



Document reference ID : 4745

# Renewal Application Summary

<b>Application ID:</b>	4745
<b>License No:</b>	5087
<b>License Type applied for Renewal:</b>	Restaurant Eating Place License (REPL)
<b>Licensee Name:</b>	Maricel Medina
<b>Application Status:</b>	In Review
<b>Application Submitted On:</b>	12/31/2024 09:52 PM

## Entity Information

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<b>Business Structure:</b>	Sole proprietorship
<b>FEIN/SSN Number:</b>	
<b>Alaska Entity number (CBPL):</b>	
<b>Alaska Entity Formed Date:</b>	
<b>Home State:</b>	

## Entity Contact Information

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<b>Entity Address:</b>	3020 Minnesota Dr Ste 13, Anchorage, AK, 99503
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# Renewal Information

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**Are there any changes to your ownership structure that have not been reported to AMCO prior to this application?:**

No

**As set forth in AS 04.11.330, how many hours did you operate during the first calendar year for this renewal period?:**

The license was regularly operated continuously throughout the first calendar year for this renewal period.

**As set forth in AS 04.11.330, how many hours did you operate during the second calendar year for this renewal period?:**

The license was regularly operated continuously throughout the second calendar year for this renewal period.

**Please select the seasonality:**

Year-round

**Has any person or entity in this application been convicted or disciplined for a violation of Title 04, 3 AAC 304 or 305, or a local ordinance adopted under AS 04.21.010 in the preceding two calendar years?:**

No

**Have any notices of violation or citations been issued for this license during the preceding two years?:**

No

# Restaurant Affidavit

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**Revenue in Food Sales during the first Calendar Year in the Renewal Period** \$xxx.xx

**Revenue in Alcohol Sales during first Calendar Year in the Renewal Period** \$xxx.xx

**% of Gross Revenue from Food Sales during the first Calendar Year in the Renewal Period** 99.67

<b>Revenue in Food Sales during the second Calendar Year in the Renewal Period</b>	<b>\$xxx.xx</b>
<b>Revenue in Alcohol Sales during second Calendar Year in the Renewal Period</b>	<b>\$xxx.xx</b>
<b>% of Gross Revenue from Food Sales during the second Calendar Year in the Renewal Period</b>	<b>99.53</b>

## Restaurant Detail

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<b>Dining after standard closing hours: AS 04.16.010(c)</b>	<b>No</b>
<b>Dining by persons 16 – 20 years of age: AS 04.16.049(a)(2)</b>	<b>Yes</b>
<b>Dining by persons under the age of 16 years, accompanied by a person over the age of 21: AS 04.16.049(a)(3)</b>	<b>Yes</b>
<b>Employment for any persons under 21 years of age: AS 04.16.049(c)</b>	<b>Yes</b>

**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 be only allowed in the dining area.

**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.**

Minor employee are not allowed to serve alcohol and we check customer's id before serving them an alcohol.

<b>Is an owner, manager, or assistant manager who is 21 years of age or older always present on the premises during business hours?</b>	<b>Yes</b>
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## Food Service Permit

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<b>Is your license located in Municipality of Anchorage?</b>	<b>Yes</b>
<b>Do you have Approved food service permit for this premises?</b>	<b>Yes</b>

## Entertainment & Service

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**Are any forms of entertainment offered or available within the licensed business or within the proposed licensed premises?** Yes

**Describe the entertainment offered or available and the hours in which the entertainment may occur:**

Karaoke is available to use upon request or during a private event inside business hours.

**Food and beverage service offered or anticipated is:** Table Service

## Hours Of Operation

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<b>Sunday</b>	Close
<b>Monday</b>	11:00 AM - 09:00 PM
<b>Tuesday</b>	11:00 AM - 09:00 PM
<b>Wednesday</b>	11:00 AM - 09:00 PM
<b>Thursday</b>	11:00 AM - 09:00 PM
<b>Friday</b>	11:00 AM - 10:00 PM
<b>Saturday</b>	11:00 AM - 10:00 PM

## Attestations

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As an applicant for a liquor license renewal, I declare under penalty of perjury that I have read and am familiar with AS 04 and 3 AAC 305, and that this application, including all accompanying schedules and statements, are true, correct, and complete.

I agree to provide all information required by the Alcoholic Beverage Control Board or requested by AMCO staff in support of this application and understand that failure to do so by any deadline given to me by AMCO staff will result in this application being returned and the license being potentially expired if I do not comply with statutory or regulatory requirements.

