

**Document reference ID: 5033** 

## **Licensing Application Summary**

## Transfer of Ownership

License ID: 5044

Application ID: 5033

**Applicant Name:** C & I Llc

**License Type applied for:** Restaurant Eating Place License (REPL) (AS 04.09.210)

**Application Status:** In Review

**Application Submitted On:** 01/14/2025 12:31 PM

**Entity Information** 

Business Structure: Limited liability company

**FEIN/SSN Number:** 993087385

Member Managed or Manager

Managed:

Member Managed

Alaska Entity Number (CBPL): 10270810

Alaska Entity Formed Date: 05/17/2024

Home State: AK

**Entity Contact Information** 

Entity Address: 300 E Dimond Blvd, #7, Anchorage, AK, 99515, USA

**Initial Application Information** 

**Authority Type:** I am authorized user by the designated licensee with binding authority

Legal First Name: Inseon

Legal Last Name: Choi

Email Address: kjcjungam@gmail.com

**Phone Number:** 907-744-1557

### Additional Authorized Users

Legal Name	Relation with Applicant
Kang Cho accountant dbr 351-9848	Other

### **Registered Agent Information**

Name Inseon Choi

Agent's Phone Number 907-744-1557

Agent's Email kjcjungam@gmail.com

Address 8340 Dagan St, Anchorage, AK, 99502-4637,

**USA** 

The registered agent is either an individual resident of the state or a domestic corporation authorized to transact business in the state and whose business office is the same as the registered office?

Yes

### Ownership / Principal Party Details

Principal Parent Entity	Principal Party	Role	%Ownership
Kgr Corporation	Inseon Choi	Member	100

### **Premises Address**

Address: 300 Dimond Blvd, Ste 6-7, Anchorage, Muni. of, AK, 99515,

USA

Does the proposed site include a

valid street address?

Yes

### **Basic Business information**

Business/Trade Name: Korean Garden Restaurant

### **Premises Contact Details**

Contact Person Name Inseon Choi

Business Phone Number 907-744-1557

Alternate Phone Number 907-522-5556

Email Address kjcjungam@gmail.com

## Local Government and Community Council Details

No

City/Municipality Anchorage (Municipality of)

**Borough** None

Community Council Name Taku Campbell

### **Property Ownership**

Do you, the applicant, own the land, building,

and/or warehouse at this proposed licensed

location?

Property Utilization Status An Existing Facility

Are you operating under?

Lease

Add Copy of Lease\Sublease document Lease.pdf

## **Premises Diagram**

Will the license or permit embrace the entire No premises address?

#### **Premises Diagram**

• AB-02.pdf

### Restaurant Detail

Dining after standard closing hours: AS 04.16.010(c)

Dining by persons 16 – 20 years of age: AS 04.16.049(a)(2)

Yes

Dining by persons under the age of 16 years, accompanied by a person over the Yes age of 21: AS 04.16.049(a)(3)

Employment for any persons under 21 years of age: AS 04.16.049(c) Yes

List where within the premises minors are anticipated to have access in the course of either dining or employment. (Example: Minors will only be allowed in the dining area. OR Minors will only be employed and present in the Kitchen.)

Minors will only be allowd in the dining area for employment purposes in case we hire minors (most likely we don't). Minors are not allowed beyond dining room other than restroom

Describe the policies, practices and procedures that will be in place to ensure that minors do not gain access to alcohol while dining or employed at your premises.

Minors will not be working alone at this restaurant. In case minors are working, they will always be working with either a supervisor or a senior employee Alcohol will be stored at the storage room that will be only access by a server and the manager over 21 years olf

Is an owner, manager, or assistant manager who is 21 years of age or older always Yes present on the premises during business hours?

### Food Service Permit

Is your license located in Municipality of Anchorage?

Yes

Do you have Approved food service permit for this premises?

Yes

Copy of the current food service permit for this premises OR the plan review approval.

Menu.pd

f

### **Entertainment & Service**

Are any forms of entertainment offered or available within the licensed business or No within the proposed licensed premises?

Food and beverage service offered or anticipated is:

Table Service

### **Restaurant Declaration**

Please upload the finalized or expected Food and Alcohol Menu.

Menu.pdf

There are tables or counters at my establishment for consuming food in a dining area on the premises. I have included with this form a menu, or an expected menu, listing the meals to be offered to patrons.

This menu includes entrées that are regularly sold and prepared by the licensee at the licensed premises.

