Department of Commerce, Community, and Economic Development





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

April 22, 2021

Kenai Peninsula Borough

VIA Email <u>MJenkins@kpb.us</u>; <u>Mberg@kpb.us</u>; <u>SNess@kpb.us</u>; <u>BTaylor@kpb.us</u>; <u>JBlankenship@kbp.us</u>; <u>shuff@kpb.us</u>; <u>TShassetz@kpb.us</u>

License Type:	Package Store	License Number:	643
Licensee:	Mellanipe LLC		
Doing Business As:	Discount Liquor		
Premises Address:	36355 Kenai Spur Hwy Unit A Soldotna, AK 99611		

New Application

☑ Transfer of Location Application

☑ Transfer of Ownership Application
□ Transfer of Controlling Interest Application

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

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

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

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

Sincerely,

Glen Klinkhart, Interim Director amco.localgovernmentonly@alaska.gov



Form AB-01: Transfer License Application

What is this form?

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

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

Section 1 – Transferor Information

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

Licensee:	LOUISE A. MIKA		License #:		643
License Type:	PACKAGE STORE		Statutory Reference:		AS 04.11. 150
Doing Business As:	LAMPLIGHT LIQUO	R STOF	{E		
Premises Address:	52136 HOLT LAMPL	IGHT F	D		
City:	NIKISKI	State:	AK	ZIP:	99635
Local Governing Body:	KENAI PENINSULA	BOROL	JGH		

Transfer Type:



Regular transfer

Transfer with security interest

Involuntary retransfer

OFFICE USE ONLY				
Complete Date:		Transaction #:	100041308	
Board Meeting Date:		License Years:		
Issue Date:		BRE:		

[Form AB-01] (rev 10/10/2016)



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

Section 2 – Transferee Information

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

Licensee:	MELLANIPE, LLC				
Doing Business As:	DISCOUNT LIQUOR				
Premises Address:	36355 KENAI SPUR	HWY (JNIT A		
City:	SOLDOTNA	State:	AK	ZIP:	99669
Community Council:	N/A				

Mailing Address:	PO BOX 151				
City:	KENAI	State:	AK	ZIP:	99611

Designated Licensee:	JOANNA PITSILIONI	S	
Contact Phone:	907-952-2222	Business Phone:	
Contact Email:	gianainc@gmail.com		

Seasonal License?



If "Yes", write your six-month operating period:

Section 3 – Premises Information

Premises to be licensed is:

an existing facility

Yes

~

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.

0.4 miles to Ridgeway Montessori

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.

500 feet to Mennonite Church 36294 Kenai Spur Hwy

[Form AB-01] (rev 10/10/2016)

Page 2 of 7

AMCO Received 2/5/21



Form AB-01: Transfer License Application

Section 4 – Sole Proprietor Ownership Information

This section must be completed by any <u>sole proprietor</u> 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: a	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 <u>entity</u>, 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 <u>corporation</u>, 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 <u>limited liability organization</u>, 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:	Joanna Pitsilionis					
Title(s):	Sole Member	Phone:	907-953-2222	% Own	ned:	100
Address:	PO Box 151					
City:	Kenai	State:	AK	ZIP:	99	611



Form AB-01: Transfer License Application

Entity Official:			
Title(s):	Phone:	% Own	ed:
Address:			
City:	State:	ZIP:	
Entity Official:			
Title(s):	Phone:	% Own	ed:
Address:			
City:	State:	ZIP:	
		I	
Entity Official:			
Title(s):	Phone:	% Own	ed:
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 #:	10142908	AK Formed Date:	9-16-20	Home State:	Alaska
Registered Agent:	Joanna Pits	ilionis	Agent's Phone:	907-953-2	222
Agent's Mailing Address:	PO Box 15 ⁻	1			
City:	Kenai	State:	AK	ZIP:	99611

Residency of Agent:

Yes No

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



Yes

Yes

No

No

Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 6 – Other Licens	ses	cens	Lic	ther	0	-	6	Section
--------------------------	-----	------	-----	------	---	---	---	---------

Ownership and financial interest in other alcoholic beverage businesses:

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):

Red Diamond Liquor Barn, Joanna G. Pitsilionis, Pres. of Giana, Inc., Package Store, #2592

Section 7 – Authorization

Communication with AMCO staff:

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:

Charlene Vozar 907-301-1252, helping with the paperwork



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

Louise A. Mika

Printed name of transferor

Subscribed and sworn to before me this 20th, day of November 20 20



Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: Sapt, (3, 2021

Signature of transferor

Printed name of transferor

Subscribed and sworn to before me this _____ day of ______ 20_____ 20_____

Signature of Notary Public

Notary Public in and for the State of ______.

