December 6, 2023

Regarding license #4429 and the operation hours 2022-2023

I had operated this license from 1984 until February of 2020 when a landslide took out the 633 Steman Street location we had been operating in since 2004.

I spent many hours, days, weeks, months, and years looking to relocate the license in a new location after the owners of 633 Stedman decided not to rebuild in 2021. Due to many factors parking, distances to churches, schools, rental rates, etc I was not successful.

In July 2023 I made the decision to sell the license. The sale will not be finalized until sometime in 2024, although a purchase agreement will be signed by the end of this week.

My hope is that the board will renew the license, with minimal fines considering the events that put us in this position.

Mellanie Isner

From: DCCED

To: Serezhenkov, Kristina R (CED)
Subject: DCCED Payment Received

Date: Wednesday, May 29, 2024 1:20:35 PM



Department of Commerce, Community, and Economic Development

CED Staff,

Transaction Id:

Item: Alcohol Waiver Application Fee

Internal Note: #4429 AB-29 2022 \$750 license fee & late fee

\$1000. AB-29 2023 \$1500 license fee & late fee

\$1000 for a total billed of \$4,250.

External Note: #4429 AB-29 2022 \$750 license fee & late fee

\$1000. AB-29 2023 \$1500 license fee & late fee

\$1000 for a total billed of \$4,250.

Received Date: 5/29/2024

Receipt Number: 1

Payer Name: Mellanie Isner

Amount Paid: \$4,250.00



Alaska Alcoholic Beverage Control Board

Alcohol and Marijuana Control Office 550 W 7th Avenue, Suite 1600 Anchorage, AK 99501

alcohol.licensing@alaska.gov https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

Form AB-29: Waiver of Operation Application

Why is this form needed?

This form is the means by which a licensee may request that the Alcoholic Beverage Control (ABC) Board waive the operating requirement of AS 04.11.330(a)(3) or (d). If a recreational site license has not been operated at least once in a calendar year, or if a license of any other type has not been operated for at least 240 hours in each calendar year, then a complete copy of this form and the corresponding fees must be submitted for that calendar year, per 3 AAC 304.170.

This application must be accompanied by a non-refundable waiver application fee of:

- for a 1st request, an amount equal to ½ the applicable biennial license fee; or
- for a 2nd or subsequent request, double the amount of the fee paid for the previous waiver application.

The ABC Board will determine whether, through no fault of the licensee or because the premises are under construction, the licensed premises count not be operated for the required time during the calendar year. The ABC Board may impose conditions along with the approval of an application for waiver, and it may deny a third or subsequent application for waiver. If an application for waiver is denied, an application for license renewal for the succeeding license period will be denied by the Board. In addition to the waiver application fee, the applicant must pay a late fee of \$1,000 for an application that is received too late for Board consideration at its meeting before November 30 of the year for which the waiver is requested. Please check AMCO's website for meeting agenda deadlines.

Please note that a licensee must submit a separate completed copy of this form and pay a separate corresponding fee for <u>each license</u> and for <u>each calendar year</u> during which a license was not operated in compliance with AS 04.11.330.

	Section 1 – E	stablishment In	formati	on .				
Enter information for the license that has not been operated for the time required under AS 04.11.330.								
Licensee:				Number:	447	4420		
License Type:	Package S	tore						
DBA:	Alaska Li	auor Stor	72		-			
Premises Address:	na was 6	33 Stedmar	187					
City:	Kethikan		State:	Alaska	ZIP:	199901		
Local Governing Body:	City of Ketd	bikan Keta	ikan	Bater	NACI	Porquah		
	ection 2 Par				9	ار زومات		
. /	Section 2 – Reque	st Municer and I	Salenda	ir Year				
1 st Request	2 nd Request	3 rd Request		Othe	er			
Request for Calendar Year	2022					•		
Form AP 301 (may 2/1/2022)				······································				



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Provide an explanation a	Section as to why the licensed pre	3 – Reas mises were n	on for Non-opera	ition	description (d.)			
please see	e attached	note.						
			·					
	mpleted for establishmer	nts located wi	Certifications thin the boundaries of a le	ocal governing bo	dy:	(c) 12 (c) 13 (c) 1		
	then sign your initials in t a true copy of this application.	•	right of the statement:	on Page 1 of this	form prior to	Initials		
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 1.1.56.210 to falsify an application and commit the crime of unsworn falsification.								
			1					
Mellonie le rinted name of licensee	sher	Sig	nature of licensee					
Office Use Only								
Waiver Application Fee:		Late Fee:		Transaction #:				



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This application must be accompanied by a non-refundable waiver application fee of:

- for a 1st request, an amount equal to ½ the applicable biennial license fee; or
- for a 2nd or subsequent request, double the amount of the fee paid for the previous waiver application.

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Please note that a licensee must submit a separate completed copy of this form and pay a separate corresponding fee for each license and for each calendar year during which a license was not operated in compliance with AS 04.11.330.

	Section 1	– Establisi	iment in	formati	on		and the beautiful and	
Enter information for the license that has not been operated for the time required under AS 04.11.330.								
Licensee:	Isner I				Number:	447	19.	
License Type:	Package	Stare	,			<u> </u>		
DBA:	Alaska I	-iaunr	Stare	. ,,,,			`	
Premises Address:	nla was	633 S	tedmo	in S	/ .			
City:	Ketchikar	<u> </u>		State:	Alaska	ZIP:	99901	
Local Governing Body:	City of Ke	tchikoun	Ketchil	can Go	atemori	Dar	Duch	
Lageryani Organi Spinostini		**************************************			٠)			
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1 st Request	2 nd Request		3 rd Request		Othe	er		
Request for Calendar Year	2023						· .	
Form AR-29] (rev 3/1/2022)	·				···			



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Alaska Alcoholic Beverage Control Board

Form AB-29: Waiver of Operation Application

Section 3 – Reason for Non-operation Provide an explanation as to why the licensed premises were not operated:								
1	attached no		or operated:					
	- 10,100	.0						
4								
,								
The following must be se			Certification		Later in proceed on the Later is the control of the			
	mpleted for establishmer then sign your initials in t				dy:			
certify that I will provide	a true copy of this applica				· · ·	Initials		
I certify that I will provide a true copy of this application to the local governing body listed on Page 1 of this form prior to ABC Board consideration 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 content thereof.								
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.								
Mellanie Isr	ner	_	MAN	01/				
rinted name of licensee		Sign	ature of licensee		<u> </u>			
Office Use Only								
Waiver Application Fee:		Late Fee:		Transaction #:				