



AGENDA ITEM REPORT

Liquor License Renewal for Mermaid Café and Don Jose's; and Liquor License Transfers for Kharacters and Fresh Catch Café

Item Type: Action Memorandum
Prepared For: Mayor & City Council
Meeting Date: 27 Feb 2023
Staff Contact: Rachel Tussey, CMC, Deputy City Clerk II

Summary Statement:

The City Clerk's Office has been notified by the Alcohol and Marijuana Control Office of Liquor License Renewal Applications within the City of Homer for the following businesses:

License #: 4728
DBA Name: Mermaid Cafe
Service Location: 3487 Main Street, Homer, AK 99603
Licensee: Andrew & Sally Wills
Contact Person: Doug Johnson

License Type: Beverage Dispensary
License #: 2252
DBA Name: Don Jose's Mexican Restaurant
Service Location: 127 W. Pioneer Ave., Homer, AK 99603
Licensee: Don Jose's, LLC
Contact Person: Jose Ramos

The City Clerk's Office has been notified by the Alcohol and Marijuana Control Office of Liquor License Transfer Applications within the City of Homer for the following businesses:

License Type: Beverage Dispensary
License #: 1085
DBA Name: Kharacters
Service Location: 3851 Shelford St., Homer, AK 99603
Licensee: Wonderful, LLC
Contact Person: Rondy Matthews

License Type: Restaurant - Seasonal
License #: 4894
DBA Name: Fresh Catch Café
Service Location: 4025 Homer Spit Rd., Homer, AK 99603
Licensee: Harrison McHenry
Contact Person: Jackie Kondak

Staff Recommendation:

Voice non-objection and approval for the Liquor License Renewals and Liquor License Transfers.

Attachments:

[AMCO Application-4728 Mermaid Cafe](#)

[KPB Non-Objection Letter-4728 Mermaid Cafe](#)

[AMCO Application-2252 Don Jose's](#)

[AMCO Application-1085 Kharacters](#)

[KPB Non-Objection Letter-1085 Kharacters](#)

[AMCO Application-4894 Fresh Catch](#)

[HPD Non-Objection Memo 2/23/23](#)



THE STATE
of **ALASKA**
GOVERNOR MIKE DUNLEAVY

**Department of Commerce, Community,
and Economic Development**

ALCOHOL & MARIJUANA CONTROL OFFICE
550 West 7th Avenue, Suite 1600
Anchorage, AK 99501
Main: 907.269.0350

February 3, 2023

City of Homer

Kenai Peninsula Borough

Via Email: MJenkins@kpb.us; JVanHoose@kpb.us; jratky@kpb.us; Cjackinsky@kpb.us;
MAldridge@kpb.us; ncarver@kpb.us; slopez@kpb.us; JBlankenship@kpb.us; assemblyclerk@kpb.us;
bcarter@kpb.us; MJacobsen@ci.homer.ak.us; clerk@cityofhomer-ak.gov

Re: Notice of 2023/2024 Liquor License Renewal Application

License Type:	Restaurant/Eating Place	License	4728
Licensee:	Andrew & Sally Wills		
Doing Business As:	Mermaid Cafe		

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,

Joan Wilson, Director
amco.localgovernmentonly@alaska.gov

FORM CONTROL

XXXX

ISSUED
02/03/2023
ABC BOARD

LIQUOR LICENSE
2023 - 2024
TEMPORARY

4728

LICENSE RENEWAL APPLICATION DUE
DECEMBER 31, 2024 (AS 04.11.270(b))

THIS LICENSE EXPIRES MIDNIGHT
FEBRUARY 28, 2025 UNLESS DATED BELOW

TYPE OF LICENSE: Restaurant/Eating

LICENSE FEE: \$600.00

1130

CITY / BOROUGH: Homer
Kenai Peninsula Borough

D/B/A: Mermaid Café
3487 Main St

Mail Address:
Andrew & Sally Wills
PO Box 382
Homer, AK 99603

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

Special restriction - see reverse side

ISSUED BY ORDER OF THE
ALCOHOLIC BEVERAGE CONTROL BOARD

[Signature]
DIRECTOR

FORM CONTROL

XXXX

ISSUED
02/03/2023
ABC BOARD

LIQUOR LICENSE
2023 - 2024
TEMPORARY

4728

LICENSE RENEWAL APPLICATION DUE
DECEMBER 31, 2024 (AS 04.11.270(b))

THIS LICENSE EXPIRES MIDNIGHT
FEBRUARY 28, 2025 UNLESS DATED BELOW

TYPE OF LICENSE: Restaurant/Eating

LICENSE FEE: \$600.00

CITY / BOROUGH: Homer
Kenai Peninsula Borough

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

Special restriction - see reverse side

ISSUED BY ORDER OF THE
ALCOHOLIC BEVERAGE CONTROL BOARD

COPY

[Signature]
DIRECTOR

D/B/A: Mermaid Café
3487 Main St

Mailing Address:
Andrew & Sally Wills
PO Box 382
Homer, AK 99603



Alaska Alcoholic Beverage Control Board

Form AB-17: 2023/2024 General Renewal Application

- This form and any required supplemental forms must be completed, signed by the licensee, and postmarked no later than 12/31/2022 per AS 04.11.270, 3 AAC 304.160, with all required fees paid in full, or a non-refundable \$500.00 late fee applies.
- Any application for renewal or any fees for renewal that have not been postmarked by 2/28/2023 will be expired per AS 04.11.540, 3 AAC 304.160(e).
- All fields of this application must be deemed complete by AMCO staff and must be accompanied by the required fees and all documents required, or the application will be returned without being processed, per AS 04.11.270, 3 AAC 304.105
- Receipt and/or processing of renewal payments by AMCO staff neither indicates nor guarantees in any way that an application will be deemed complete, renewed, or that it will be scheduled for the next ABC Board meeting.

Section 1 - Establishment Contact Information

Licensee (Owner):	Andrew & Sally Wills	License #:	4728
License Type:	Restaurant/Eating Place		
Doing Business As:	Mermaid Café		
Local Governing Body:	Homer, Kenai Peninsula Borough		
Community Council:			

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

Mailing Address:					
City:		State:		ZIP:	

Section 2 - Licensee Contact Information

Contact Licensee: The individual listed below must be part of the ownership structure of the licensee listed in Section 1. This person will be the designated point of contact regarding this license, unless the Optional contact is completed.

Contact Licensee:	Andrew Wills	Contact Phone:	907-399-4338
Contact Email:	books@ak.nj		

Optional: If you wish for AMCO staff to communicate with anyone other than the Contact Licensee (such as legal counsel) about your license, list their information below:

Name of Contact:		Contact Phone:	
Contact Email:			

Section 3 - for Package Stores ONLY: Written Order Information

Do you intend to sell alcoholic beverages and ship them to another location in response to written solicitation in calendar years 2022 and/or 2023?

YES NO



Section 4 – Ownership Structure Certification

YES NO

Did the ownership structure of the licensed business change in 2021/2022?

If Yes, and you have NOT notified AMCO, list the updated information on form AB-39: Change of Officers and submit with your renewal application.

If No, certify the statement below by initialing the box to the right of the statement.

I certify that the ownership structure of the business who owns this alcohol license did not change in any way during the calendar years 2021 or 2022.

Section 5 – License Operation

Check ONE BOX for EACH CALENDAR YEAR that best describes how this liquor license was operated:

	2021	2022
1. The license was operated for more than 240 hours throughout each year. (Year-round)	<input type="checkbox"/>	<input type="checkbox"/>
2. The license was only operated during a specified time each year. (Not to exceed 6 months per year) <i>If your operation dates have changed, list them below:</i> _____ to _____	<input type="checkbox"/>	<input type="checkbox"/>
3. The license was only operated to meet the minimum requirement of 240 total hours each calendar year. <i>A complete AB-30: Proof of Minimum Operation Checklist, and all documentation must be provided with this form.</i>	<input type="checkbox"/>	<input type="checkbox"/>
4. The license was not operated at all or was not operated for at least the minimum requirement of 240 total hours each year, during one or both calendar years. <i>A complete Form AB-29: Waiver of Operation Application and corresponding fees must be submitted with this application for each calendar year during which the license was not operated.</i> <i>If you have not met the minimum number of hours of operation in 2021, you are not required to pay the fees, however a complete AB-29 is required with Section 2 marked "Other" and COVID is listed as the reason.</i>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Section 6 - Violations and Convictions

YES NO

Have ANY Notices of Violation been issued for this license?

Has ANY person or entity in this application been convicted of a violation of Title 04, 3AAC 304 or a local ordinance adopted under AS 04.21.010 in 2021 or 2022?

If you checked YES, you MUST attach a list of all Notices of Violation and/or Convictions per AS 04.11.270(a)(2)

If you are unsure if you have received any Notices of Violation, contact the office before submitting this form.

Section 7 – Certifications

As an applicant for a liquor license renewal, I declare under penalty of perjury that I have read and am familiar with AS 04 and 3 AAC 304, and that this application, including all accompanying schedules and statements, are true, correct, and complete.

- I agree to provide all information required by the Alcoholic Beverage Control Board or requested by AMCO staff in support of this application and understand that failure to do so by any deadline given to me by AMCO staff will result in this application being returned and the license being potentially expired if I do not comply with statutory or regulatory requirements.
- I certify that in accordance with AS 04.11.450, no one other than the licensee(s), as defined in AS 04.11.260, has a direct or indirect financial interest in the licensed business.
- I certify that this entity is in good standing with Corporations, Business and Professional Licensing (CBPL) and that all entity officials and stakeholders are current and I have provided AMCO with all required changes of the ownership structure of the business license, and have provided all required documents for any new or changes of officers.