I certify that the license for which I am requesting desigation is either a Beverage Dispensary, Beverage Dispensary Tourism, Club, Sporting Activity or Event License, Outdoor Recreation Lodge, Golf Course, Destination Resort, OR Restaurant or Eating Place, Seasonal REPL Tourism License.

### **Hours Of Operation**

Sunday	11:00 AM - 09:30 PM
Monday	11:00 AM - 09:30 PM
Tuesday	Close
Wednesday	11:00 AM - 09:30 PM
Thursday	11:00 AM - 09:30 PM
Friday	11:00 AM - 09:30 PM
Saturday	11:00 AM - 09:30 PM

### **Financial Interest**

I hereby certify that no person other than a proposed licensee listed on the liquor license application has a direct or indirect financial interest, as defined in AS 04.11.450(f) in the business for which a liquor license is being applied for.

I hereby certify that any ownership change shall be reported to the board as required under AS 04.11.040, AS 04.11.045, AS 04.11.050, and AS 04.11.055.

# Public Notice Posting Attestation and Publishers Affidavit

Have you posted your application at both required locations for Yes

ten consecutive days?

What was the other conspicuous location of your post? (Please Costco Wholesale Dimond

Include the full address)

What was the first day you posted your application? 06/18/2024

I attest that I have met the public posting notice requirement set forth under AS 04.11.310 by posting a copy of my application for the 10-day period at the location of the proposed licensed premises and at another conspicuous location in the area of the proposed premises as listed in this application.

I hereby attest 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.

### **Attestations**

I certify that all proposed licensees (as defined in AS 04.11.260) and affiliates have been listed on this application.

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 305.700.

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.

I certify that all proposed licensees have been listed with Division of Corporation, Business, and Professional Licensing.

I certify that I and any individual identified in the business entity ownership section of this application, has or will read AS 04 and its implementing regulations.

I certify I have provided a menu of a variety of types of food appropriate for meals that are prepared on the licensed premises.

I certify that non-employees under 21 years of age will not enter and remain on the licensed premises except for the purposes of dining only.

I certify that the sale and service of food and alcoholic beverages and any other business on the licensed premises is under the sole control of the licensee.

I certify the licensed premises is a bona fide restaurant as defined in AS 04.21.080(b).

I certify there is supervision on the licensed premises adequate to reasonably ensure that a person under 21 years of age will not gain access to alcoholic beverages.

## Signature

Electronic Signature not collected; application submitted based on paper form.

### Payment Info

Payment Type: Check

Check Number: 100826337

Payment Date: 7/12/2024 12:00:00 AM

### **Documents**

#	File Name	Type	Added On
1	Lease.pdf	License Lease\Sublease document	01/14/2025 12:15 PM
2	AB-02.pdf	License Location Diagram Document	01/14/2025 12:16 PM
3	Menu.pdf	LicenseRestaurantDetailFoodServicePermitDocumen t	01/14/2025 12:22 PM
4	Menu.pdf	LicenseRestaurantDeclarationFoodAlcoMenuDocume nt	01/14/2025 12:23 PM
5	AB-11.pdf	Signed Creditors Affidavit	01/14/2025 12:23 PM
6	AB-09.pdf	Misc. documents to support the transfer application	01/14/2025 12:23 PM
7	AB-07 with Publisher's Affidavit.pdf	Publishers Affidavit	01/14/2025 12:31 PM
8	AB-01.pdf	License Paper Form Application Document	01/14/2025 12:31 PM
9	AB-01.pdf	Transferee and Transferor Certifications Form	01/14/2025 12:31 PM



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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 - Transferor Information Enter information for the current licensee and licensed establishment. Licensee: 5044 KGR Corporation License #: Restaurant/Eating Place License Type: Statutory Reference: AS 04.11<del>.10</del>0 Doing Business As: Korean Garden Restaurant AS 04.09.210 Premises Address: 300 E. Dimond Blvd Unit #7/6 City: Anchorage State: AK ZIP: 99515 Local Governing Body: MOA

Transfer with security interest		
Involuntary retransfer		
	OFFICE USE ONLY	LW 7 miss
Complete Date:	Transaction #:	100826337
Board Meeting Date:	License Years:	1 1 22 22
Issue Date:	Evaminer:	Will two

Transfer Type:

Regular transfer



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Alaska Alcoholic Beverage Control Board

