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45 46 Submitted by: ASSEMBLY CHAIR OSSIANDER,

VICE-CHAIR HALL AND ASSEMBLY

Public Safety

COMMITTEE CHAIR HONEMAN

Prepared by: Municipal Clerk For reading: August 16, 2011

ANCHORAGE, ALASKA AR NO. 2011–202

CLERK'S OFFICE

APPROVED

8-16-11

Defei .

A RESOLUTION OF THE ANCHORAGE MUNICIPAL ASSEMBLY STATING ITS PROTEST REGARDING A TRANSFER OF LOCATION OF A DISTILLERY LIQUOR LICENSE #4985 FOR BARE DISTILLERY ALASKA, LLC dba BARE DISTILLERY, LOCATED AT 6310 A STREET, AND AUTHORIZING THE MUNICIPAL CLERK TO TAKE CERTAIN ACTION.

WHEREAS, Bare Distillery Alaska, LLC has made an application with the Alcoholic Beverage Control (ABC) Board and has paid the required fee for a Transfer of Location of a Distillery Liquor License #4985, to be used for Bare Distillery, located at 6310 A Street, Anchorage, Alaska; and

WHEREAS, the Assembly must enter any protest to the ABC Board within 60 days following receipt of the application; and

WHEREAS, the Anchorage Municipal Clerk received a copy of this application on June 20, 2011 and has determined that the last day for the Assembly to file a protest is August 19, 2011 and

WHEREAS, the Assembly Meeting on August 16, 2011 is the last scheduled regular meeting of the Anchorage Assembly prior to the expiration of the protest period; and

WHEREAS, the Municipal Clerk reports the following status concerning this location:

- 1. No ABC Board violations and/or incidents that would lead to an ABC Board violation;
- 2. No taxes owing to the Municipality of Anchorage;
- 3. Anchorage Fire Department approval has not been received;
- 5. Approval from the Municipal Health & Human Service Department has not been received; and

WHEREAS, protest by the Assembly is in order pending Municipal Clerk confirmation that outstanding items required for this location have been completed;

NOW, THEREFORE, THE ANCHORAGE ASSEMBLY RESOLVES:

- Section 1. The Anchorage Assembly hereby enters its PROTEST for a Transfer of Location of a Distillery Liquor License #4985 and until these conditions are met:
 - Approvals from the Anchorage Fire Department and Municipal Health and Human Service Department are received and confirmed by the Municipal Clerk.
- Section 2. A copy of this Assembly Resolution may be presented to the Alcoholic Beverage Control Board as proof that the Anchorage Assembly, as the local governing body, has stated its protest in order to allow the Director of the Alcoholic Beverage Control Board to hold processing of Distillery Liquor License #4985 under local protest, until receipt by the Director of confirmation from the Municipal Clerk that the conditions in Section 1 have been met, and this protest is lifted as authorized by this Assembly Resolution.
- Section 3. The Anchorage Assembly hereby authorizes the Municipal Clerk, upon Municipal Clerk confirmation that all conditions in Section 1 have been met, to provide written notification to the Alcoholic Beverage Control Board that this protest by the Anchorage Assembly is lifted, without further action by the Assembly.

PASSED AND APPROVED by the Anchorage Assembly this 16th day of August , 2011.

Dubie Osuarder Chair

ATTEST:

Municipal Clerk



State of Alaska

Department of Public Safety

Alcoholic Beverage Control Board

Sean Parnell, Governor
Joseph A Masters, Commissioner

June 16, 2011

Municipality of Anchorage Barbara Gruenstein P.O. Box 196650 Anchorage, Alaska 99519

	rage, Alaska 99519			
Re: Ba	are Distillery – License #4985			
-	Transfer of Ownership	☐ Name Change		Restaurant Designation Permit
X	Transfer of Location	Old License # (if changed): _		
under A				Anchorage. This is the notice as required governing body under AS 04.11.480 is
04.11.43 within 6 protest if applicar either the AS 44.6	50 days of receipt of this notice. If a is "arbitrary, capricious and unreason at that the application is denied for reason director or the board and, if not sa	pplicant with a clear and concise we protest is filed, the board will not a nable". Instead, in accordance with easons stated in the protest. The application of the informal conference, it is a conference of the confer	ritten : pprove AS 04 plicanti is entit	of an application(s) pursuant to AS statement of reasons in support of a protest e the application unless it finds that the 4.11.510(b), the board will notify the t is entitled to an informal conference with tled to a formal hearing in accordance with LOCAL GOVERNING BODY
ordinand approve sale or o alcoholi	ce prohibits the sale or consumption d. Under AS 04.11.420(b) municipal consumption of alcoholic beverages.	of alcoholic beverages, unless a var alities must inform the board of zon. If a municipal zoning regulation of and no variance of the regulation	riance ing re _l r ordir or ord	municipality where a zoning regulation or of the regulation or ordinance has been gulations or ordinances which prohibit the nance prohibits the sale or consumption of inance has been approved, please notify us done so.
				everages as required by zoning regulation at that in mind in responding to this notice.
AS 04.2	1.010(d), if applicable, requires the	municipality to provide written noti	ce to t	the appropriate community council(s).
	how proof of service upon the applic			manner and within the prescribed time. fer to 13 AAC 104.145, Local Governing