DEC 01 2022



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

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted are true and correct. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment, or documents to support this application, is sufficient grounds for denying or revoking a license/permit. I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

Andrew M. Wills

Signature of licensee

Andrew M. Wills

Printed name of licensee

Rayce Johnson

Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: 09/06/2023



Subscribed and sworn to before me this 29th day of November, 2022.

Restaurant and Eating Place applications must include a completed AB-33: Restaurant Receipts Affidavit

Recreational Site applications must include a completed AB-36: Recreational Site Statement

Tourism applications must include a completed AB-37: Tourism Statement

Wholesale applications must include a completed AB-25: Supplier Certification

Common Carrier applications must include a current safety inspection certificate

All renewal and supplemental forms are available online:

<https://www.commerce.alaska.gov/web/amco/AlcoholLicenseApplication.aspx>

FOR OFFICE USE ONLY

License Fee:	\$ <u>600</u>	Application Fee:	\$ 300.00	Misc. Fee:	\$
Total Fees Due:					\$ <u>900</u>

AMCO

#100501373

DEC 01 2022

Alaska Department of Commerce, Community, and Economic Development

Division of Corporations, Business, and Professional Licensing

PO Box 110806, Juneau, AK 99811-0806

This is to certify that

MERMAID CAFE & B & B

PO BOX 382, HOMER, AK 99603

owned by

ANDREW M WILLS

is licensed by the department to conduct business for the period

November 29, 2022 to December 31, 2024

for the following line(s) of business:

72 - Accommodation and Food Services



This license shall not be taken as permission to do business in the state without having complied with the other requirements of the laws of the State or of the United States.

This license must be posted in a conspicuous place at the business location.
It is not transferable or assignable.

Julie Sande
Commissioner

License Detail

LICENSE DETAILS

Page 9 of 59

License #: 305857[Print Business License](#)**Business Name:** MERMAID CAFE & B & B**Status:** Active**Issue Date:** 06/22/2004**Expiration Date:** 12/31/2024**Mailing Address:** PO BOX 382
HOMER, AK 99603**Physical Address:** 3487 MAIN STREET
HOMER, AK 99603

Owners

ANDREW M WILLS

Activities

Line of Business	NAICS	Professional License #
72 - Accommodation and Food Services	721110 - HOTELS (EXCEPT CASINO HOTELS) AND MOTELS	

Endorsements

No Endorsements Found

License Lapse(s)

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

Start Date	End Date
1/1/2020	1/1/2020

[Close License Detail](#)[Print Friendly Version](#)



Office of the Borough Clerk

Page 10 of 59

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

Michele Turner, CMC
Acting Borough Clerk

2/14/2023

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

Homer City Hall
City of Homer Clerk

RE: Non-Objection of Application

Licensee/Applicant	:	Wills, Andrew & Sally
Business Name	:	Mermaid Café
License Type	:	Restaurant/Eating Places - Public Convenience
License Location	:	3487 Main St., City of Homer
License No.	:	4728
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,

Michele Turner, CMC
Acting Borough Clerk

cc: books@ak.net;

<mailto:amco.localgovernmentonly@alaska.gov>

MT/jr



February 16, 2023

City of Homer

Kenai Peninsula Borough

Via Email: MJenkins@kpb.us; JVanHoose@kpb.us; jratky@kpb.us; Cjackinsky@kpb.us;
MAldridge@kpb.us; ncarver@kpb.us; slopez@kpb.us; JBlankenship@kpb.us; assemblyclerk@kpb.us;
bcarter@kpb.us; MJacobsen@ci.homer.ak.us; clerk@cityofhomer-ak.gov

Re: Notice of 2023/2024 Liquor License Renewal Application

License Type:	Beverage Dispensary	License	2252
Licensee:	Don Jose's, LLC		
Doing Business As:	Don Jose's Mexican Restaurant		

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,

Joan Wilson, Director

amco.localgovernmentonly@alaska.gov

FORM CONTROL

XXXX

ISSUED
02/16/2023
ABC BOARD

LIQUOR LICENSE
2023 - 2024
TEMPORARY

2252

LICENSE RENEWAL APPLICATION DUE
DECEMBER 31, 2024 (AS 04.11.270(b))

THIS LICENSE EXPIRES MIDNIGHT
FEBRUARY 28, 2025 UNLESS DATED BELOW

TYPE OF LICENSE: Beverage Dispenser

LICENSE FEE: \$2,500.00

1104

CITY / BOROUGH: Homer
Kenai Peninsula Borough

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

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

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

Special restriction - see reverse side

ISSUED BY ORDER OF THE
ALCOHOLIC BEVERAGE CONTROL BOARD

DIRECTOR

FORM CONTROL

XXXX

ISSUED
02/16/2023
ABC BOARD

LIQUOR LICENSE
2023 - 2024
TEMPORARY

2252

LICENSE RENEWAL APPLICATION DUE
DECEMBER 31, 2024 (AS 04.11.270(b))

THIS LICENSE EXPIRES MIDNIGHT
FEBRUARY 28, 2025 UNLESS DATED BELOW

TYPE OF LICENSE: Beverage Dispenser

LICENSE FEE: \$2,500.00

CITY / BOROUGH: Homer
Kenai Peninsula Borough

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

Special restriction - see reverse side

ISSUED BY ORDER OF THE
ALCOHOLIC BEVERAGE CONTROL BOARD

COPY

DIRECTOR

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

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



Alaska Alcoholic Beverage Control Board

Form AB-17: 2023/2024 General Renewal Application

- This form and any required supplemental forms must be completed, signed by the licensee, and postmarked no later than 12/31/2022 per AS 04.11.270, 3 AAC 304.160, with all required fees paid in full, or a non-refundable \$500.00 late fee applies.
- Any application for renewal or any fees for renewal that have not been postmarked by 2/28/2023 will be expired per AS 04.11.540, 3 AAC 304.160(e).
- All fields of this application must be deemed complete by AMCO staff and must be accompanied by the required fees and all documents required, or the application will be returned without being processed, per AS 04.11.270, 3 AAC 304.105
- Receipt and/or processing of renewal payments by AMCO staff neither indicates nor guarantees in any way that an application will be deemed complete, renewed, or that it will be scheduled for the next ABC Board meeting.

Section 1 - Establishment Contact Information

Licensee (Owner):	Don Jose's, LLC	License #:	2252
License Type:	Beverage Dispensary		
Doing Business As:	Don Jose's Mexican Restaurant		
Local Governing Body:	Homer, Kenai Peninsula Borough		
Community Council:			

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

Mailing Address:					
City:		State:		ZIP:	

Section 2 - Licensee Contact Information

Contact Licensee: The individual listed below must be part of the ownership structure of the licensee listed in Section 1. This person will be the designated point of contact regarding this license, unless the Optional contact is completed.

Contact Licensee:	JOSE RAMOS	Contact Phone:	907-229-7196
Contact Email:	salmonalaska@yahoo.com		

Optional: If you wish for AMCO staff to communicate with anyone other than the Contact Licensee (such as legal counsel) about your license, list their information below:

Name of Contact:	LIZZ BARR	Contact Phone:	907-229-1106
Contact Email:	lizz.nigelquestcpa@gmail.com		

Section 3 - for Package Stores ONLY: Written Order Information

Do you intend to sell alcoholic beverages and ship them to another location in response to written solicitation in calendar years 2022 and/or 2023?

YES NO

AMCO

DEC 02 2022



Section 4 – Ownership Structure Certification

YES [] NO [x]

Did the ownership structure of the licensed business change in 2021/2022?

If Yes, and you have NOT notified AMCO, list the updated information on form AB-39: Change of Officers and submit with your renewal application.

If No, certify the statement below by initialing the box to the right of the statement.

I certify that the ownership structure of the business who owns this alcohol license did not change in any way during the calendar years 2021 or 2022.

JR

Section 5 – License Operation

Check ONE BOX for EACH CALENDAR YEAR that best describes how this liquor license was operated:

Table with 4 rows of license operation options and columns for 2021 and 2022. Row 1: operated for more than 240 hours (checked). Row 2: only operated during a specified time. Row 3: only operated to meet minimum requirement. Row 4: not operated or not for minimum requirement.

Section 6 - Violations and Convictions

YES [] NO [x]

Have ANY Notices of Violation been issued for this license?

Has ANY person or entity in this application been convicted of a violation of Title 04, 3AAC 304 or a local ordinance adopted under AS 04.21.010 in 2021 or 2022?

YES [] NO [x]

If you checked YES, you MUST attach a list of all Notices of Violation and/or Convictions per AS 04.11.270(a)(2)

If you are unsure if you have received any Notices of Violation, contact the office before submitting this form.

Section 7 – Certifications

As an applicant for a liquor license renewal, I declare under penalty of perjury that I have read and am familiar with AS 04 and 3 AAC 304, and that this application, including all accompanying schedules and statements, are true, correct, and complete.

- I agree to provide all information required by the Alcoholic Beverage Control Board or requested by AMCO staff... I certify that in accordance with AS 04.11.450, no one other than the licensee(s)... I certify that this entity is in good standing with Corporations, Business and Professional Licensing (CBPL)...

AMCO DEC 02 2022



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

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted are true and correct. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment, or documents to support this application, is sufficient grounds for denying or revoking a license/permit. I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

[Signature]
 Signature of licensee
Eric Pan
 Printed name of licensee

[Signature]
 Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: 9/16/24



Subscribed and sworn to before me this 30th day of November, 2022.

