

Department of Commerce, Community, and Economic Development

ALCOHOL & MARIJUANA CONTROL OFFICE

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

November 17, 2022

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

License Type:	Package Store	License Number:	1350
Licensee:	Cole's Market LLC		
Doing Business As:	Cole's Market		
Premises Address	60744 East End Road, Homer		

☐ New 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

M. Wilson



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

Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

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 – Frans	teror in	ormation		
Enter information for the cu	rrent licensee and licensed establishme	nt.	inc.		
Licensee:	Inlet View Restaurant				1350
License Type:	Package Store		Statutory Reference	e:	04.11.150
Doing Business As:	Inlet View Restaurant	& Bar			
Premises Address:	15630 Sterling Hwy				
City:	Ninilchik	State:	AK	ZIP:	99639
Local Governing Body:	Kenai Peninsula Bord	ough			J
Transfer Type: Regular transfer Transfer with securi	fer			AMO OCT 1	
	OFFICE U			·	
Complete Date:	11-17-2022	Transo	action #:	5475	5100
Board Meeting Date:	12-12-2022	Licens	e Years: 27	123	
Issue Date:		Exami	ner:	KR:	S

[Form AB-01] (rev 2/24/2022)

Page **1** of **7**

OCT 1 4 ... 2



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Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

	Section 2 - Trans	feree In	formation			
Enter information for the <i>ne</i>	w applicant and/or location seeking to	be licensed.				
Licensee:	Cole's Market LLC					
Doing Business As:	Cole's Market					
Premises Address:	60744 E End Rd					
City:	Homer	State:	AK		ZIP:	99603
Community Council:	Kenai Peninsula Bord	ough ^	JONE			

Mailing Address:	60744 E End Rd					
City:	Homer	State:	AK		ZIP:	99603
Designated Licensee:	Justin Cole					
Contact Phone:	907-299-6177	Business I	Phone:	907-2	35-3	998
Contact Email:	ratone1975@yahoo.c	om				
Yes Seasonal License?	No If "Yes", write your si	ix-month op	perating period	d:		
	Section 3 – Prem	ises Info	ormation			
Premises to be licensed is: an existing facility	a new building	a propose	d building			
What is the distance of the outer boundaries of t	t be completed by <u>beverage dispensar</u> ne shortest pedestrian route from the the nearest school grounds? Include th	public entrar	nce of the buildi	ng of your	propose	
2 Miles						
	ne shortest pedestrian route from the enearest church building? Include the				propose	d premises to

AMCO [Form AB-01] (rev 2/24/2022) Page 2 of 7 OCT 1 7 2022



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Section 4 - Sole Proprietor Ownership Information

If more space is needed, ple	eted by any <u>sole proprietor</u> who is app ease attach a separate sheet with the r oust be completed for each licensee and	equired info	mation.	to Section	n 5.	
This individual is an:	applicant affiliate					
Name:					· · · · · · · · · · · · · · · · · · ·	
Address:		***************************************				
City:		State:		ZIP:		
	applicant affiliate					
Name:						
Address:			1		·	
City:		State:		ZIP:		
partnership, that is applying if more space is needed, ple if the applicant is a corp the stock in the corporation if the applicant is a limit ownership interest of 10 if the applicant is a part with an interest of 10%	Section 5 – Entity Overted by any entity, including a corporate for a license. Sole proprietors should ase attach a separate sheet with the moration, the following information mustion, and for each president, vice-presided liability organization, the following of more, and for each manager. Description:	tion, limited skip to Sectice equired information in the following the following the following the following the following the following skip in the following the following the following the following skip in the following the following skip in the following ski	liability company (LLC), pa on 6. mation. ed for each stockholder wi ry, and managing officer. must be completed for each	ho owns 1	10% or er with	<i>more</i> of an
Entity Official:	Justin Cole as Trustee of	Justin C	ole Living Trust			***************************************
Title(s):	Manager/Member	Phone:	907-299-6177	% Owr	ned:	100
Address:	60744 E End Rd					
City:	Homer	State:	AK	ZIP:	996	303



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Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