My commission expires: _____



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.

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.

As an applicant for a liquor license, 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, is true, correct, and complete.

Signature of transferee

Mellanipe, LLC

JOANNA PITSICIONIS Subscribed and sworn to before me this ft day of November rinted name Signature of Notary Public State of Alaska NOTARY PUBLIC Alaska Charlene F. Vozar Notary Public in and for the State of My Commission Expires Mar 7, 2023 My commission expires: 3 - 7 - 7

[Form AB-01] (rev 10/10/2016)





	arightine"
(1)	100
1 LY	1563
141	010
11 11	- All



Page 7 of 7

AMCO Received 2/5/21



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-02: Premises Diagram

What is this form?

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

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

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

Yes No

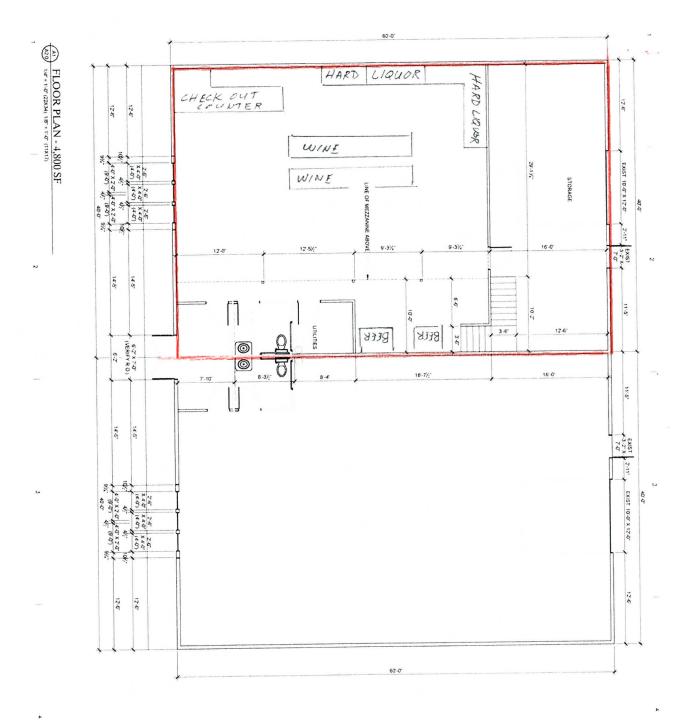
I have attached blueprints, CAD drawings, or other supporting documents in addition to, or in lieu of, the second page of this form.

Section 1 – Establishment Information

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

Licensee:	MELLANIPE, LLC	License	Number:	64	3
License Type:	PACKAGE STORE				
Doing Business As:	DISCOUNT LIQUOR				
Premises Address:	36355 KENAI SPUR HWY UNIT A				
City:	SOLDOTNA	State:	AK	ZIP:	99669

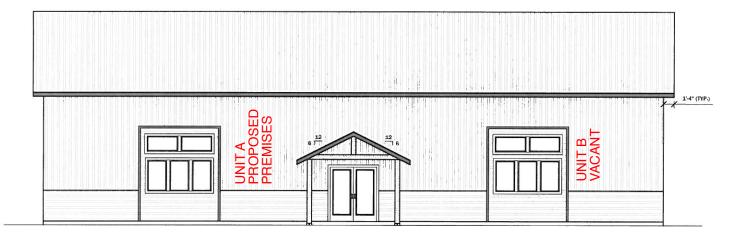
[Form AB-02] (rev 06/24/2016)





n

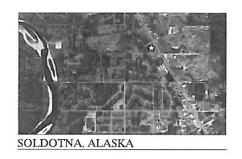
Heathbarr LLC IRON SPUR BUILDING SOLDOTNA, ALASKA