- Restaurant and Eating Place** applications must include a completed AB-33: Restaurant Receipts Affidavit
- Recreational Site** applications must include a completed AB-36: Recreational Site Statement
- Tourism** applications must include a completed AB-37: Tourism Statement
- Wholesale** applications must include a completed AB-25: Supplier Certification
- Common Carrier** applications must include a current safety inspection certificate

All renewal and supplemental forms are available online:
<https://www.commerce.alaska.gov/web/amco/AlcoholLicenseApplication.aspx>

FOR OFFICE USE ONLY

License Fee:	\$ <u>2500.00</u>	Application Fee:	\$ 300.00	Misc. Fee:	\$
Total Fees Due:					\$ <u>2800.00</u>

#100502584

AMCO
DEC 02 2022

ENTITY DETAILS

Name(s)

Type	Name
Legal Name	DON JOSE'S, LLC

Entity Type: Limited Liability Company

Entity #: 56813D

Status: Good Standing

AK Formed Date: 9/28/1995

Duration/Expiration: Perpetual

Home State: ALASKA

Next Biennial Report Due: 1/2/2025

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

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

Registered Agent

Agent Name: JOSE RAMOS

Registered Mailing Address: 127 PIONEER, HOMER, AK 99603

Registered Physical Address: 127 PIONEER, HOMER, AK 99603

Officials


Show Former

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

Filed Documents

Date Filed	Type	Filing	Certificate
10/12/1994	Biennial Report		
9/28/1995	Creation Filing		
9/28/1995	Creation Filing	Click to View	
12/16/1996	Biennial Report	Click to View	
12/31/1998	Biennial Report	Click to View	
12/14/2000	Biennial Report	Click to View	
1/03/2003	Biennial Report	Click to View	
7/20/2005	Biennial Report	Click to View	
10/15/2006	Biennial Report	Click to View	

Date Filed	Type	Filing	Certificate
4/24/2009	Biennial Report	Click to View	Page 17 of 59
3/10/2011	Biennial Report	Click to View	
11/28/2012	Biennial Report	Click to View	
10/23/2014	Biennial Report	Click to View	
12/21/2016	Biennial Report	Click to View	
10/15/2018	Biennial Report	Click to View	
12/08/2020	Biennial Report	Click to View	
12/09/2022	Biennial Report	Click to View	

[Close Details](#)  [Print Friendly Version](#)

Alaska Department of Commerce, Community, and Economic Development

Division of Corporations, Business, and Professional Licensing

PO Box 110806, Juneau, AK 99811-0806

This is to certify that

DON JOSE'S MEXICAN RESTAURANT AND CANTINA

127 W PIONEER AVE, HOMER, AK 99603

owned by

DON JOSE'S, LLC

is licensed by the department to conduct business for the period

December 30, 2022 to December 31, 2024
for the following line(s) of business:

72 - Accommodation and Food Services



This license shall not be taken as permission to do business in the state without having complied with the other requirements of the laws of the State or of the United States.

This license must be posted in a conspicuous place at the business location.
It is not transferable or assignable.

Julie Sande
Commissioner

License Detail

LICENSE DETAILS

[Print Business License](#)

License #: 955538

Business Name: DON JOSE'S MEXICAN RESTAURANT AND CANTINA

Status: Active

Issue Date: 03/14/2011

Expiration Date: 12/31/2024

Mailing Address: 127 W PIONEER AVE
HOMER, AK 99603

Physical Address: 127 W. Pioneer
Homer, AK 99603

Owners

DON JOSE'S, LLC

Activities

Line of Business	NAICS	Professional License #
72 - Accommodation and Food Services	722511 - FULL-SERVICE RESTAURANTS	

Endorsements

No Endorsements Found

License Lapse(s)

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

No Lapses on record for the last 4 years.

[Close License Detail](#)

[Print Friendly Version](#)

Alaska Department of Commerce, Community, and Economic Development

Division of Corporations, Business, and Professional Licensing

PO Box 110806, Juneau, AK 99811-0806

This is to certify that

Don Joses Mexican Restaurant Kenai

127 W Pioneer Ave, Homer, AK 99603

owned by

DON JOSE'S, LLC

is licensed by the department to conduct business for the period

December 30, 2022 to December 31, 2024
for the following line(s) of business:

72 - Accommodation and Food Services



This license shall not be taken as permission to do business in the state without having complied with the other requirements of the laws of the State or of the United States.

This license must be posted in a conspicuous place at the business location.
It is not transferable or assignable.

Julie Sande
Commissioner

License Detail

LICENSE DETAILS

[Print Business License](#)

License #: 2091778

Business Name: Don Joses Mexican Restaurant Kenai

Status: Active

Issue Date: 08/27/2019

Expiration Date: 12/31/2024

Mailing Address: 127 W Pioneer Ave
Homer, AK 99603

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

Owners

DON JOSE'S, LLC

Activities

Line of Business

72 - Accommodation and Food Services

NAICS

722511 - FULL-SERVICE RESTAURANTS

Professional License #

Endorsements

No Endorsements Found

License Lapse(s)

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

No Lapses on record for the last 4 years.

[Close License Detail](#)

[Print Friendly Version](#)



February 8, 2023

City of Homer, Kenai Peninsula Borough

Via Email: mjacobsen@ci.homer.ak.us; clerk@cityofhomer-ak.gov; mjenkins@kpb.us;
ivanhooose@kpb.us; jratky@kpb.us; cjackinsky@kpb.us; maldridge@kpb.us; ncarver@kpb.us;
slopez@kpb.us; jblankenship@kpb.us; assemblyclerk@kpb.us; bcarter@kpb.us

License Type:	Beverage Dispensary	License Number:	1085
Licensee:	Wonderful LLC		
Doing Business As:	Kharacters		
Premises Address	3851 Shelford St		

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

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

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

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

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

Sincerely,

Joan Wilson, Director
amco.localgovernmentonly@alaska.gov



Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Why is this form needed?

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 Anchorage office, along with all other required forms and documents, before any license application will be considered complete.

Section 1 – Transferor Information

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

Licensee:	Wonderful LLC		License #:	1085	
License Type:	Beusnags Dispensary		Statutory Reference:	64.11.090	
Doing Business As:	Kharactus				
Premises Address:	3851 Shelford St				
City:	Homer	State:	AK	ZIP:	99603
Local Governing Body:	City of Homer AK, Kenai Peninsula Borough				

Transfer Type:

- Regular transfer
- Transfer with security interest
- Involuntary retransfer

OFFICE USE ONLY

Complete Date:	2-8, 2023	Transaction #:	100494020
Board Meeting Date:	3/6-7/2023	License Years:	
Issue Date:		Examiner:	KRS



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

Section 2 – Transferee Information

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

Licensee:	Wonderful LLC				
Doing Business As:	Khaaktias				
Premises Address:	3851 Shelford St				
City:	Homer	State:	AK	ZIP:	99603
Community Council:	City of Homer, Kenai Peninsula Borough				

Mailing Address:	3851 Shelford St				
City:	Homer	State:	AK	ZIP:	99603

Designated Licensee:	Randy Matthews				
Contact Phone:	907-299-3619	Business Phone:	907-235-1455		
Contact Email:	randyrc013@gmail.com				

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

Section 3 – Premises Information

Premises to be licensed is:

an existing facility a new building a proposed building

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

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

4 Blocks 440 yds

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

220 yds



Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 4 – Sole Proprietor Ownership Information

This section must be completed by any sole proprietor who is applying for a license. Entities should skip to Section 5.
 If more space is needed, please attach a separate sheet with the required information.
 The following information must be completed for each licensee and each affiliate (spouse).

This individual is an: applicant affiliate

Name:					
Address:					
City:		State:		ZIP:	

This individual is an: applicant affiliate

Name:					
Address:					
City:		State:		ZIP:	

Section 5 – Entity Ownership Information

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

- If the applicant is a corporation, the following information must be completed for each *stockholder who owns 10% or more* of the stock in the corporation, and for each *president, vice-president, secretary, and managing officer*.
- If the applicant is a limited liability organization, the following information must be completed for each *member with an ownership interest of 10% or more*, and for each *manager*.
- If the applicant is a partnership, including a limited partnership, the following information must be completed for each *partner with an interest of 10% or more*, and for each *general partner*.

Entity Official:	Randy Matthews				
Title(s):	President	Phone:	907-259-3519	% Owned:	100
Address:	40351 Benchmark Rd				
City:	Homer	State:	AK	ZIP:	99603

AMCO



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

Entity Official:	Lori J. Schultz				
Title(s):	Sec	Phone:	907-299-4481	% Owned:	<input checked="" type="checkbox"/>
Address:	40351 BEENMACK RD				
City:	Homer	State:	AK	ZIP:	99603

Entity Official:					
Title(s):		Phone:		% Owned:	<input type="checkbox"/>
Address:					
City:		State:		ZIP:	

Entity Official:					
Title(s):		Phone:		% Owned:	<input type="checkbox"/>
Address:					
City:		State:		ZIP:	

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

DOC Entity #:	10005047	AK Formed Date:	5/11/2012	Home State:	AK
Registered Agent:	Randy Matthews	Agent's Phone:	907-299-3519		
Agent's Mailing Address:	P.O. Box 15313 Fritz Creek AK 99603				
City:	Fritz Creek	State:	AK	ZIP:	99603

Residency of Agent: Yes No

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

AMCO
 NOV 16 2022



Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 6 – Other Licenses

Ownership and financial interest in other alcoholic beverage businesses:

Yes No

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

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

Section 7 – Authorization

Communication with AMCO staff:

Yes No

Does any person other than a licensee named in this application have authority to discuss this license with AMCO staff?

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

AMCO

NOV 18 2022



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

Section 8 – Transferor Certifications

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

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

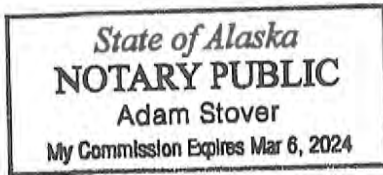
Signature of transferor

Randy Matthews

Printed name of transferor

Subscribed and sworn to before me this 14th day of NOVEMBER, 20 22.