	Section 2 - Transf	feree In	formation			
Enter information for the <i>ne</i> s	w applicant and/or location seeking to I	be licensed.				
Licensee:	C & I LLC					
Doing Business As:	Korean Garden Restaura	ant				
Premises Address:	300 E. Dimond Blvd Unit	#7 <sub>-6</sub>				
City:	Anchorage	State:	AK		ZIP:	99515
Community Council:	Taku/Campbell					
Mailing Address:	300 E. Dimond Blvd Unit	t #7				
City:	Anchorage	State:	AK		ZIP:	99515
Designated Licensee:	Inseon Choi					
Contact Phone:	907-744-1557	Business	Phone:	907-522	2-55	56
Contact Email:	kjcjungam@gmail.com					
Seasonal License? Yes	If "Yes", write your s	OIL WARRING		d:		
Premises to be licensed is:  an existing facility	a new building	a propos	sed building			
What is the distance of	st be completed by beverage dispensa the shortest pedestrian route from the the nearest school grounds? Include t	e public entr	ance of the build	ding of your p	propos	
				J.	K	NA STATE OF
What is the distance of the public entrance of the	the shortest pedestrian route from the	e public entr	ance of the build	ding of your	propos	ed premises to



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### Alaska Alcoholic Beverage Control Board

### Form AB-01: Transfer License Application

### Section 4 - Sole Proprietor Ownership Information

f more space is needed, The following information	please attach a separat n must be completed fo	prietor who is applying for a license. Entitie te sheet with the required information. r each licensee and each affiliate (spouse).	es should skip to Section 5.
This individual is an:	applicant	affiliate	
Name:			
Address:			
City:		State:	ZIP:
This individual is an:	applicant	affiliate	
	applicant	affiliate	

### 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 <u>stockholder who owns 10% or more</u> of the stock in the corporation, and for each <u>president</u>, <u>vice-president</u>, <u>secretary</u>, and <u>managing officer</u>.
- 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 <u>partnership</u>, including a <u>limited partnership</u>, the following information must be completed for each <u>partner</u> with an interest of 10% or more, and for each <u>general partner</u>.

Entity Official:	Inseon Choi				
Title(s):	LLC Member	Phone:	907-744-1557	% Owned:	100
Address:	8340 Dagan St			Na.	227
City:	Anchorage	State:	AK	ZIP: 99	502



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

Alaska Alcoholic Beverage Control Board

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

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Entity Official:						
Title(s):		Р	hone:		% Owr	ned:
Address:		X				
City:		S	State:		ZIP:	
Entity Official:						
Fitle(s):		P	Phone:		% Owi	ned:
Address:						
City:			State:		ZIP:	
City.						Hart State Company
Entity Official:						
Title(s):		P	Phone:		% Ow	ned:
Address:					***	
City:		S	State:		ZIP:	11 12 12
nis subsection must be comp anding with the Alaska Divis	ion of Corporations (	nt that is a corpora	ntion or L egistered	LC. Corporations a lagent who is an i	nd LLCs are requi	red to be in good of the state of
nis subsection must be comp anding with the Alaska Divis aska. DOC Entity #:	ion of Corporations (	nt that is a corpora DOC) and have a re	ation or L egistered ate:	d agent who is an i	nd LLCs are requi ndividual resident Home State:	AK
nis subsection must be comp anding with the Alaska Divis laska. DOC Entity #: Registered Agent:	10270810  Inseon Choi	at that is a corpora DOC) and have a re AK Formed Da	etion or L egistered ate:	d agent who is an in the state of the state	nd LLCs are requii ndividual resident	AK
	10270810  Inseon Choi	nt that is a corpora DOC) and have a re	etion or L egistered ate:	d agent who is an in the state of the state	nd LLCs are requi ndividual resident Home State:	AK



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### Alaska Alcoholic Beverage Control Board

ership and financial interest in other alcoholic beverage businesses:	Yes	No
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?		~
"Yes", disclose which individual(s) has the financial interest, what the type of business is, and if licensed in Alacense number(s) and license type(s):	aska, whi	ch
Section 7 – Authorization		
	Yes	No
	Yes	No
Does any person other than a licensee named in this application have authority to discuss this license with AMCO staff?  f "Yes", disclose the name of the individual and the reason for this authorization:  Kang Cho. He is the accountant of Korean Garden Restaurant, who helps transfer this	V	
Does any person other than a licensee named in this application have authority to discuss this license with AMCO staff?  f "Yes", disclose the name of the individual and the reason for this authorization:  Kang Cho. He is the accountant of Korean Garden Restaurant, who helps transfer this	V	
Does any person other than a licensee named in this application have authority to discuss this license with	V	



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Alaska Alcoholic Beverage Control Board