FRONT ELEVATION

CONTENTS

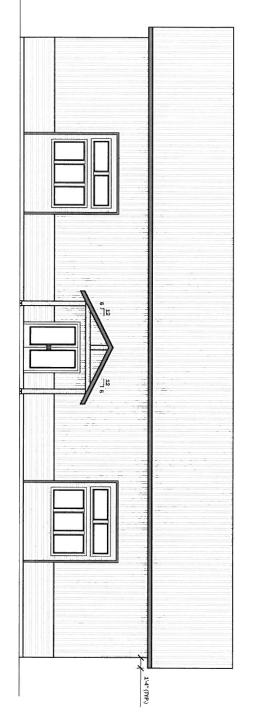
C1.0 ARCHITECTURAL SITE PLAN
A1.0 GENERAL NOTES
A2.0 MAIN FLOOR PLAN
A3.0 RIGHT & FRONT ELEVATIONS, WALL SECTION
A3.1 LEFT & REAR ELEVATIONS







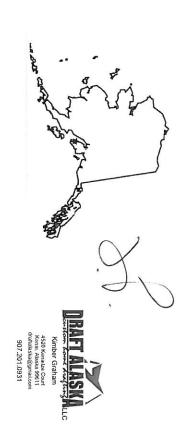


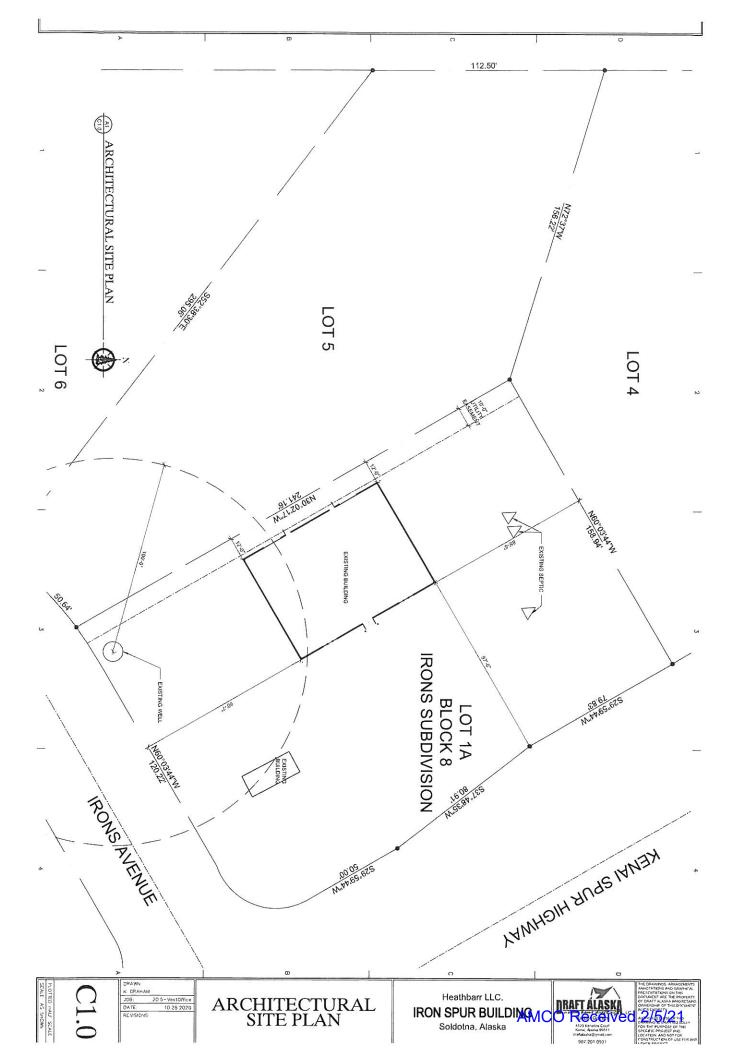


C1.0 ARCHITECTURAL SITE PLAN A1.9 GENERAL NOTES A3.1 LEFT & REAR ELEVATIONS A3.0 RIGHT & FRONT ELEVATIONS, WALL SECTION A2.0 MAIN FLOOR PLAN CONTENTS

