STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD FORM CONTROL

LICENSE NUMBER

1015

XXXX

ISSUED 4/13/2021

**ABC BOARD** 

**LIQUOR LICENSE 2021 - 2022** 

LIQUOR LICENSE

2021 - 2022

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

THIS LICENSE EXPIRES MIDNIGHT FEBRUARY 28, 2023 UNLESS DATED BELOW

TYPE OF LICENSE: Beverage Dispen

LICENSE FEE: \$2,500.00

1104

Sea Inn

8 Alley Way

Mail Address:

D/B/A:

Sea Inn Properties LLC

PO Box 1229

Dillingham, AK 99576

CITY / BOROUGH:

Dillingham

Unorganized 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

DIRECTOR

04-900 (REV 9/09)

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

STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD FORM CONTROL

LICENSE NUMBER

XXXX

ISSUED

4/13/2021

ABC BOARD

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COPY

DIRECTOR

THIS LICENSE MUST BE POSTED IN A VISIBLE PLACE ON THE PREMISES 04-900 (REV 9/09)

D/B/A:

Sea Inn

8 Alley Way

Mailing Address:

Sea Inn Properties LLC

PO Box 1229

Dillingham, AK 99576

A .



Alcohol and Marijuana Control Office 550 W 7<sup>th</sup> 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

# Master Checklist: Renewal Liquor License Application

Doing Business As:	Sea	Inn	. Company		License Number:	1015
License Type:	Beverage Dispensary					1 1100
Examiner:	<del> </del>	instina			Transaction #:	100027034
Document		Received	Completed	Notes		
AB-17: Renewal Appli	cation	12/24	4-13-2021			
App and License Fees	1	12/24	4-13-2021			
Supplemental Docum	ent	Received	Completed	Notes		
Tourism/Rec Site State	ement					
AB-25: Supplier Cert (	WS)					
AB-29: Waiver of Ope	ration					
AB-30: Minimum Ope	ration					
AB-33: Restaurant Aff	idavit		, s			
COI / COC / 5 Star						
FP Cards & Fees / AB-	08a					
Late Fee						
Names on FP Cards:						
						Yes No
Selling alcohol in response to written order (package stores)?						
Mailing address and contact information different than in database (if yes, update database)?						
In "Good Standing" with CBPL (skip this and next question for sole proprietor)?						
Officers and stockholders match CBPL and database (if "No", determine if transfer necessary)?						
LGB 1 Response:	ity	of Dillin	Shain LGB 2 Res	ponse:	NA	
Waive	Protes	t Lapse	d Wa	ve Pr	otest Lapse	1



Alcohol and Marijuana Control Office 550 W 7<sup>th</sup> 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-17: 2021/2022 License Renewal Application

This form and any required supplemental forms must be completed, signed by the licensee, and postmarked no later than 12/31/2020 per AS 04.11.270, 3 AAC 304.160, with all required fees paid in full, or a non-refundable \$500.00 late fee applies.
 Any complete application for renewal or any fees for renewal that have not been postmarked by 02/28/2021 will be expired per AS 04.11.540,3 AAC 304.160(e).
 All fields of this application must be deemed complete by AMCO staff and must be accompanied by the required fees and all documents required, or the application will be returned without being processed, per AS 04.11.270, 3 AAC 304.105
 Receipt and/or processing of renewal payments by AMCO staff neither indicates nor guarantees in any way that an application will be deemed complete, renewed, or that it will be scheduled for the next ABC Board meeting.

Establishment Contact Information

Licensee (Owner):	SCA INV PROPARILES	LLC		License #:	1015
License Type:	BEVERAGE DISPENS		1		
Doing Business As:	DEA INV				
Premises Address:	8 ALLEY WAY				
Local Governing Body:	CITY OF DILLINGE				
Community Council:	NOVE				
If your mailing address ha	as changed, write the NEW address				
Mailing Address:	PO BOX 1229				
City:	DILLINETTAN	State:	ALASKA	ZIP:	99576
	Section 1 – Licensee				
must be listed on CBPL with th	ividual listed below must be listed in S ne same name and title. ated point of contact regarding this lice				
Contact Licensee:	DENNIS VARVER		Contact Phone	e: 907-	842-2233
Contact Email:	Seatombar ByAHOO, C	ca		1/-	
Optional: If you wish for AMCO	staff to communicate with anyone other t			our license, list th	em below:
Name of Contact:			Contact Phone	(1178)	
Contact Email:					
Name of Contact:			Contact Phone	e:	
Contact Email:					,
Name of Contact:	*		Contact Phone	:	
Contact Email:		-			

AMCO



Alaska CBPL Entity #:

[Form AB-17] (rev09/23/2020)