Signature of Notary Public



Notary Public in and for the State of ALASKA

My commission expires: MARCH 6th 2024

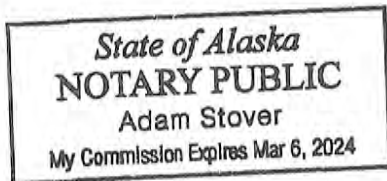
Signature of transferor

Kelly E. Matthews

Printed name of transferor

Subscribed and sworn to before me this 14th day of NOVEMBER, 20 22.

Signature of Notary Public



Notary Public in and for the State of ALASKA

My commission expires: MARCH 6th 2024

NOV 16 2022



Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 9 – Transferee Certifications

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

Initials

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

RM

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

RM

I certify that I understand that providing a false statement on this form or any other form provided by AMCO is grounds for rejection or denial of this application or revocation of any license issued.

RM

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

RM

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

RM

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted are true and correct. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment, or documents to support this application, is sufficient grounds for denying or revoking a license/permit. I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

RM

Notary Public
RAYCE JOHNSON
State of Alaska
My Commission Expires Sept. 6, 2023

[Handwritten Signature]

Signature of transferee

[Handwritten Signature]

Signature of Notary Public

Randy Matthews

Printed name

Notary Public in and for the State of Alaska

My commission expires: 09/06/2023

Subscribed and sworn to before me this 15th day of November, 2022.



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

Why is this form needed?

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 may not be 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 Anchorage 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:	Wonderful LLC	License Number:	1085
License Type:	Beverage Dispensary		
Doing Business As:	Khacatias		
Premises Address:	3851 Shelton St		
City:	Homer	State:	AK ZIP: 99603

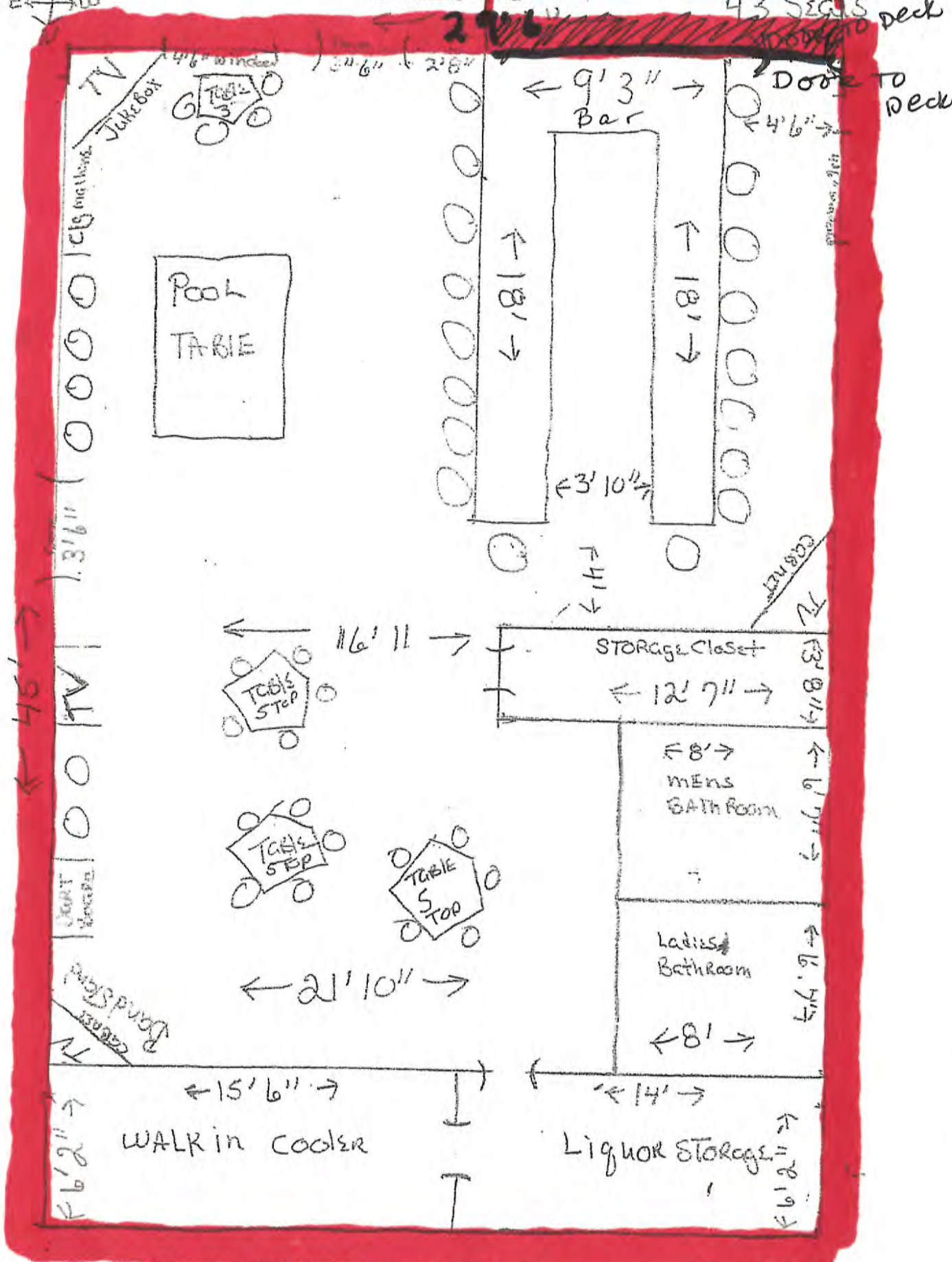
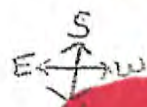
AMCO