SOLDOTNA, ALASKA

FRONT ELEVATION





1	THE CONTRACTOR SHALL ASSUME ALL RESPONSIBILITY TO ENSURE THAT VAN WORK NOT COVERED IN THESE DOCUMENTS OR ANY MICOFECTIONS MORE DURING CONSTRUCTION ARE IN COMPLEXIC WITH ALL APPLICABLE CODES AS USTED ABOVE THE ARCHITECT SHALL BE NOTHED PRIOR TO ANY MODERCATIONS.
N	WHEN WORK NOT SPECIFICALLY CALLED OUT IS REQUIRED TO COMPLETE THE PROJECT, IT SHALL BE OF THE BEST MATERIAL AND WORKMANSHIP.
ىپ	CONTRACTOR SHALL TAKE ALL NECESSARY PRECAUTIONARY MEASURES TO PROTECT THE PUBLIC AND ADJACENT PROPERTIES FROM DAMAGE THROUGHOUT CONSTRUCTION, CONTRACTOR ASSUMES ALL LIABLITY FOR DAMAGES INCURRED DURING CONSTRUCTION.
4	CONTRACTOR SHALL ESTABLISH AND VERIFY ALL OPENINGS AND INSERTS FOR MECHANICAL, ELECTRICAL, AND PLUMBING WITH APPROPRIATE TRADES
ςn	CONTRACTOR SHALL PROVIDE ALL NECESSARY TEMPORARY BRACING. SHORING CUYING OR OTHER MEANS TO AVOID EXCESSIVE STRESSES AND TO HOLD STRUCTURAL ELEMENTS IN PLACE DURING CONSTRUCTION.
¢1	ALL UNTESTED COMPONENTS, EQUIPMENT, ETC., SHALL BE INSTALLED PER MANUFACTURER'S PRINTED RECOMMENDATIONS.
7	FRAMING CONTRACTOR TO VERIFY ROUGH OPENING SIZES AND DETAILS FOR DOORS. WINDOWS, EXHAUST FANS VENTS, ETC
œ	PROVIDE PRESERVATIVE TREATED AWW FOR SILL PLATES AND ALL CONCRETE TO WOOD CONNECTIONS.
9	ALL GWB SHALL BE 5/8" TYPE X UNLESS NOTED OTHERWISE.
10.	PROVIDE GWB CONTROL JOINTS NOT TO EXCEED 30-0" SPACING.
1	PROVIDE MINIMUM 24" NFS MATERIAL AROUND ALL FOOTINGS.
12	INSTALL CONTINUOUS 4" PERFORATED DRAIN TILE (FABRIC WRAPPED) ALONG PERIMETER FOOTONG.
13	PROVIDE A MINIMUM OF 6" CLEARANCE FROM FINISH GRADE TO WOOD THAT IS NOT PRESERVATIVE TREATED AWN. SLOPE FINISH GRADE AWAY FROM FOUNDATION WALL A MINIMUM OF 6" WITHIN THE FIRST 10" EXCEPT AS RESTRICTED BY LOT LINES.
14.	PROVIDE MINIMUM 22" X 30" ATTIC ACCESS.
ţ,	PROVIDE MINIMUM 4" CLEAR ABOVE ATTIC INSULATION FOR VENTILATION UNLESS NOTED OTHERWISE
16.	PROVIDE DOUBLE TOP PLATE WITH MINIMUM 48" OFFSET AT SPLICES.
17.	PROVIDE CONTINUOUS PERFORATED ALUMINUM SOFFIT AT LOW EAVES FRONT AND BACK. PROVIDE RIDGE VENTS AND HALF RIDGE VENTS
18	PROVIDE AN APPROVED FLASHING FOR EXTERIOR OPENINGS.
19.	PROVIDE CONTINUOUS 6 MIL VAPOR RETARDER. TAPE ALL SEAMS AND PUNCTURES.
20	PROVIDE A WEATHER-PROTECTIVE BARRIER UNDER SIDING, "TYVEK" OR EQUAL
21.	APPLY FOUNDATION INSULATION ON COLD SIDE OF FOUNDATION WALL UNLESS NOTED OTHERWISE.
22	PROVIDE GFCI RECEPTACLES WITHIN 9-0° OF SINKS, PROVIDE GFCI RECEPTACLES WITH WATERPROOF COVERS AT ALL OUTDOOR LOCATIONS
23.	PROVIDE MINIMUM NOMINAL 6" PLUMBING WALLS.
24.	ALL HOSE BIBBS TO BE ANTI-SIPHON FROST FREE.
25.	HEAT PRODUCING APPLIANCES REQUIRE SEISMIC BRACING PER ASCE-7. SECTION 13.6 BY OTHERS.
26.	GAS OR ELECTRIC METER BASES SHALL BE PROTECTED FROM SLIDING ICE.

