Transfer with secu			ction #:	FP See -	
Transfer with secu	sfer				05



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

Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 2 - Transferee Information

Licensee:	GRACE	RITIGE	BREW	24.26	INC.		
Doing Business As:	GRACE	RIDGE	BRE	wing	-NC.		
Premises Address:		maky					
City:	Homer	- marky	State:		aska	ZIP:	99603
Community Council:	HOMER	City (DUNCIL		1 4		1 11005
Mailing Address:	870	Smoky	BAY	WAL	1		
City:	Homer		State:	A	Laska	ZIP:	99603
Designated Licensee:	DONALD	STEAD					11 N.W 11.5
Contact Phone:	THE RESERVE TO SERVE THE PARTY OF THE PARTY				1 -77	- 1	-
	101. 57%	5222	Business	Phone:	907	. 425	- 11 01
Contact Email: Yes easonal License?	907. 399. GRACERIT. No If "Yes		26 @ B.	MAIL.	Com	1 · 4/35	- 06 01
Yes easonal License?	GRACERIT. No If "Yes	DGE BREW, .	ix-month op	erating p	Co M	7 - 4/3s-	- 06 01
Yes easonal License?	GRACERIT. No If "Yes	", write your si	ix-month op	erating p	Co M	7 - 4/3s-	- 06 01
Yes easonal License?	GRACERIT. No If "Yes	", write your si	ix-month op	erating p	Co M	7 - 4/3s-	- 06 01
Yes easonal License?	Section Section a new builthe completed by bever shortest pedestrian	", write your si	ix-month op ises Info a propose y (including to	perating p	eriod:	ore applican	ts only:
Yes asonal License? Pemises to be licensed is: an existing facility e next two questions must What is the distance of the	Section Section a new builthe completed by bever shortest pedestrian	", write your si	ix-month op ises Info a propose y (including to	perating p	eriod:	ore applican	ts only:



Alcohol and Marijuana Control Office 550 W 7th Avenue, Suite 1600 Anchorage, AK 99501 alcohol.licensing@alaska.gov https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

Form AB-01: Transfer License Application

If more space is neede	ompleted by any s	ole proprietor who is a	applying for a	license. Entities should ski	o to Secti	on 5.	
The following informat	ion must be comp	eted for each licensee	and each affili	ate (spouse).			
This individual is an:	applicant	affiliate					
Name:							
Address:					-	-	
City:	1/12 6		State:		ZIP:		
his individual is an:	applicant	affiliate	10				
Address:							
2/02/2017				1		-	
City:			State:		ZIP:		
	Secti	on 5 – Entity C					
more space is needed, If the applicant is a g the stock in the corp If the applicant is a g ownership interest of If the applicant is a g with an interest of 1	lying for a license. , please attach a someonation, the force or attorned for elimited liability orgof 10% or more, and force or more or more.	Sole proprietors shoul eparate sheet with the ollowing information material ach president, vice-pre- tanization, the following ad for each manager. ling a <u>limited partnershoul</u> or each general partnershould contact the should be contact the should be contact the should be contact the should be contact the contact the should be contact the contact the contact cont	Id skip to Section required information sident, secretory information the following.	liability company (LLC), pa ion 6. rmation. ted for each stockholder want ary, and managing officer. must be completed for each	ho owns . h membe	10% or er with	more ol
more space is needed, If the applicant is a g the stock in the corp If the applicant is a g ownership interest of 1 intity Official:	lying for a license.	Sole proprietors shoul eparate sheet with the ollowing information material ach president, vice-pre- tanization, the following ad for each manager. ling a <u>limited partnershoul</u> or each general partnershould contact the should be contact the should be contact the should be contact the should be contact the contact the should be contact the contact the contact cont	Id skip to Section required information with the comple sident, secretory information the following, the following.	ion 6. rmation. ted for each <i>stockholder w.</i> ary, and <i>managing office</i> r. must be completed for eac	ho owns . h membe	10% or er with	more ol
more space is needed, If the applicant is a g the stock in the corp If the applicant is a g ownership interest of 1 Entity Official:	lying for a license. It please attach a secorporation, the foreoration, and for elimited liability orgof 10% or more, are partnership, include 10% or more, and for more more more more more more more mo	Sole proprietors should eparate sheet with the ollowing information match president, vice-presentation, the following of for each manager. It ing a limited partnershor each general partnershor eac	Id skip to Section required information sident, secretory information the following.	ion 6. rmation. ted for each stockholder w. ary, and managing officer. must be completed for each	ho owns . h membe	10% or er with for each	more of an partne
more space is needed, If the applicant is a g the stock in the corp If the applicant is a g ownership interest of If the applicant is a g	lying for a license. I, please attach a secorporation, the foreoration, and for elimited liability orgof 10% or more, are partnership, including or more, and for more more more more more more more mo	Sole proprietors shoul eparate sheet with the ollowing information material ach president, vice-pre- tanization, the following ad for each manager. ling a <u>limited partnershoul</u> or each general partnershould contact the should be contact the should be contact the should be contact the should be contact the contact the should be contact the contact the contact cont	Id skip to Section required information in the following Phone:	ion 6. rmation. ted for each <i>stockholder w.</i> ary, and <i>managing office</i> r. must be completed for eac	ho owns . h membe	10% or er with for each	more of