#### Alaska Alcoholic Beverage Control Board

## Form AB-17: 2021/2022 License Renewal Application

## **Section 2 – Entity or Community Ownership Information**

#### Sole Proprietors should skip this Section.

Use the link from Corporations, Business and Professional Licensing (CBPL) below to assist you in finding the Entity #. https://www.commerce.alaska.gov/cbp/main/search/entities

DEAD DEEDES SESSES						
READ BEFORE PROCEED	NG: Any new or changes to Sharehold	ders (10% or	more), Managers, Corpora	te Officer	rs, Boa	ard of
Directors, Partners, Cont	rolling Interest or Ownership of the bu	isiness license	e must be reported to the A	ARC Board	within	n 10 days of
the change and must be	accompanied by a full set of fingerprin	ts on FBI-app	roved card stock, AB-08a's	navmen	t of SA	18 25 for
each new officer with a c	late-stamped copy of the CBPL change	per AS 04.11	045, 50 & 55, or a Notice of	of Violatic	n will	be issued to
your establishment and y	our application will be returned.					
The only ex	ception to this is a Corporation who d	an meet the	requirements set forth in .	AS 04.11.	050(c)	4.
			,			
DO NOT LIST O	FFICERS OR TITLES THAT A	RE NOT R	EQUIRED FOR YOU	IR ENT	ITY 1	гүре.
<ul> <li>Corporations of any ty</li> </ul>	pe including non-profit must list ONLY	the following	<b></b>			
O All shareh	olders who own 10% or more stock in	the corners	tion			
o Each Pres	ident, Vice-President, Secretary, and M	Associate Off	ione annually as of a second			
Limited Liability Corne	rations, of any type must list ONLY th	vialiaging Off	icer regardless or percenta	ge owned	1	
All Memb	ers with an ownership interest of 10%	ie ioliowing:				
o All Manag	ers lof the LLC not the DRA) regardler	or more				
Partnerships of any tyr	ers (of the LLC, not the DBA) regardles	ss or percenta	ageowned			
Fact Seek	e, including Limited Partnerships mus	t list UNLY th	e following:			
	ner with an interest of 10% or more					
<ul> <li>All Genera</li> </ul>	l Partners regardless of percentage ov	vned				
important Note: All entries	below must match our records, or your	application w	ill be returned per AS 04-11			105 You
must list full legal names, all	required titles, phone number, percen	tage of share	s owned (if applicable) and	a full mai	iling ac	ddress for
each official of your entity w	hose information we require. If more	space is nee	ded: attach additional cor	npleted o	opies	of this
page. Additional informatio	n not on this page will be rejected.					
Name of Official:	DENNID VARVER	•				
Title(s):	PHOTOGRAP MENTERA	Phone:	907-9-11-2273	% Ow	ned:	100
Mailing Address:	FO BEX 1719 MEN	DER	-	-		
City:	DICKERSHAD	State:	ALASISA	ZIP:	49	576
				1	-LL-	
Name of Official:	MILLISS A VARAGE	7				
Title(s):	the fortilet rouses	Phone:	907-842 2233	% Owi	ned:	0
Mailing Address:	10 Box 1729			THE REST OF THE PROPERTY OF THE PROPERTY OF		
City:	DILLIVERRY	State:	1115/12	ZIP:	995	75
				***	L/_/ /	./
Name of Official:		-			***************************************	
Marie Of Official.						
Title(s):		Phone:		% Owr	red:	
Mailing Address:						
City:		State:		ZIP:		

AMCC

111 24 2171

Page 2 of 4

AMCO Received 4/13/2021



#### Alaska Alcoholic Beverage Control Board

## Form AB-17: 2021/2022 License Renewal Application

#### **Section 3 – Sole Proprietor Ownership Information**

#### Corporations, LLC's and Partnerships of ALL kinds should skip this section.

READ BEFORE PROCEEDING: Any new or changes to the ownership of the business license must be reported to the ABC Board within 10 days of the change and must be accompanied by a full set of fingerprints on FBI approved cardstock, AB-08a's, payment of \$48.25 for each new owner or officer and a date stamped copy of the CBPL change per AS 04.11.045, or a Notice of Violation will be issued to your establishment and your application will be returned.