rj

be approved by the governing body.

Note: Applications applied for under AS 04.11.400(g), 13 AAC 104.335(a)(3), AS 04.11.090(e), and 13 AAC 104.660(e) must

Transfer Liquor License

PAGE 1 OF 2

Alcoholic Beverage Control Board 5848 E Tudor Rd Anchorage, AK 99507

(907) 269-0350 Fax: (907) 272-9412 www.dps.state.ak.us/abc

This application is for: ☐ Seasonal – Two 6-m ☐ Full 2-year period	onth periods in each year of the b	iennial per	iod beginning Mo/D	and endi	ng Mo/Da	 y		
SECTION A - LICENSE IN	FORMATION. Must be con	pleted for	all types of applications	<u> </u>			FEES	
License Year: Juli- 2017	License Type: Distill				ute Reference		License Fee: \$	
			\lor		Sec. 04.11. 170		Filing Fee: \$100.00	
License #: 4985		Commun	-it- Council Mama(a) &	Mailing Add	، ساده فع		Fingerprint:	
Local Governing Body: (City, Borough or Unorganized) Municipality of Archarage			Community Council Name(s) & Mailing Address: Hat Many Ran Jordan 8170 Wordgreen Cir.				(854.25 per person) Total Submitted: \$ \(\CC \)	
Name of Applicant (Corp/LLC/L	P/LEP/Ing/vidual/Parmersnip):		Hnchorage A	K 9951	8	,	<u> </u>	
Bore Distilley Alaska, LLC.			Anchorage AK 99518 Doing Business As (Business Name): Takuj Curpbell B are Distillery			Business Telephone Number: 907 440-0569 Fax Number: 907.561-2103		
Mailing Address: 6310 A	<u> </u>	Street A	ddress or Location of Pr	remise:		Email Ac	ddress:	
Amborase	AK 99518	G	310 A St. A	Inchora	Se, AK	Kylea	bore distillery com	
City, State, Zip:		ľ		995	ν.	'	-	
Archorag	uAK 99518							
SECTION B - TRANSFER						4.		
Regular Transfer		,	Name and Mailing Add	lress of <i>CURR</i>	ENT Licensea Call ぐ ぐ	Bare	Distillery Alaska, we	
Regular Transfer Transfer with security interest: Any instrument executed under AS 04.11.670 for purposes of applying AS 04.11.360(4)(b) in a later involuntary transfer, must be filed with this Application (15 AAC 104.107). Real or personal property conveyed with this transfer must be described. Provide security interest documents. Name and Mailing Address of CURRENT Licensee: Save Distillery Soil E. 83 = Auc Vit JA						у АК 99518 en		
☐ Involuntary Transfer, Attach d AS 04.11.670.	14rcharase .4k 99518							
SECTION C - PREMISES					an 50 miles fr	om the hou	ındaries of an	
Closest school grounds: 5AVE 1410 E. 56	" P[AS 04 11 410	OR ,	incorporate	d city, borougi	n, or unified n	nunicipality		
Closest church: Agreem Fonder		er: , q	borough, or Not applica	r unified munic ble	cipality.			
Premises to be licensed is: Proposed building Existing facility New building Local ordinance No. Plans submitted to Fire Marshall (required for new & proposed buildings) Diagram of premises attached								
Does any individual, corporate of in any other alcoholic beverage by	ficer, director, imited liability org usiness licensed in Alaska or any	anization r other state	nember, manager or par ?	rtner named in	this application	on have an	y direct or indirect interest	
☐ Yes ☐ No If Yes, complete				Duniana	tunat Aulul	I 61	ate	
Name	Name of Business	1 ype of	License	Dusiness S	treet Addre	35 SE	aic	
Has any individual, corporate offi violation of AS 04, or been convi	icer, director, limited liability org cted as a licensee or manager of l	anization n icensed pre	nember, manager or par emises in another state o	tner named in of the liquor la	this applications of that state	on been cor e?	nvicted of a felony, a	
☐ Yes ☑ No If Yes, attach wri	tten explanation.					 		
Office use only								