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

Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

DHERRY 1	1. STEA	D					
			ne: 907-39	19 - 5200	% O	wned:	5
		PT.		7 5400		77.7	
HOMER			: ALASKA	(TE	ZIP:	199	603
MEAGAN	57800				7	30 21 - 1	9 10
			ie: 925	98.77	, % Ov	vned:	5
		2		210 120			
the state of the s	A New Condition of the			GTON	ZIP:	99.	35,3
Scott M.	STEAD				-	7.4-07	
and the second of the second o	and the second s	Phon	e: 907.757	. 370	% Ow	med:	5
		Ros		5.3710			13
			American III To Table 1997 To September 1997	A	ZIP:	99	60
eted by any applican	t that is a corpor	ration c	or LLC. Corporation:	s and LLCs ar	e requi		
	OOC) and have a		red agent who is a	n Individual	resident	t of the s	tate of
10028849	AK Formed I		red agent who is a	Home !	resident State:	ALA:	tate of
10028849 DON STE	AK Formed I	Date:	16 APRIL 201 Agent's Phone:	Home !	resident State:	ALA:	tate of
10028849 DON STE	AK Formed I	Date:	16 APRIL 201 Agent's Phone:	Home !	state:	ALA:	skA
	1401 CANDU 140MER MEAGAN SECRETARY 16205 N. WEST RICH SCOTT M. EXECUTIVE 4940 T 140MER eted by any applican	HOMER MEAGAN STEAD SECRETARY 16205 N. GROSSCUP WEST RICHCAND SCOTT M. STEAD EXECUTIVE DIRECTOR 4940 TUNDRA HOMER eted by any applicant that is a corpor	1401 CANDLELIGHT CT. 140MER State MEAGAN STEAD SECRETARY Phon 16205 N. GROSSCUP RE WEST RICHLAND State SCOTT M. STEAD EXECUTIVE DIRECTOR Phon 4940 TUNDRA ROS 140MER State eted by any applicant that is a corporation of the corporatio	1401 CANDLELIGHT CT. 140MER State: ALASKA MEAGAN STEAD SECRETARY Phone: 925 - 0 16205 N. GROSSCUP RD. WEST RICHLAND State: WASHING SCOTT M. STEAD EXECUTIVE DIRECTOR Phone: 907.7576 4940 TUNDRA ROSE RD. 140MER State: ALASK eted by any applicant that is a corporation of U.C. Corporations eted by any applicant that is a corporation of U.C. Corporations	1401 CANDLELIGHT CT. 140MER State: ALASKA MEAGAN STEAD SECRETARY Phone: 925-698.720 76205 N. GROSSCUP RO. WEST RICHLAND State: WASHIMGTON SCOTT M. STEAD EXECUTIVE DIRECTOR Phone: 907.7576.3710 4940 TUNDRA ROSE RD.	HONER State: ALASKA ZIP: MEAGAN STEAD SECRETARY Phone: 925-698.7204 % ON 76205 N. GROSSCUP RD. WEST RICHLAND State: WASHINGTON ZIP: SCOTT M. STEAD EXECUTIVE DIRECTOR Phone: 907.7570.3710 % ON 4940 TUNDRA ROSE RD. HOMER State: ALASKA ZIP:	HONER State: ALASKA ZIP: 990 MEAGAN STEAD SECRETARY Phone: 925 - 698.7204 % Owned: 76205 N. GROSSCUP RD. WEST RICHLAND State: WASHINGTON ZIP: 99. SCOTT M. STEAD EXECUTIVE DIRECTOR Phone: 907.7576.3710 % Owned: 4940 TUNDRA ROSE RD. HOMER State: ALASKA ZIP: 99