0



- F- OR T-FIRE STOP MATERIAL SHALL BE PROVIDED AROUND PIPE AND CONDUIT PENETRATIONS OF ANY FIRE RATED WALLS AND FLOOR CEILING ASSEMBLIES.
- FIRE EXTINGUISHERS (F.E.) SHALL BE PROVIDED FOR THE BUILDING IN COMPLUNCE WITH IFC SECTION 996. THE F.E. SHALL BE TYPE 2:A 10BC INSTALLED NO MORE THAN 42 INCHES FROM FINISH FLOOR
- THE RE-USE OF THESE DOCUMENTS TO CONSTRUCT FUTURE BUILDING PROJECTS SHALL REQUIRE REVIEW BY THE DRAFTER.

SYMBOLS

N

ы

ALT-DROP B DRANTED S

б

907.20 0931

CENTERLINE

0

- WINDOW TAG
- DOOR TAG

 \odot \odot

I BUILDING SECTION KEY

(2)

GENERAL NOTES & SYMBOLS 20 5- VestOffice 10.28 2020

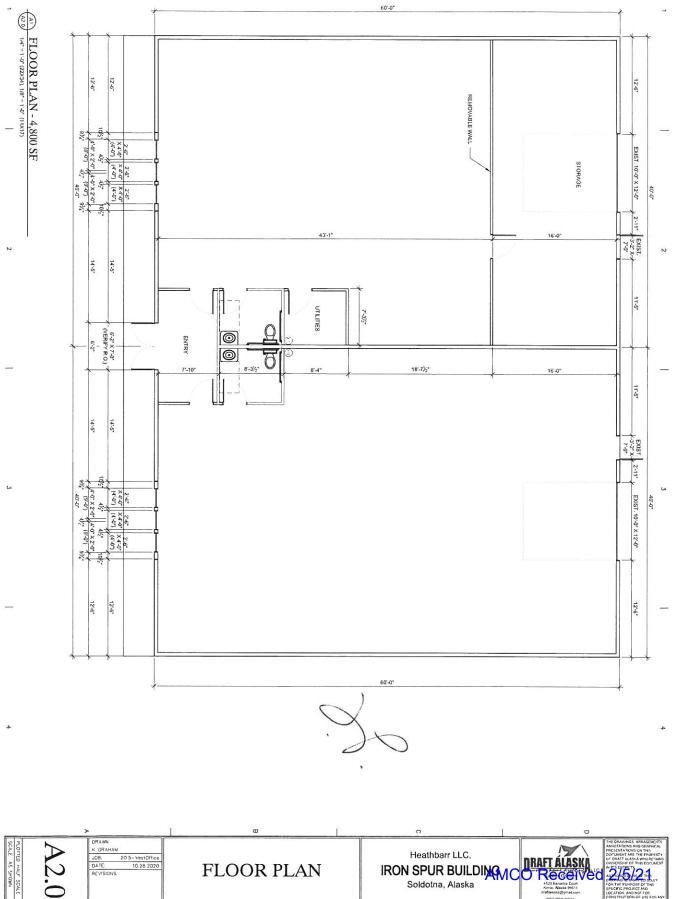


DRAWN K GRAHAM

JOB: DATE: REVISIONS:

N

3



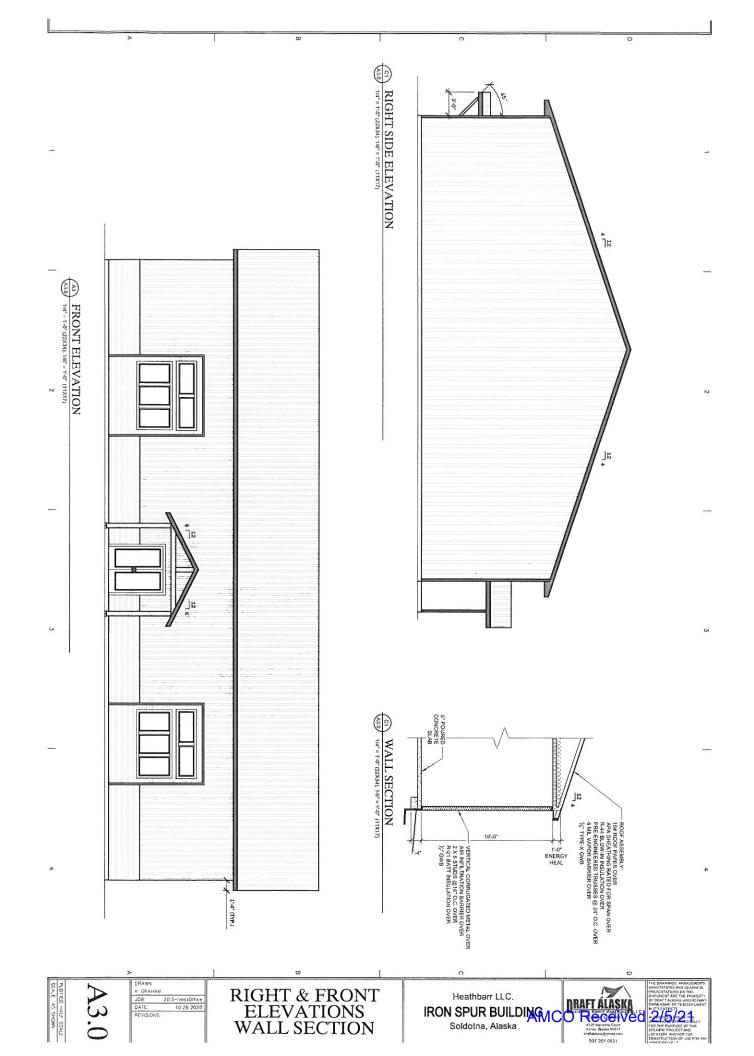
8

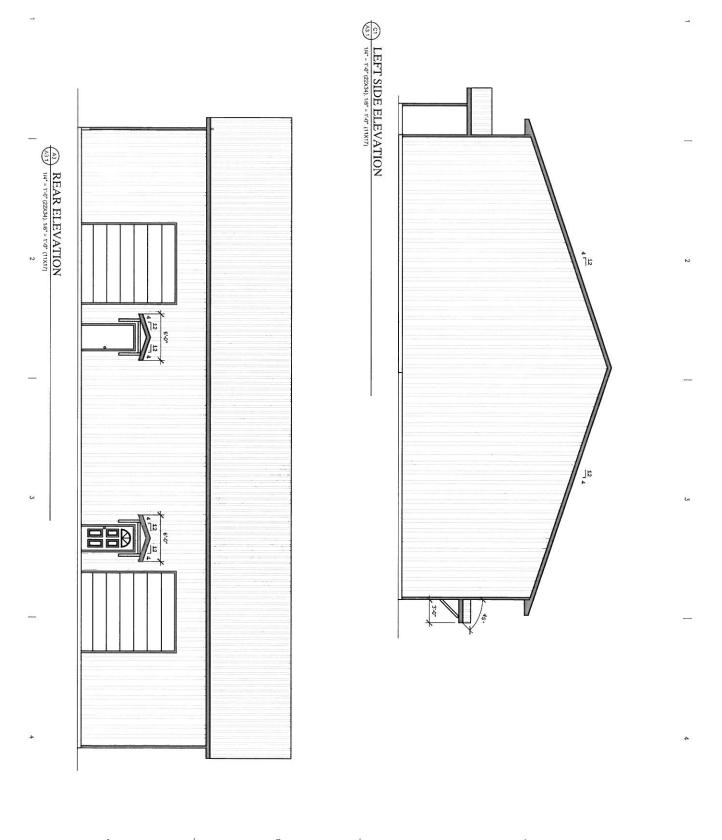
0

FLOOR PLAN



D





ω