Important Note: All entries below must match our records, or your application will be returned per AS 04.11.270, 3 AAC 304.105. You must list full legal names, phone number, and mailing address for each owner or partner whose information we require. If more space is needed, attach additional copies of this page. Additional owners not listed on this page will be rejected. This individual is an: Applicant Affiliate Name: **Contact Phone:** Mailing Address: City: State: ZIP: Email: This individual is an: **Applicant** Affiliate Name: Contact Phone: Mailing Address: City: State: ZIP: Email: **Section 4 - License Operation** Check ONE BOX for EACH CALENDAR YEAR that best describes how this liquor license was operated: 1. The license was regularly operated continuously throughout each year. (Year-round) The license was only operated during a specific season each year. (Seasonal) If your operation dates have changed, list them below: 3. The license was only operated to meet the minimum requirement of 240 total hours each calendar year. A complete AB-30: Proof of Minimum Operation Checklist, and all documentation must be provided with this form. 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 calendaryears. <u>A complete Form AB-29: Waiver of Operation Application</u> and corresponding fees must be submitted with this application for each calendar year during which the license was not operated. If you have not met the minimum number of hours of operation in 2020, you are not required to pay the fees, however a complete AB-29 is required with Section 2 marked "OTHER" and COVID is listed as the reason. Section 5 - Violations and Convictions Yes No Have ANY Notices of Violation been issued for this license OR has ANY person or entity in this application been convicted of a violation of Title 04, 3AAC 304 or a local ordinance adopted under AS 04.21.010 in 2019 or 2020?

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.

AMCC



#### Alaska Alcoholic Beverage Control Board

## Form AB-17: 2021/2022 License Renewal Application

#### **Section 6 - Certifications**

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

- I agree to provide all information required by the Alcoholic Beverage Control Board or requested by AMCO staff in support of this application and understand that failure to do so by any deadline given to me by AMCO staff will result in this application being returned and potentially expired if I do not comply with statutory or regulatory requirements.
- I certify that all current licensees (as defined in AS 04.11.260) and affiliates have been listed on this application, and that in accordance with AS 04.11.450, no one other than the licensee(s) has a direct or indirect financial interest in the licensed business.
- I certify that this entity is in good standing with Corporations, Business and Professional Licensing (CBPL) and that all entity
  officials and stakeholders are current and accurately listed, and I have provided AMCO with all required changes of
  Shareholders (10% or more), Managers, Corporate Officers/Board of Directors, Partners, Controlling Interest or Ownership of
  the business license, and have provided all required documents for any new or changes in officers.
- I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check identification of patrons
  have completed an alcohol server education course approved by the ABC Board and keep current, valid copies of their
  course completion cards on the licensed premises during all working hours, if applicable for this license type as set forth
  in AS 04.21.025 and 3 AAC 304.465.
- I certify that I have not altered the functional floor plan or reduced or expanded the area of the licensed premises, and I have not changed the business name from what is currently approved and on file with the Alcoholic Beverage Control Board.

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

Signature of licensee

OFNUS VARVER

Printed name of licensee

My commission expires: July 17, 2024

Subscribed and sworn to before me this 71 day of December , 20 20

Restaurant/Eating Place applications must include a completed AB-33: Restaurant Receipts Affidavit
Recreational Site applications must include a completed Recreational Site Statement
Tourism applications must include a completed Tourism Statement
Wholesale applications must include a completed AB-25: Supplier Certification

All renewal and supplemental forms are available online

Any application that is not complete or does not include ALL required completed forms and fees will not be processed and will be returned per AS 04.11.270, 3 AAC 304.105.

#### FOR OFFICE USE ONLY

License Fee:	\$2500.00	Application Fee:	\$ 300.00	Misc. Fee:	\$
		Total Fees Due:			\$ 2,800.00

**AMCO** 

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

State of Alaska / Commerce / Corporations, Business, and Professional Licensing / Search & Database Download / Corporations / Entity Details

## **ENTITY DETAILS**

## Name(s)

Type Name

Legal Name Sea Inn Properties, LLC

Entity Type: Limited Liability Company

Entity #: 121214

Status: Good Standing

AK Formed Date: 2/2/2009

**Duration/Expiration:** Perpetual

Home State: ALASKA

Next Biennial Report Due: 1/2/2023

Entity Mailing Address: P.O. BOX 1229, DILLINGHAM, AK 99576

Entity Physical Address: 203 W 2ND AVENUE PO BOX 1229, DILLINGHAM, AK 99576

## **Registered Agent**

**Agent Name:** Dennis Varner

Registered Mailing Address: P.O. Box 1229, DILLINGHAM, AK 99576

Registered Physical Address: 18 Alley Way, Dillingham, AK 99576

## **Officials**

			□2110M Former
AK Entity #	Name	Titles	Owned
	Dennis Varner	Manager, Member	100.00
	Melissa Varner	Manager	

Chau Farmar

## **Filed Documents**

Date Filed	Туре	Filing	Certificate
2/02/2009	Creation Filing	Click to View	Click to View
7/21/2009	Initial Report	Click to View	
6/25/2012	Biennial Report	Click to View	
1/15/2013	Biennial Report	Click to View	
10/19/2014	Biennial Report	Click to View	
3/21/2017	Biennial Report	Click to View	
11/26/2018	Biennial Report	Click to View	
4/04/2021	Biennial Report	Click to View	

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