Alcohol and Marijuana Control Office 550 W 7th Avenue, Suite 1600 Anchorage, AK 99501 alcohol.licensing@alaska.gov https://www.commerce.alaska.gov/web/amco Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

mership and financial interest in other alcoholic beverage businesses:	Yes	No
Does any representative or owner named as a transferee in this application have any direct or indirect financial interest in any other alcoholic beverage business that does business in or is licensed in Alaska?		U
f "Yes", disclose which individual(s) has the financial interest, what the type of business is, and if licensed in cense number(s) and license type(s):	Alaska, wh	ich
Section 7 – Authorization		
munication with AMCO staff:	Yes	No
Does any person other than a licensee named in this application have authority to discuss this license with AMCO staff?		0
"Yes", disclose the name of the individual and the reason for this authorization:		



Alcohol and Marijuana Control Office 550 W 7th Avenue, Suite 1600 Anchorage, AK 99501 <u>alcohol.licensing@alaska.gov</u>

https://www.commerce.alaska.gov/web/amco Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 8 - Transferor Certifications

Additional copies of this page may be attached, as needed, for the controlling interest of the current licensee to be represented. I declare under penalty of perjury that the undersigned represents a controlling interest of the current licensee. I additionally certify that I, as the current licensee (either the sole proprietor or the controlling interest of the currently licensed entity) have examined this application, approve of the transfer of this license, and find the information on this application to be true, correct, and complete. Subscribed and sworn to before me this ____ day of _ Notary Public in and for the State of My commission expires: 06-01-2025 Signature of transferor Printed name of transferor Subscribed and sworn to before me this day of

Signature of Notary Public

My commission expires:

Notary Public in and for the State of



Alcohol and Marijuana Control Office 550 W 7th Avenue, Suite 1600 Anchorage, AK 99501 alcohol.licensing@alaska.gov

https://www.commerce.alaska.gov/web/amco
Phone: 907.269.0350

Form AB-01: Transfer License Application

Section 9 - Transferee Certifications

read each line below, a	and then sign your initials in the box to the right of each statement:	Initia
I certify that all propose	ed licensees (as defined in AS 04.11.260) and affiliates have been listed on this application.	1
I certify that all propose	ed licensees have been listed with the Division of Corporations.	4
l certify that I understan for rejection or denial of	nd that providing a false statement on this form or any other form provided by AMCO is grounds f this application or revocation of any license issued.	1
serving alcoholic bevera	s, agents, and employees who sell or serve alcoholic beverages or check the identification of a approved alcohol server education course, if required by AS 04.21.025, and, while selling or ges, will carry or have available to show a current course card or a photocopy of the card approved alcohol server education course, if required by 3 AAC 304.465.	#
agree to provide all info	promotion required by the Alechelic December 2	
	ormation required by the Alcoholic Beverage Control Board in support of this application.	4
as an applicant for a lique hat this application, included	or license, I declare under penalty of perjury that I have read and am familiar with AS 04 and 3 AA uding all accompanying schedules and statements, is true, correct, and complete.	C 304, and
as an applicant for a liquidation, included the same of transferee	or license, I declare under penalty of perjury that I have read and am familiar with AS 04 and 3 AA	C 304, and
as an applicant for a lique hat this application, included	or license, I declare under penalty of perjury that I have read and am familiar with AS 04 and 3 AA uding all accompanying schedules and statements, is true, correct, and complete. P. STEAD	C 304, and
as an applicant for a liquidate this application, including the second s	or license, I declare under penalty of perjury that I have read and am familiar with AS 04 and 3 AA uding all accompanying schedules and statements, is true, correct, and complete. P. STEAD Subscribed and sworn to before me this 8 day of July Adams D. Mariani, and S.	_, 20 <u>2/</u>
as an applicant for a liquidate this application, including the second s	or license, I declare under penalty of perjury that I have read and am familiar with AS 04 and 3 AA uding all accompanying schedules and statements, is true, correct, and complete. P. STEAD Subscribed and sworn to before me this 8 day of July Adams D. Marian D. M	_, 20 <u>2/</u>