NOV 16 2023

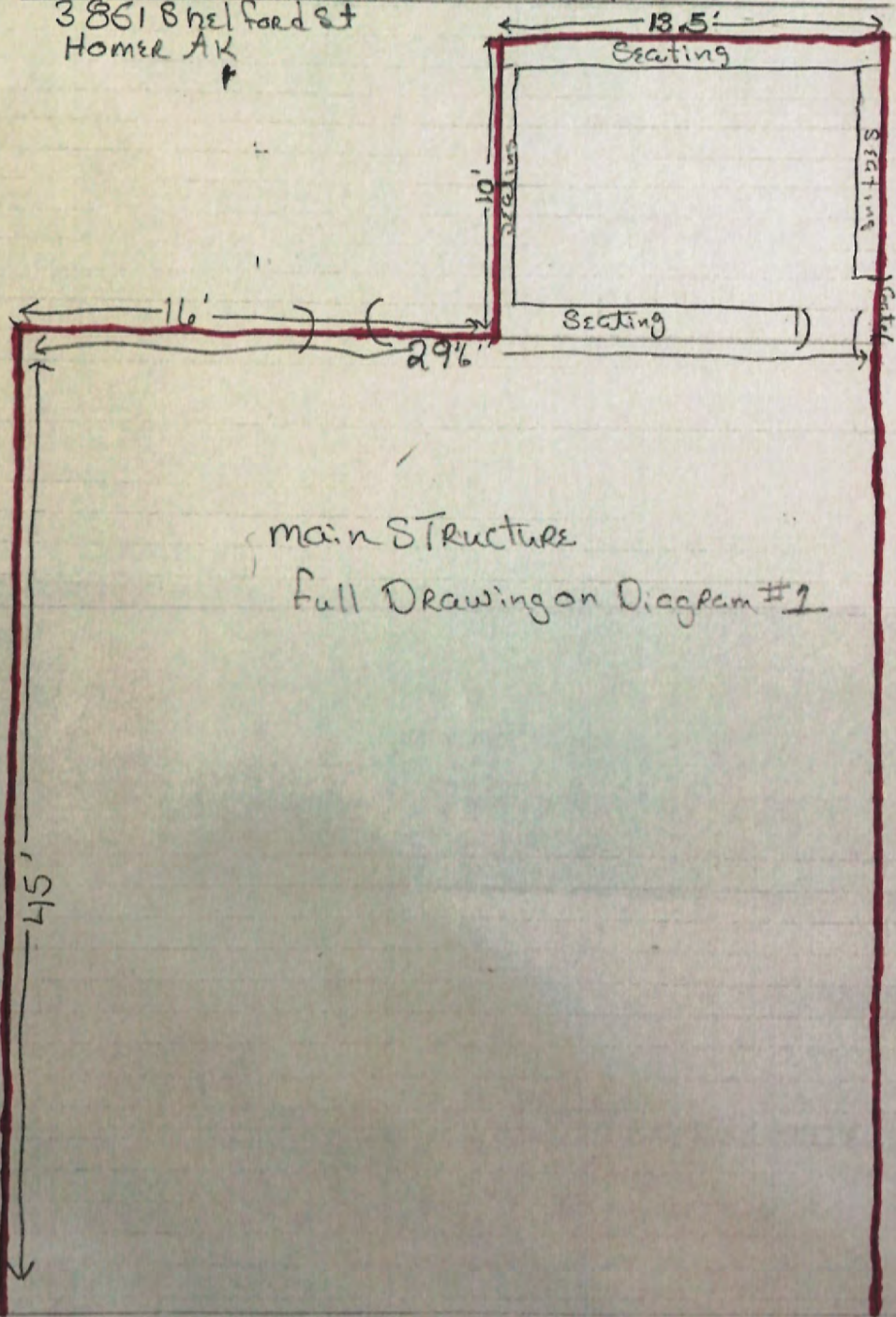
Scale 1 Square = 1 Foot

INTERIOR MEASUREMENTS PIONEER AVE

CHARACTERS Bar 3851 Shelwood HOME



Kharacties Bar Interior measurements Pioneer Ave
3861 Shelburne St
Homer AK



STG
STAGE
FROM
CE 54303
NO. 801
FRICA

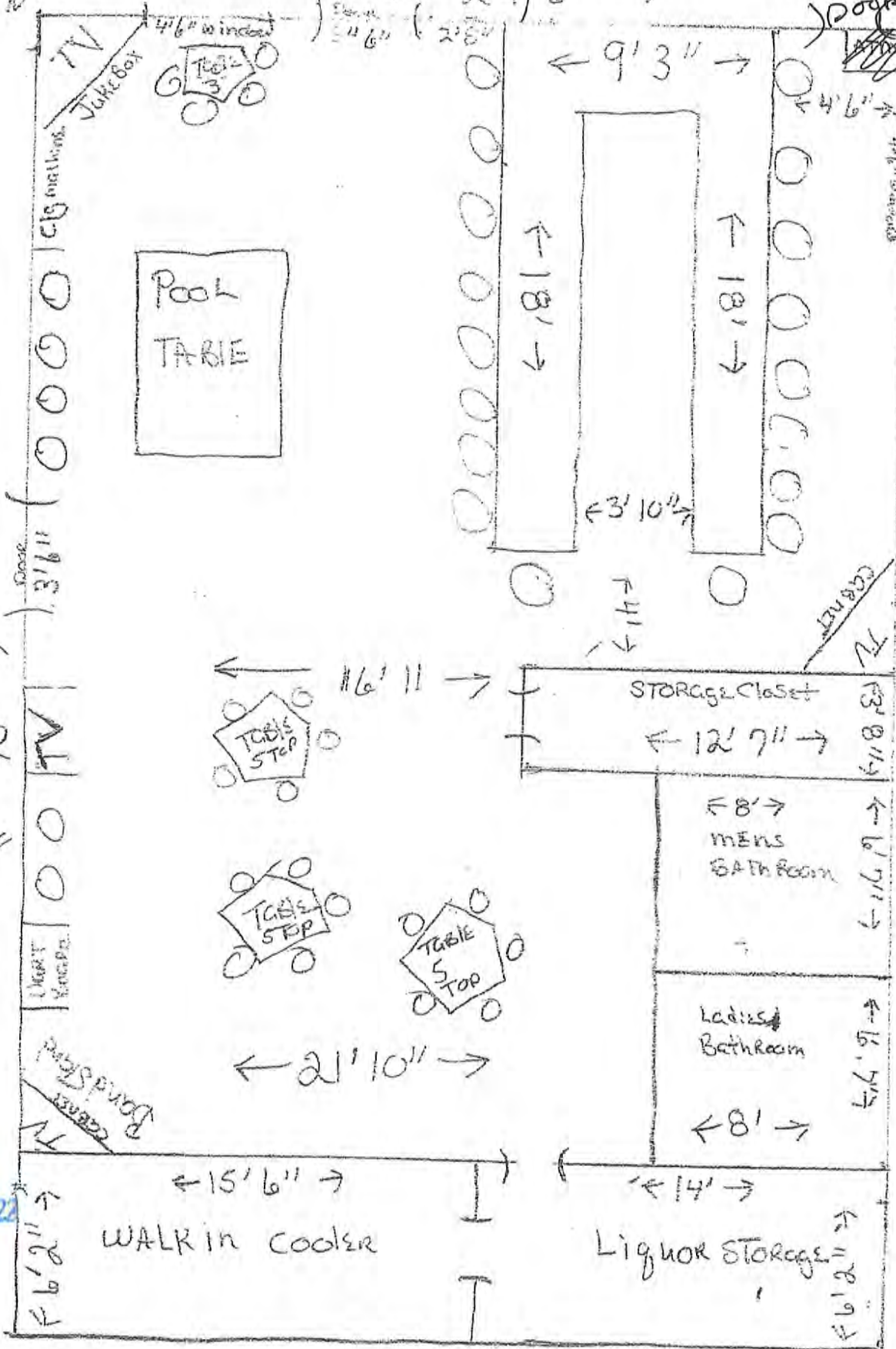
Scale 1 Square = 1 Foot

INTERIOR MEASUREMENTS
PIONEER AVE

CHARACTER DIVE
3801 SHILFOED HOME AVE
Page 33 of 59



43 SEATS



AMGO
NOV 16 2022

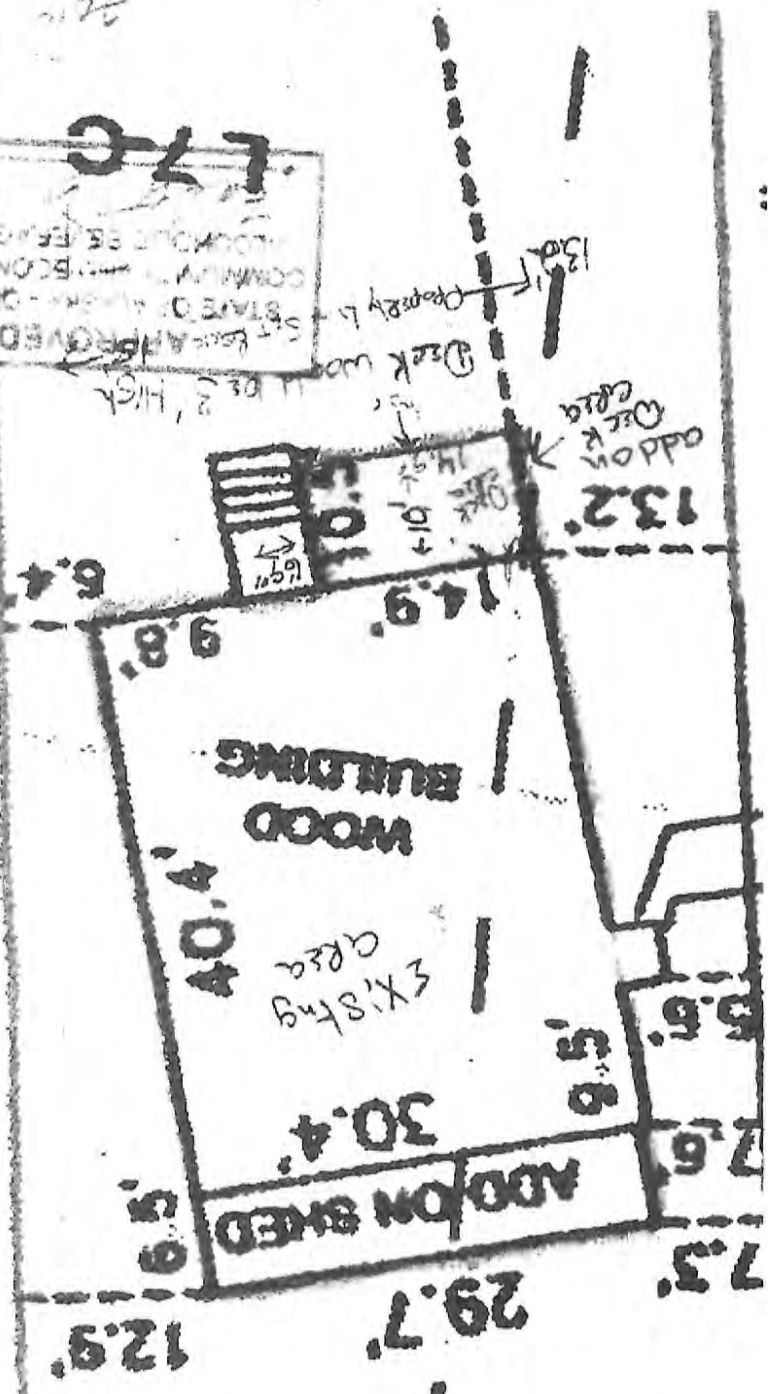
NOV 16 2022

AMGC

SHELFORD ST

N 08°11'30" W 203.08'

RECEIVED
CITY OF HOMER
PLANNING/ZONING
JUN 4 - 2014



LTC

ST. LOUIS APPROVED PROGRAM
STATED BY ARCHITECT
COMMUNITY DEVELOPMENT
ADDITIONAL FEES
7/1/22

Wanda Hill LLC
1814 K...
3851 Shelford St
Homer AK 99603
-see permit application
-on Deck

LIMIT LINE

1085

Wonderful LLC DBA Kharacters

Outdoor / Indoor Serving Security Plan

- 1: All minors must be accompanied by a parent or legal guardian (age over 21) while in restricted area when any alcohol is being served/sold/ consumed.
- 2: All patrons are carded upon ordering alcohol.
- 3: All staff is trained in the identification of fake IDs.
- 4: The railing surrounding the outdoor serving area is wood and glass 6.5 FT high (see photo) it is covered with a roof and there is no outdoor entrance to that area.
- 5: Under aged persons are will be monitored closely by our professionally trained alcohol servers.
- 6: Proper egress from the outdoor service area will always remain unobstructed.
- 7: ABC mandated posters as required by law are posted inside (Kharacters) and at the entrance of the outdoor seating area.
- 8: All entrances and exits will provide clear notice that NO ALCOHOL IS ALLOWED BEYOND THE OUTDOOR SEATING AREA. Or the premises.
- 9: Keeping indoor/outdoor seating area viable without any increased risk to minors exposed to alcohol will continue to be a part of our training for our staff.
- 10: All safety related operations for our current liquor service will additionally be enforced in the new service area.
- 11: Proper signage at points of entry indicating no minors without parent or legal guardian will be posted.
- 12: All servers will closely monitor that only the guests that have been carded will have alcoholic beverages.
- 13: Our top Priority continues in providing safety for all our guests regarding the service of alcoholic beverages.
- 14: Servers will be present in the outdoor area to monitor consumption.



IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
THIRD JUDICIAL DISTRICT AT HOMER

In the Matter of the Dissolution of the
Marriage of:

Rondy I Matthews

Party A,

Kelly E Matthews

Party B.