Director's Signature

Date Approved

Alcoholic Beverage Control Board 5848 E Tudor Rd Anchorage AK 99507 PH: 907 269-0350 - FX: 907 272-9412

Transfer App 3/09

Liquor License

PAGE 2 of 2 Licensee Information www.dps.state.ak.us/abc

han,								
Corporations, LLCs, LLPs and LF	s must be regi	stered with the	Dept. of Comn		Developn	nent.	**	
Name of Entity (Corporation/LLC/LLP/LP) (or N/A if an Individual ownership):				Telephone Number: (907) 440 - 0	Fax Number: (907) 561-310-3			
Box a Distillary Akisky, LLC Corporate Mailing Address: 6310 A St. City:			State: A K			Zip Code: 995/8		
Name, Mailing Address and Telephone Num			07563-8844	Date of Incorporation Of Certification with DCED		State of Inc	State of Incorporation:	
3000 AST. SULE 300	Anchorage 4	火 99503 	t () 18/10			Alaska		
Is the Entity in compliance with the reporting If no, attach written explanation. Your entity				El Ýes □ No ontes to be a valid liquor lice	ensee			
			·		-			
Entity Members (Must include President	1					-lankana	Date of Dirth	
Name	Title		Iome Address & Te	23% 11388 E. A	Number		Date of Birth	
Kylé RYAN	tourder lawner	26 1501 W	.474-Ave+1	Anc. 4K 99503	907.5	61-7100	8/3/76	
Villiam Clork, M.D.	Foundarlainer	DOILIOIN	U. I HUC I	1116.4K.71301	14 1.70	1-2100	7/34/75	
William Clork, M.D.	Owner Owner			Ans. At 99517		15-1796 76-3803	7/6/53 3/9/ca	
Robert Allen, M.D.	Owner			Anc. AK 99517 907 313 3186 16, AK 99501	707713		9/11/12	
Tohn Halligan M.D. NOTE: On a separate sheet provide infor			ed entities that ar	e shareholders of the licen		- J V V	المراه الم	
Individual Licensees/Affiliates (The A	DC Doord define	o on "A ffiliate" ac	the enouse or sign	rificant other of a licensee	Each Aff	iliate must l	he listed)	
Name:	BC Board uctine	Applicant	Name:	HITCHIE OHICE OF A TICCHISE	J. 15401121(1.	Applic		
Address:		Affiliate □	Address:				le 🛘	
Home Phone: Work Phone:		Date of Birth:	Home Phone: Work Phone:			Date or	f Birth:	
Name:		Applicant □ Affiliate □	Name: Address:		Applic Affilia			
Address:			Home Pl					
Home Phone: Work Phone: Date of Birth:			Work Phone:				f Birth;	
Declaration I declare under penalty of perjury that	I have examined the	nis application, incl	uding the accompa	nying schedules and statem	ents, and to	the best of n	ny knowledge	
 and belief it is true, correct and complete, I hereby certify that there have been no 	and this application	on is not in violation rs or stockholders t	n of any security in hat have not been t	terest or other contracted o enorted to the Alcoholic Be	bligations. everage Cont	trol Board.	The undersigned	
certifies on behalf of the organized entity	, it is understood tl	iat a misrepresental	tion of fact is cause	for rejection of this applica	ation or revo	cation of an	y license issued.	
 If further certify that I have read and an than the licensee(s) has any direct or indirect. 	n familiar with Titl rect financial intere	le 4 of the Alaska sl est in the licensed b	tatutes and its regu- jusiness.	ations, and that in accordar	ice with AS	04.11.450, r	io person other	
l agree to provide all information required by the Alcoholic Beverage Control Board in support of this application.								
Signature of Current Licensee(s)		7	Signature of Tra	insferee(s)				
Signature // //			Signature					
Signature / Signature	Signature							
A District (DI District)	1		Name & Title (Di	agea Drint)	à			
				Name & Title (Please Print) Kylik Ryan Foundari when Subscribed and sworn to before me this				
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Notary Public in and for the State of Alaska STATE OF ALASKaft Public in and for the State of Alaska								
NOTARY PUBLIC								
Henreeda Jaramillo								
My Commission expires: W O My Commission Expires With Office W O								