Alcohol and Marijuana Control Office 550 W 7th Avenue, Suite 1600 Anchorage, AK 99501 <u>alcohol.licensing@alaska.gov</u>

https://www.commerce.alaska.gov/web/amco Phone: 907.269.0350

Form AB-02: Premises Diagram

What is this form?

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

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

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

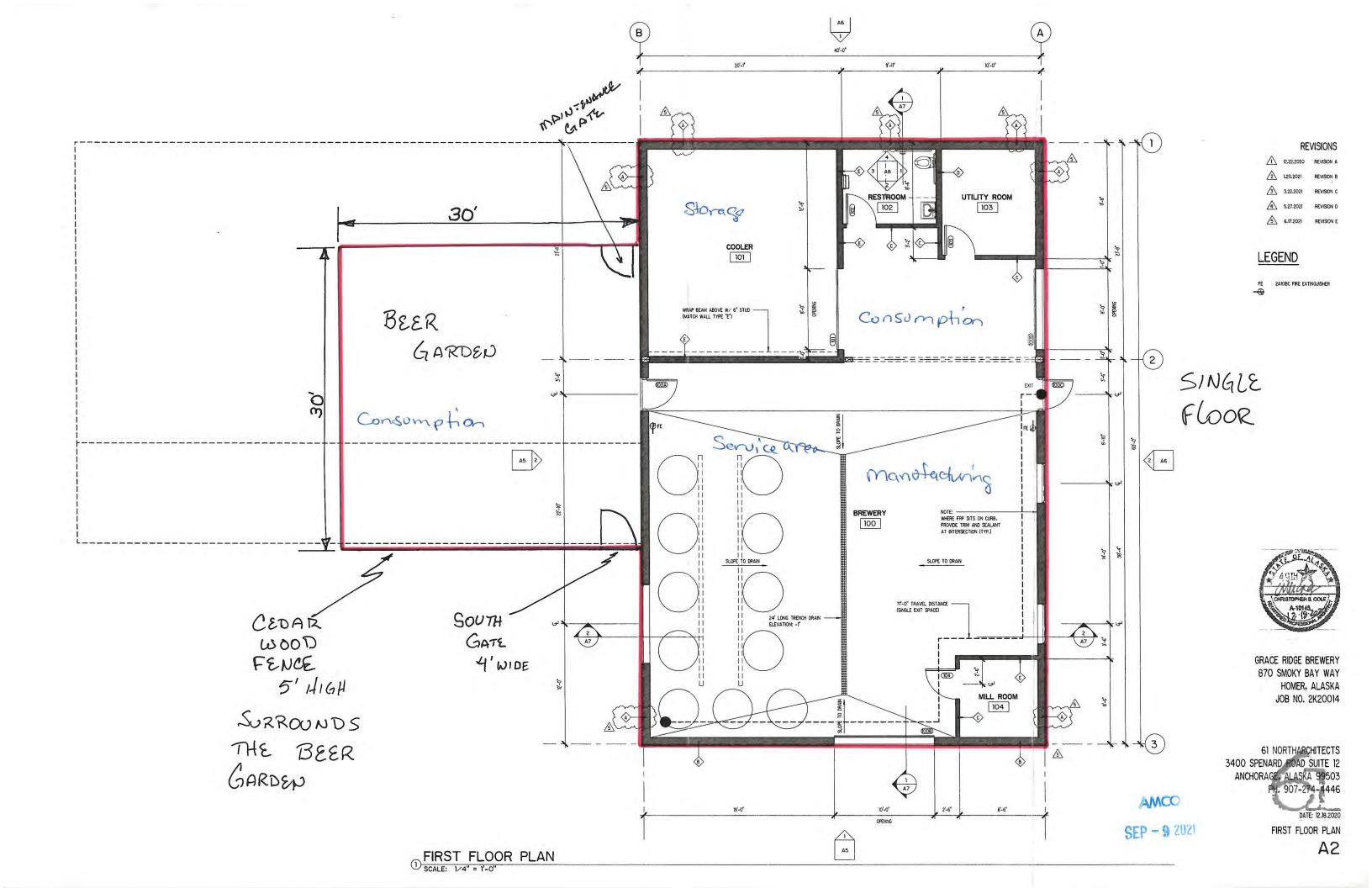
	Yes	No
I have attached blueprints, CAD drawings, or other supporting documents in addition to, or in lieu of, the second page of this form.		