CASE NO: 3HO-22-00248CI

**DECREE OF DISSOLUTION OF
MARRIAGE (WITHOUT CHILDREN)**

Upon consideration of the petition filed in this action and the testimony of the petitioner or petitioners at the hearing on 12/1/22 the court makes the following FINDINGS OF FACT AND CONCLUSIONS OF LAW:

1. The Court has jurisdiction in this action.
2. Petitioners understand fully the nature and consequences of this action.
3. The written agreements between petitioners concerning spousal maintenance and tax consequences, if any, division of property, including retirement benefits, and allocation of obligations are fair and just and constitute the entire agreement between the parties.
4. The spousal maintenance and division of property fairly allocate the economic effect of dissolution and take into consideration the factors listed in AS 25.24.160(a)(2) and (4).
5. The petitioners have made all the agreements required by AS 25.24.200(a) and each spouse entered into the agreements voluntarily and free from the coercion of another person.
6. The agreements of petitioners as outlined in the petition and any amendments thereto are incorporated as part of these findings.
7. An incompatibility of temperament has caused the irremediable breakdown of the marriage.
8. There are no children of the marriage, and neither party is pregnant.

THEREFORE, IT IS ORDERED:

A final judgment of dissolution of marriage is hereby granted.

Petitioners shall perform their agreements as incorporated in the findings.

Party A's name is: Rondy I Matthews and it is:

restored to: Rondy I Bossell

changed as shown on the Judgment for Change of Name (CIV-704).

Party B's name is: Kelly E Matthews and it is:

restored to: _____.

changed as shown on the Judgment for Change of Name (CIV-704).

Other relief: _____

I certify that this is a full,
true and correct copy of an original
document on file in the Alaska Trial
Courts at Homer.

Witness my hand and the seal of
this Court,

12-1-2022
Date
[Signature]
Clerk

December 1, 2022

Effective Date

[Signature]
Bride A Seifert, Superior Court Judge

Recommended for Approval.

, Master

Date

I certify that on _____
a copy of this decree was sent to both parties.

Clerk: _____

AMCO

DEC 08 2022

Social Security Administration

Important Information

Page 38 of 59

Social Security Administration
SOCIAL SECURITY
MS 66
222 W 8TH AVE
ANCHORAGE, AK 99513-9986
Date: December 7, 2022

RONDY IREANA BOSSELL
PO BOX 15313
FRITZ CREEK, AK 99603-6313

This is a receipt to show that you applied for a Social Security card on December 7, 2022. You should have your card in about 2 weeks. Any document(s) you have submitted are being returned to you with this receipt.

If you do not receive your Social Security card within 2 weeks, please contact us and have this receipt available. To protect your privacy, we will not disclose a Social Security number over the telephone.

The Social Security Administration is required by law to limit replacement Social Security cards to three per year and ten per lifetime. Do not carry your Social Security card with you. Keep it in a safe location, not in your wallet.

Need More Help?

1. Visit www.ssa.gov for fast, simple and secure online service.
2. Call us at 1-800-772-1213, weekdays from 8:00 am to 7:00 pm. If you are deaf or hard of hearing, call TTY 1-800-325-0778. Please mention this letter when you call.
3. You may also call your local office at 866-772-3081.

SOCIAL SECURITY
MS 66
222 W 8TH AVE
ANCHORAGE, AK 99513-9986

How are we doing? Go to www.ssa.gov/feedback to tell us.

Field Office Manager

DEC 08 2022
AMCO



Office of the Borough Clerk

Page 39 of 59

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

Michele Turner, CMC
Acting Borough Clerk

2/15/2023

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

Homer City Hall
City of Homer Clerk

RE: Non-Objection of Application

Licensee/Applicant	:	Wonderful LLC
Business Name	:	KHARACTERS
License Type	:	Beverage Dispensary
License Location	:	3851 Shelford Street, Homer, AK 99603, City of Homer
License No.	:	1085
Application Type	:	Transfer of Controlling Interest

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,

Michele Turner, CMC
Acting Borough Clerk

cc: rondyoo13@gmail.com;

<mailto:amco.localgovernmentonly@alaska.gov>

MT/jr



February 14, 2023

City of Homer, Kenai Peninsula Borough

Via Email: mjacobsen@ci.homer.ak.us; clerk@cityofhomer-ak.gov; mjenkins@kpb.us;
ivanhooose@kpb.us; jratky@kpb.us; cjackinsky@kpb.us; maldridge@kpb.us; ncarver@kpb.us;
slopez@kpb.us; jblankenship@kpb.us; assemblyclerk@kpb.us; bcarter@kpb.us

License Type:	Restaurant/Eating Place-Seasonal	License Number:	4894
Licensee:	Sake 59 LLC		
Doing Business As:	Fresh Catch Café		
Premises Address	4025 Homer Spit Rd #5		

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

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

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

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

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

Sincerely,

Joan Wilson, Director
amco.localgovernmentonly@alaska.gov



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

Why is this form needed?

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 Anchorage office, along with all other required forms and documents, before any license application will be considered complete.

Section 1 - Transferor Information

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

Licensee:	Harrison Maltenty	License #:	4894
License Type: REPL	Restaurant - Seasonal	Statutory Reference:	AS 04.11.100 AS 04.11.100
Doing Business As:	Fresh Catch Cafe		
Premises Address:	4025 Homer Spit Rd. # 20		
City:	Homer	State:	AK
		ZIP:	99603
Local Governing Body:	City of Homer / KPB		

Transfer Type:

- Regular transfer
- Transfer with security interest
- Involuntary retransfer

OFFICE USE ONLY			
Complete Date:	2/14/2023	Transaction #:	100502663
Board Meeting Date:	3/6 - 7/2023	License Years:	
Issue Date:		Examiner:	KRS



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

Section 2 - Transferee Information

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

Licensee:	SAKE SA LLC				
Doing Business As:	FRESH CATCH CAFE				
Premises Address:	4025 Homer SPIT Rd. #5				
City:	Homer	State:	AK	ZIP:	99603
Community Council:					

Mailing Address:	4361 Calhoun Cr.				
City:	Homer	State:	AK	ZIP:	99603

Designated Licensee:	Jackie Kondak			
Contact Phone:	299-5529	Business Phone:	same	
Contact Email:	j.kondak81@gmail.com			

Seasonal License? Yes No If "Yes", write your six-month operating period: 4/15 - 10/15

Section 3 - Premises Information

Premises to be licensed is:

- an existing facility a new building a proposed building

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

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

[Empty text box for school distance answer]

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

[Empty text box for church distance answer]



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

Section 4 - Sole Proprietor Ownership Information

This section must be completed by any sole proprietor who is applying for a license. Entities should skip to Section 5.
If more space is needed, please attach a separate sheet with the required information.
The following information must be completed for each licensee and each affiliate (spouse).

This individual is an: applicant affiliate

Name:				
Address:				
City:	State:	ZIP:		

This individual is an: applicant affiliate

Name:				
Address:				
City:	State:	ZIP:		

Section 5 - Entity Ownership Information

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

- If the applicant is a corporation, the following information must be completed for each *stockholder who owns 10% or more* of the stock in the corporation, and for each *president, vice-president, secretary, and managing officer*.
- If the applicant is a limited liability organization, the following information must be completed for each *member with an ownership interest of 10% or more*, and for each *manager*.
- If the applicant is a partnership, including a limited partnership, the following information must be completed for each *partner with an interest of 10% or more*, and for each *general partner*.

Entity Official:	Jackie Kondak				
Title(s):	Member Owner/Partner	Phone:	299-5529	% Owned:	50
Address:	4361 Calhoun Ct.				
City:	Homer	State:	AK	ZIP:	99603



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

Entity Official:	Aaron Knoll			
Title(s):	Member/Owner/Partner	Phone:	299-4207	% Owned: 50
Address:	4361 Calhoun Ct.			
City:	Homer	State:	AK	ZIP: 99603

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

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

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

DOC Entity #:	10040379	AK Formed Date:	8/1/2016	Home State:	AK
Registered Agent:	Jackie Kondak	Agent's Phone:	299-5529		
Agent's Mailing Address:	4361 Calhoun Ct.				
City:	Homer	State:	AK	ZIP:	99603

Residency of Agent: Yes No

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



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

Section 6 – Other Licenses

Ownership and financial interest in other alcoholic beverage businesses:

Yes No

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

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

Both Aaron + Jackie are current owners of Latitude 59 in Homer AK. We just got approval for license @ this business. #6082 license is Restaurant / Eating Place

Section 7 – Authorization

Communication with AMCO staff:

Yes No

Does any person other than a licensee named in this application have authority to discuss this license with AMCO staff?

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

Lindsey Walker - legal



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.

Harrison McHarby
Signature of transferor

HARRISON McHARBY
Printed name of transferor

Subscribed and sworn to before me this 30 day of Sept, 20 22.

[Signature]
Signature of Notary Public



Notary Public in and for the State of Alaska.

My commission expires: 12-12-23

Signature of transferor

Printed name of transferor

Subscribed and sworn to before me this ____ day of _____, 20 ____.

Signature of Notary Public

Notary Public in and for the State of _____.

My commission expires: _____



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

Section 9 – Transferee Certifications

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

Initials

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

JK

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

JK

I certify that I understand that providing a false statement on this form or any other form provided by AMCO is grounds for rejection or denial of this application or revocation of any license issued.

JK

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

JK

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

JK

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted are true and correct. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment, or documents to support this application, is sufficient grounds for denying or revoking a license/permit. I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

JK



Jackie Kundak
Signature of transferee

Jackie Kundak
Printed name

[Signature]
Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: 12-12-23

Subscribed and sworn to before me this 30 day of Sept, 2022.



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

Why is this form needed?