	Justin Cole								
Title(s):	Affiliate	H.,	Phon	ne:	907-299-6	177	% Ow	ned:	0
Address:	60744 E End F	Rd	_ 						
City:	Homer		State	e:	AK		ZIP:	996	03
							L		
Entity Official:									
Title(s):			Phon	e:	9		% Ow	ned:	
Address:									
City:			State	:			ZIP:		
Entity Official:									
Title(s):			Phon	e:			% Owi	ned:	
Address:	-		<u> </u>						
City:			State	:			ZIP:		
his subsection must be com anding with the Alaska Div laska.	ision of Corporations (E	OOC) and have	oration c a registe	or LLC ered a	gent who is an i	individual	re requir	of the	e in good state of
his subsection must be com anding with the Alaska Div laska. DOC Entity #:	10094963	t that is a corp OOC) and have AK Formed	oration c a registe	or LLC ered a	gent who is an i	Home	re require resident	of the	state of
his subsection must be com anding with the Alaska Div laska. DOC Entity #: Registered Agent:	10094963 Justin Cole	AK Formed	oration c a registe	or LLC ered a	gent who is an i	Home	re requir	of the	state of
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his subsection must be com anding with the Alaska Div laska. DOC Entity #: Registered Agent:	10094963 Justin Cole	AK Formed	oration c a registe	or LLC ered a	/20/2018 rent's Phone:	Home	re require resident	of the	state of
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Entity Official:								
Title(s):			Phon	e:		% Owr	ned:	
Address:		30000						
City:			State			ZIP:		
	The state of the s							
Entity Official:				·····	1			
Title(s):			Phon	e:		% Owr	ned:	
Address:	ř							
City:			State	:		ZIP:		
Entity Official:								***************************************
Title(s):		20.200	Phone	e:		% Own	ned:	
Address:								
City:			State			ZIP:		
This subsection must be comp standing with the Alaska Divis Alaska.								
DOC Entity #:	10094963	AK Formed	Date:	11/20/2018	Home	State:	AK	
Registered Agent:	Justin Cole			Agent's Phone:	907-2	299-6	177	
Agent's Mailing Address:	3125 E End	Rd				****		
City:	Homer	State:		AK	ZIP:		9960	3
Residency of Agent:							Yes	No
ls your corporation or LL	.C's registered agent a	n individual res	ident of	the state of Alaska?			√	



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	Yes	No
?	\checkmark	
ed in Alask	a, whic	ch
East !	Salo	101 ₁
	Yes	No
with		√
	ed in Alask	ed in Alaska, whice East Salo Yes



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Section 8 - Transferor Certifications

Form AB-01: Transfer License Application

Additional copies of this page may be attached, as needed, for	or the controlling interest of the current licensee to be represented.
that I, as the current licensee (either the sole proprietor or the	ents a controlling interest of the current licensee. I additionally certify controlling interest of the currently licensed entity) have examined this information on this application to be true, correct, and complete.
Signature of transferor	
Debbie V. Cary Printed name of transferor	
Subscribed and sworn t	o before me this 5th day of 20 tember, 20 22.
	Signature of Notary Public
RENEE ORIANS Notary Public State of Alaska My Commission Expires July 8, 2025	Notary Public in and for the State of $Alabka$.
	My commission expires: Dly 8, 2025
Signature of transferor Robert J. Ferguson	
Printed name of transferor Subscribed and sworn t	o before me this 5th day of September, 20 22.
	Pelvee C. Company Public
RENEE ORIANS Notary Public State of Alaska My Commission Expires July 8, 2025	Notary Public in and for the State of Alaska. My commission expires: Tuly 8, 2025

AMEO



Alaska Alcoholic Beverage Control Board

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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. I certify that all proposed licensees have been listed with the Division of Corporations. 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. 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. I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application. 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. RENEE ORIANS Notary Public State of Alaska My Commission Expires July 8, 2025

Signature of transferee

Justin Cole

Printed name

Notary Public in and for the State of

MINSKA

My commission expires:

20.22

Subscribed and sworn to before me this O > day of Septen

AMGO

Signature of Notary Public



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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.		\checkmark

Section 1 - Establishment Information

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

Licensee:	Cole's Market LLC	License Num	ber:	1350	
License Type:	Package Store				
Doing Business As:	Cole's Market				
Premises Address:	60744 E End Rd				
City:	Homer	State: AK	<u> </u>	ZIP:	99603