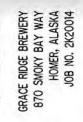
Section 1 - Establishment Information

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

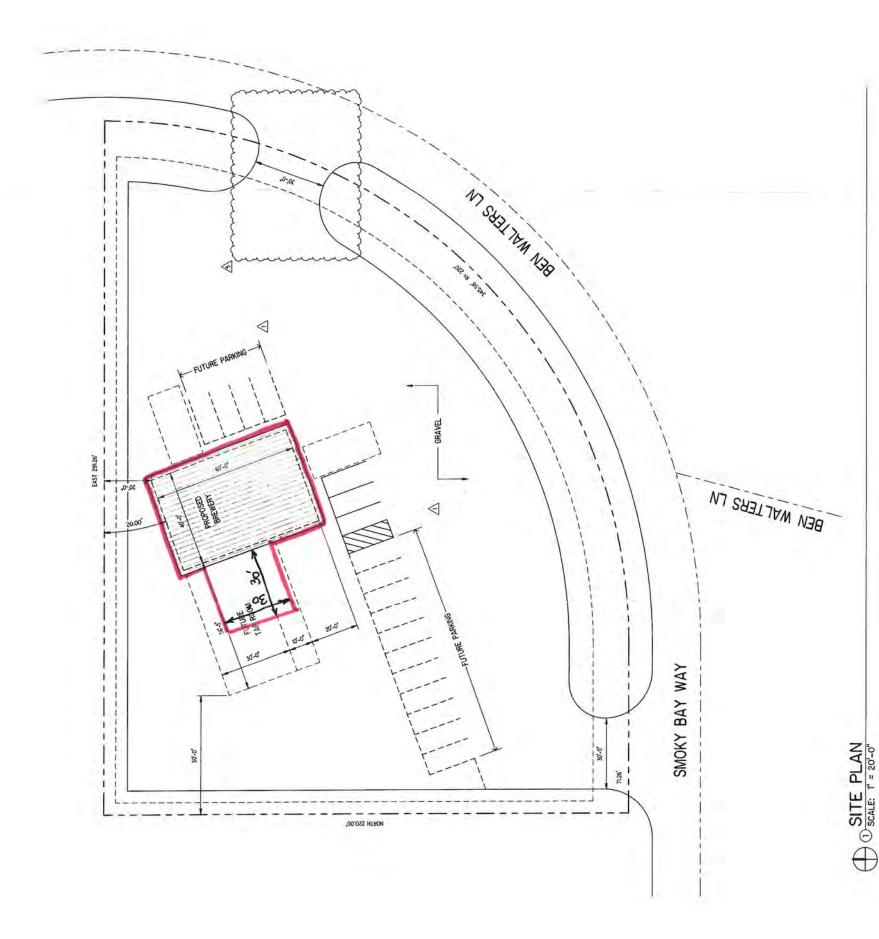
Licensee:	GRACE RIDGE BREWING INC	License Nun	nber: 5	433
License Type:	BREWERY			
Doing Business As:	GRACE RIDGE BROWING			
Premises Address:	870 Smoky BAY WAY			
City:	HOMER	State:	K ZIP	99603

AMCC





61 NORTHARCHITECTS
3400 SPENARD FOAD SUITE 12
ANCHORAGE ALASKA 99503
PH. 907-274 4446
PH. 907-274 4446
SITE PLAN
GT





REVISIONS

REVISION A REVISION B REVISION C

2.22.2020