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 may not be 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 Anchorage 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:	SAKE SA LLC	License Number:	4894
License Type:	Restaurant/eating place - Seasonal		
Doing Business As:	Fresh Catch Cafe		
Premises Address:	4025 Homer Spit Rd. #5		
City:	Homer	State:	AK ZIP: 99603

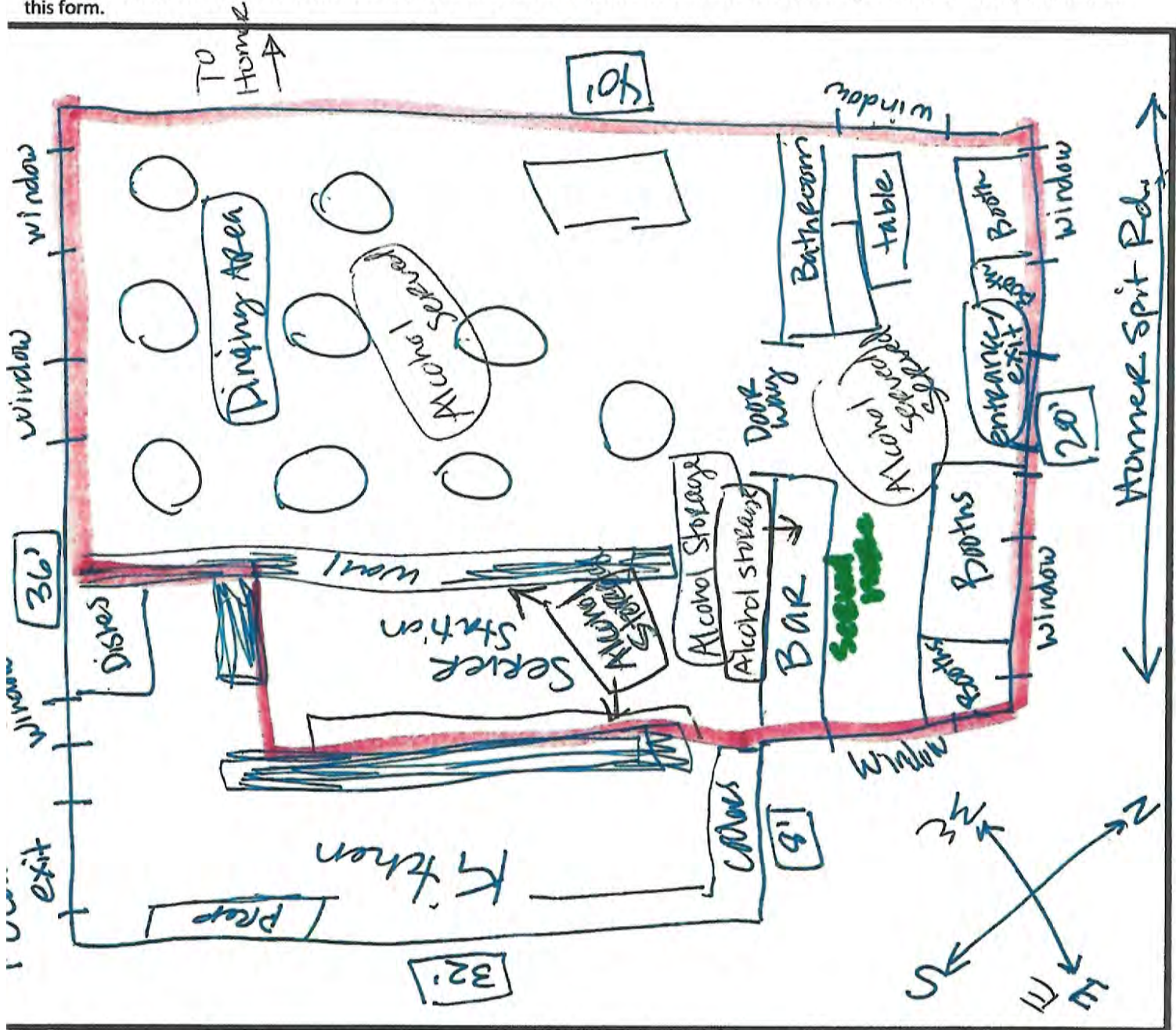


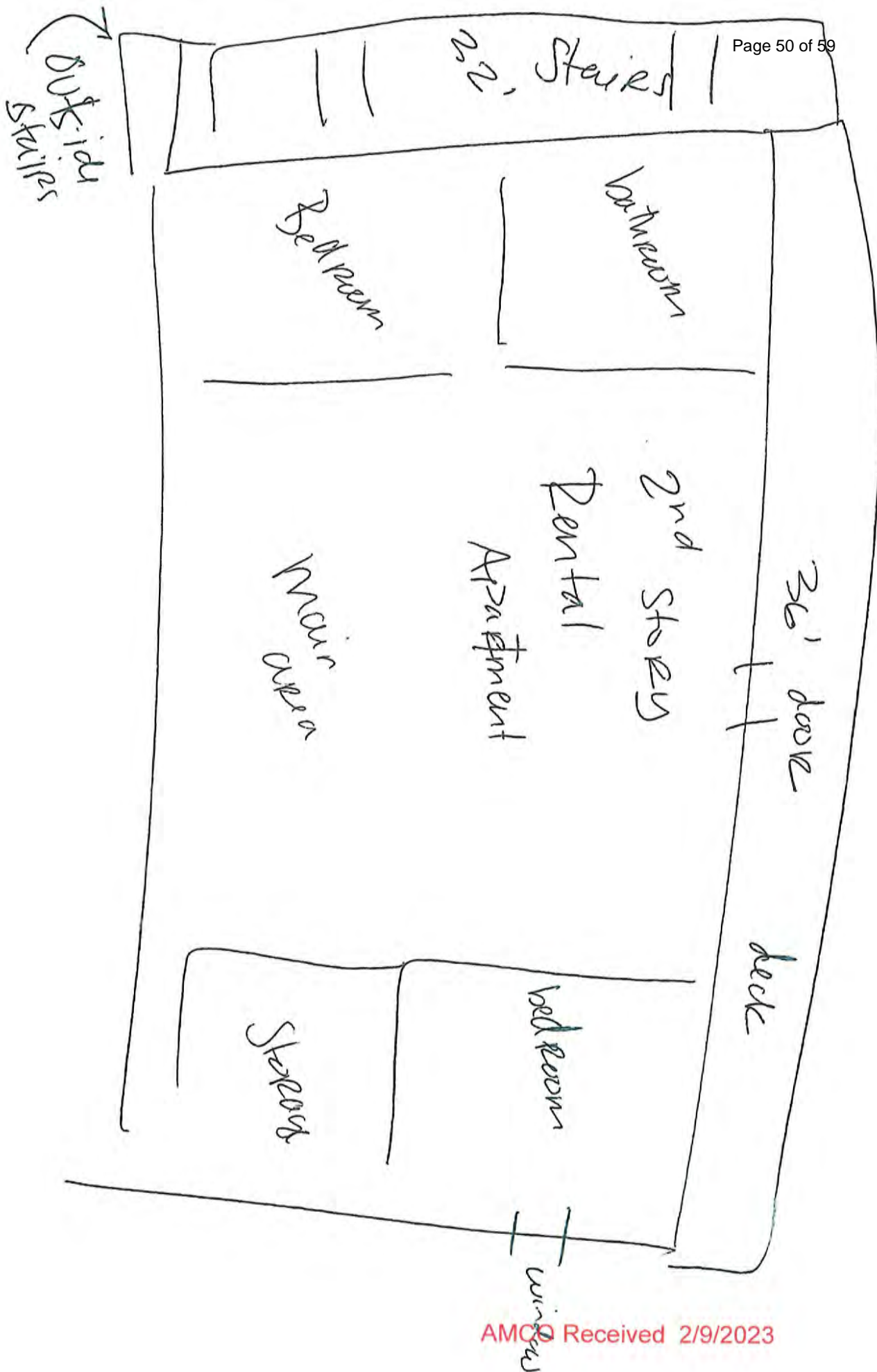
Alaska Alcoholic Beverage Control Board

Form AB-02: Premises Diagram

Section 2 - Detailed Premises Diagram

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







Alaska Alcoholic Beverage Control Board

Form AB-03: Restaurant Designation Permit Application

Why is this form needed?

A restaurant designation permit application is required for a licensee desiring designation under 3 AAC 304.715 – 3 AAC 304.795 as a bona fide restaurant, hotel, or eating place for purposes of AS 04.16.010(c) or AS 04.16.049. Designation will be granted only to a holder of a beverage dispensary, club, recreational site, golf course, or restaurant or eating place license, and only if the requirements of 3 AAC 304.305, 3 AAC 304.725, and 3 AAC 304.745, as applicable, are met. A menu or expected menu listing the meals, including entrées prepared on-site and offered to patrons, and copy of the DEC Food Service Permit (or corresponding DHHS documentation for licenses located in the Municipality of Anchorage) must accompany this form. Applicants should review AS 04.16.049 – AS 04.16.052 and 3 AAC 304.715 – 3 AAC 304.795. All fields of this form must be completed. The required \$50 permit fee may be made by credit card, check, or money order.

Section 1 – Establishment Information

Enter information for licensed establishment.

Licensee:	SAKE SA LLC		
License Type:	Restaurant - Seasonal	License Number:	4894
Doing Business As:	Fresh Catch Cafe		
Premises Address:	4025 FRESH HOMER SPIT Rd. # 5		
City:	Homer	State:	AK ZIP: 99603
Contact Name:	Jackie Kondak	Contact Phone:	299-5529

Section 2 – Type of Designation Requested

This application is for the request of designation as a bona fide restaurant, hotel, or eating place for purposes of AS 04.16.010(c) or AS 04.16.049, and for the request of the following designation(s) (check all that apply):

- 1. Dining after standard closing hours: AS 04.16.010(c)
 - 2. Dining by persons 16 – 20 years of age: AS 04.16.049(a)(2)
 - 3. Dining by persons under the age of 16 years, accompanied by a person over the age of 21: AS 04.16.049(a)(3)
 - 4. Employment for persons 16 or 17 years of age: AS 04.16.049(c)
- NOTE: Under AS 04.16.049(d), this permit is not required to employ a person 18 - 20 years of age.