## 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.
declare under penalty of perjury that the undersigned represents a <b>controlling interest</b> 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.
The state of the s
Leanne Keng
Printed name of transferor  Subscribed and sworn to before me this 1th day of June 2024.
Signature of Notary Public
Notary Public in and for the State of
My commission expires: 03/10/2025  Jin Kyung Kim  Notary Public
State of Alaska  My commission expires: 03/10/202
Langer
Signature of transferor  Leanne Kang  Printed name of transferor  Subscribed and sworn to before me this 1th day of June 2024.
Signature of Notary Public
Jin Kyung Kim Notary Public Notary Public in and for the State of State of Alaska My commission expires: 07/10/2025 My commission expires: 07/10/2025



Alaska Alcoholic Beverage Control Board

Alcohol and Marijuana Control Office 550 W 7<sup>th</sup> Avenue, Suite 1600 Anchorage, AK 99501 <u>alcohol.licensing@alaska.gov</u>

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Section 9 – Tra	ansferee Certifications	
Read each line below, and then sign your initials in the bo	ox to the right of each statement:	Initials
I certify that all proposed licensees (as defined in AS 04.11	1.260) and affiliates have been listed on this application.	10
I certify that all proposed licensees have been listed with t	the Division of Corporations.	10
I certify that I understand that providing a false statement for rejection or denial of this application or revocation of a	on this form or any other form provided by AMCO is grounds any license issued.	IC
I certify that all licensees, agents, and employees who sell patron will complete an approved alcohol server education serving alcoholic beverages, will carry or have available to certifying completion of approved alcohol server education	or serve alcoholic beverages or check the identification of a sin course, if required by AS 04.21.025, and, while selling or show a current course card or a photocopy of the card on course, if required by 3 AAC 304.465.	10
I agree to provide all information required by the Alcoholic	c Beverage Control Board in support of this application.	10
application, and I know the full content thereof. I declare	d that it is a Class A misdemeanor under Alaska Statute	
Signature of transferee Inseon Choi Printed name	Jin Kyung Kim Notary Public State of Alaska My commission expires: Signature of Notary Public Notary Public in and for the State of Alasko My commission expires: Onlice Worn to before me this 1th day of June	2025



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#### Alaska Alcoholic Beverage Control Board

### Form AB-02: Premises Diagram

#### Why is this form needed?

A detailed diagram of the proposed licensed premises is required for all alcohol license applications, per AS 04.11.260, 3 AAC 305.630 and 3 AAC 305.660. 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.

This form must be completed and submitted to AMCO's Anchorage office before any license application will be considered complete. You may attach blueprints or other detailed drawings that meet the requirements of this form.

#### The diagram MUST include:

- You must use a solid, contiguous red line to outline the outer perimeter of your premises with no breaks or separations.
  - The red outline is required to follow a physical barrier (wall, fence and even across doorways).
  - o There should be no red lines within the perimeter
- Each area should be clearly labeled in any color other than red where alcohol is:
  - Stored
  - o Served/Sold
  - o Manufactured
  - Consumed
- All diagrams must include:
  - o Dimensions (AMCO does not accept diagrams drawn to scale)
  - Cross streets
  - Points of reference, such as a compass rose indicating True North
  - o All entrances, exits, walls, bars, and fixtures
- If your premises include multiple floors, please include a separate diagram of each floor.
  - You must identify the stairs between each floor, and each hallway/corridor that leads to each set of stairs.
- If your premises includes multiple floors, please include a separate diagram of each floor. You must identify the stairs between each floor, and each hallway/corridor that leads to each set of stairs.
- 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.
- Any license applications that include outdoor space are required to submit a security plan that includes
  information about the barriers, practices, and personnel that are to be used to ensure that alcohol is not
  introduced or removed from the permitted premises and to prevent the access of alcohol by a minor during
  the permitted event. A security plan may be requested for other proposed locations on a case-by-case basis.

#### Section 1 - Establishment Information

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

Licensee:	C & I LLC	License Number:	5044
License Type:	Restaurant/Eating Place	1	PHENOLEN TO
Doing Business As:	Korean Garden Restaurant		1 12 22 27 1
Premises Address:	300 E. Dimond Blvd Unit #7 /#6	ALCONOL MARCHA ACC. None &	
City:	Anchorage	State: AK	<b>ZIP:</b> 99515

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#### Alaska Alcoholic Beverage Control Board

### Form AB-02: Premises Diagram

#### Section 2 - Detailed Premises Diagram

Clearly indicate the boundaries of the premises and the proposed licensed area within that property. See above for detailed instructions.