OFFICE USE ONLY	
Transaction #:	Initials:



Alaska Alcoholic Beverage Control Board

Form AB-03: Restaurant Designation Permit Application

Section 3 – Minor Access

Review AS 04.16.049(a)(2); AS 04.16.049(a)(3); AS 04.16.049(c)

List where within the premises minors are anticipated to have access in the course of either dining or employment as designated in Section 2. (Example: Minors will only be allowed in the dining area. OR Minors will only be employed and present in the Kitchen.)

Minors will be allowed in the dining area as well as employed both in the dining area and the kitchen. All minor employees will have a TAPS certified 21+ staff member supervising them and will not have access to storage

Describe the policies, practices and procedures that will be in place to ensure that minors do not gain access to alcohol while dining or employed at your premises.

- All dining and alcohol access points are in view of staff
- All consumers will be carded when ordering alcohol.
- All consumers will be served by 21+ TAPS Valid certified staff.
- Diners will be observed by staff in order to assure minors are not consuming alcohol.
- ~~All back stock~~ will be handled by 21+ TAPS ^{Valid} employees
- No minors will handle alcohol stocking or storage

Is an owner, manager, or assistant manager who is 21 years of age or older always present on the premises during business hours?

Yes No

Section 4 – DEC Food Service Permit

Per 3 AAC 304.910 for an establishment to qualify as a Bona Fide Restaurant, a Food Service Permit or (for licenses within the Municipality of Anchorage) corresponding Department of Health and Human Services documentation is required.

Please follow this link to the DEC Food Safety Website: <http://dec.alaska.gov/eh/fss/food/>

Please follow this link to the Municipality Food Safety Website:

<http://www.muni.org/Departments/health/Admin/environment/FSS/Pages/fssfood.aspx>

IF you are unable to certify the below statement, please discuss the matter with the AMCO office:

Initials

I have attached a copy of the current food service permit for this premises OR the plan review approval.

has been submitted

*Please note, if a plan review approval is submitted, a final permit will be required before finalization of any permit or license application.



Alaska Alcoholic Beverage Control Board

Form AB-03: Restaurant Designation Permit Application

Section 5 – Hours of Operation

Review AS 04.16.010(c).

Enter all hours that your establishment intends to be open. Include variances in weekend/weekday hours, and indicate am/pm:

7 days a week 11am - 11pm

Section 6 – Entertainment & Service

Review AS 04.11.100(g)(2)

Are any forms of entertainment offered or available within the licensed business or within the proposed licensed premises?

Yes

No

If "Yes", describe the entertainment offered or available and the hours in which the entertainment may occur:

Food and beverage service offered or anticipated is:

table service

buffet service

counter service

other

If "other", describe the manner of food and beverage service offered or anticipated:



Alaska Alcoholic Beverage Control Board

Form AB-03: Restaurant Designation Permit Application

AMCO Enforcement Review:

Enforcement Recommendation:

Approve

Deny

Signature of AMCO Enforcement Supervisor

Printed name of AMCO Enforcement Supervisor

Date

Enforcement Recommendations:

AMCO Director Review:

Approved

Denied

Signature of AMCO Director

Printed name of AMCO Director

Date

Limitations:

AMCO Received 12/1/22



Alaska Alcoholic Beverage Control Board
Form AB-03: Restaurant Designation Permit Application

Section 7 – Certifications and Approvals

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

Initials

There are tables or counters at my establishment for consuming food in a dining area on the premises.

JK

I have included with this form a menu, or an expected menu, listing the meals to be offered to patrons. This menu includes entrées that are regularly sold and prepared by the licensee at the licensed premises.

JK

I certify that the license for which I am requesting designation is either a beverage dispensary, club, recreational site, golf course, or restaurant or eating place license.

JK

I have included with this application a copy of the most recent AB-02 or AB-14 for the premises to be permitted.

(AB-03 applications that accompany a new or transfer license application will not be required to submit an additional copy of their premises diagram.)

JK

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted are true and correct. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment, or documents to support this application, is sufficient grounds for denying or revoking a license/permit. I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

JK

Jackie Kondck
Printed name of licensee

[Signature]
Signature of licensee

Local Government Review (to be completed by an appropriate local government official):

Approved

Denied

Signature of local government official

Date

Printed name of local government official

Title

AMCO Received 12/1/22

Proposed Menu for Fresh Catch Cafe (Draft)

LUNCH

Burger
Fish and Chips
Chowder
Fish Sandwich
Oysters (Raw and baked)
Ceviche
Seafood Steamer pot
Ceasar Salad
Green Salad

DINNER

Appetizers:

Oysters
Ceviche
Hot goat cheese dip w/ bread
Buffalo fried cauliflower
Chowder
Seared Scallops
Seafood Steamer pot
King Crab

Salads:

Kale Ceasar
Garden Salad w/grains

Dinner:

Fish and chips
Burger
Steak
Pasta with seafood
Halibut w/sides TBD
Salmon w/ sides TBD
Vegetarian option TBD



Application for Food Establishment Permit

Alaska Department of Environmental Conservation
 Division of Environmental Health
 Food Safety and Sanitation Program

Permit ID: *121122*

Permit ID:

Section 1- GENERAL INFORMATION (All applicants complete entire section - please print).

Purpose (check one): New Information Change Extensive Remodel Change of owner/operator Reactivate

Owner/Business Information	Name of Entity or Owner Responsible for Food Service SAKE SA LLC		AK Business License #	
	Business/Corporate Mailing Address 4361 Calhoun Ct.		City Homer	State AK
	Business/Corporate Phone (907) 249-5529		Email j.kondak81@gmail.com	
	Owner(s) or Corporate Officer(s) & Title(s) or Responsible Party Jackie Kondak - owner		Fax Arnon Kroll - owner	
Type of Entity: <input type="checkbox"/> Individual <input checked="" type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> Other:				

Establishment Information	Establishment Name Fresh Catch Cafe		Physical Location 4025 Homer SP, Rd. #5		Nearest Community Homer	
	Establishment Mailing Address 4361 Calhoun Ct.		City Homer	State AK	Zip 99603	
	Establishment Phone		Fax		Contact Person Jackie Kondak	
	Establishment Physical Address 4025 Homer SP, Rd. #5		City Homer	State AK	Zip 99603	

SEATING: (Food Service Only) N/A 25 or less 25-100 > 101

TYPE OF OPERATION Please describe the type of facility you plan to open below (i.e. restaurant, bar, grocery store, etc.)
Restaurant - Seasonal, dinner + lunch, table service, beer + wine

SECTION 2 - NEW OR EXTENSIVELY REMODELED FACILITIES
 a. A plan review will be required if your facility has never been permitted by the Alaska's Food Safety and Sanitation Program; has not had an active permit in the last five years; will be extensively remodeled; or is a new construction. If any of those apply, a Plan Review Application is required to process your application. Have you attached the _____?
 Yes No *N/A*

SECTION 3 - COMPLETE FOR ALL FOOD ESTABLISHMENTS (Check all that apply)

a. A copy of your menu will be required. Have you attached a copy of the proposed menu? Yes No

b. Attach appropriate label, placard, or menu notation for the _____ if you serve.
 Wild Mushrooms Unpasteurized juices Farmed halibut, salmon, or sablefish
 Raw/undercooked animal foods such as beef, shell eggs, lamb, pork, poultry, seafood, and shellfish.

c. Methods of food preparation (check the one that most closely describes the establishment):
 Assembly of Ready to Eat Foods Cook and Serve
 Hot or cold Service for 2 hours or more is done
 Complex (Preparation 1 day or more in advance, cooling and reheating is done).

d. Style of Service: Counter Service Self Service (i.e. buffet line, salad bar) Table Service
 Other:

e. Do you plan to operate as a *mobile* _____? Yes No
 If yes, list all the equipment used to protect food from contamination and maintain product temperature during Transportation: _____
 Hot or Cold Holding: _____

Form 18-31-APP.01 (Rev 4/13)





City of Homer

www.cityofhomer-ak.gov

Police Department

625 Grubstake Avenue
Homer, Alaska 99603

police@cityofhomer-ak.gov

(p) 907-235-3150

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

Memorandum

TO: MELISSA JACOBSEN, MMC, CITY CLERK

CC: LISA LINEGAR, COMMUNICATIONS SUPERVISOR

FROM: MARK ROBL, POLICE CHIEF

DATE: FEBRUARY 23, 2023

SUBJECT: LIQUOR LICENSE RENEWAL FOR MERMAID CAFÉ AND DON JOSE'S AND LIQUOR LICENSE TRANSFERS FOR KHARACTERS AND FRESH CATCH CAFÉ – NO OBJECTION

Homer Police Department has no objection to the Alcohol and Marijuana Control Office of Liquor License Renewal Applications within the City of Homer for the following businesses:

License Type: Restaurant/Eating Place
License #: 4720
DBA Name: Mermaid Cafe
Service Location: 3487 Main Street, Homer, AK 99603
Licensee: Andrew & Sally Wills
Contact Person: Doug Johnson

License Type: Beverage Dispensary
License #: 2252
DBA Name: Don Jose's Mexican Restaurant
Service Location: 127 W. Pioneer Ave., Homer, AK 99603
Licensee: Don Jose's, LLC
Contact Person: Jose Ramos

Homer Police Department has no objection to the Alcohol and Marijuana Control Office of Liquor License Transfer Applications within the City of Homer for the following businesses:

License Type: Beverage Dispensary
License #: 1085
DBA Name: Kharacters
Service Location: 3851 Shelford St., Homer, AK 99603
Licensee: Wonderful, LLC
Contact Person: Rondy Matthews

License Type: Restaurant - Seasonal
License #: 4894
DBA Name: Fresh Catch Café
Service Location: 4025 Homer Spit Rd., Homer, AK 99603
Licensee: Harrison McHenry
Contact Person: Jackie Kondak