I certify that in accordance with AS 04.11.450, no one other than the licensee(s), as defined in AS 04.11.260, has a direct or indirect financial interest in the licensed business.

I certify that this entity is in good standing with Corporations, Business and Professional Licensing (CBPL) and that all entity officials and stakeholders are current and I have provided AMCO with all

required changes of the ownership structure of the business license and have provided all required documents for any new or changes of officers.

I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check identification of patrons have completed an alcohol server education course approved by the ABC Board and keep current, valid copies of their course completion cards on the licensed premises during all working hours, if applicable for this license type as set forth in AS 04.21.025 and 3 AAC 305.700.

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.

## Signature

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This application was digitally signed by : Maricel Medina on 12/31/2024 09:45 PM

## Payment Info

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Payment Type : CC

Payment Id: bc57aeb3-e603-443c-a543-e2ba6f17e20f

Receipt Number: 101006849

Payment Date: 12/31/2024 9:53:02 PM



Document reference ID : 4745

# Licensing Application Summary

**Application ID:** 4745

**Applicant Name:** Maricel Medina

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

**Application Status:** In Review

**Application Submitted On:** 12/31/2024 09:52 PM

## Entity Information

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**Business Structure:** Sole proprietorship

## Entity Contact Information

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**Entity Address:** 3020 Minnesota Dr Ste 13, Anchorage, AK, 99503, USA

## Ownership / Principal Party Details

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Principal Parent Entity	Principal Party	Role	%Ownership
Maricel Medina	Arnold Marc D Ciabu	Owner	100

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## Premises Address

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**Address:** 3020 Minnesota Dr Ste 13, Anchorage, Muni. of, AK, USA

**Does the proposed site include a valid street address?** Yes

## Basic Business information

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**Business/Trade Name:**

Bahay Kubo Restaurant

## Local Government and Community Council Details

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**City/Municipality**

Anchorage (Municipality of)

**Community Council Name**

Spenard

## Restaurant Detail

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**Dining after standard closing hours: AS 04.16.010(c)**

No

**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 age of 21: AS 04.16.049(a)(3)**

Yes

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

Yes

## Food Service Permit

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## Entertainment & Service

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## Attestations

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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 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

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This application was digitally signed by : Maricel Medina on 12/31/2024 9:45:37 PM

## Payment Info

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Payment Type : CC

Payment Id: bc57aeb3-e603-443c-a543-e2ba6f17e20f

Receipt Number: 101006849

Payment Date: 12/31/2024 9:53:02 PM



# Notice of Violation

(3AAC 304.525)

This form, all information provided and responses are public documents per Alaska Public Records ACT AS 40.25

Date: 1/6/23

License #/Type: 5087 Restaurant / Eating Place

Licensee: Maricel Medina

Address: 3020 Minnesota Dr., Anchorage, AK

DBA: Bahay Kubo Restaurant

AMCO Case #: 23-0032

This is a notice to you as licensee that an alleged violation has occurred. If the Alcoholic Beverage Control Board decides to act against your license, under the provisions of AS 44.62.330 - AS 44.62.630 (Administrative Procedures Act) you will receive an Accusation and Notice of your right to an Administrative Hearing.

**Note: This is not an accusation or a criminal complaint.**

On 1-5-23, an inspection was conducted at your establishment. Licensee Maricel Beltran Medina was asked to provide proof of alcohol server education to which she replied she was expired. She could not show Inv. Hamilton the card because it was in the cash drawer of a broken register. She was told to stop serving alcoholic beverages until she could provide proof of current alcohol server education to the Board.

Your attention is directed to AS 04.21.025: Alcohol server education, AS 04.21.030: Responsibility of licensees, agents, and employees, AS 04.16.150: Licensee responsible for violations, and Anchorage Municipal Code 10.50.015(s) which reads, "For a licensee to employ in the licensed business in any capacity which involves the sale or dispensing of alcoholic beverages to the public, any person who has not, prior to the commencement of employment, successfully completed a liquor server awareness training program approved by the state alcoholic beverage control board as provided by sections 2.30.125.B and 10.50.035.B.6."

Certified Mail 7018 0360 0000 1428 4097

**You are directed to respond in writing to this Notice of Violation within 10 days of receipt to explain what action you have taken to prevent a re-occurrence of this violation. FAILURE TO RESPOND TO THIS NOTICE OF VIOLATION WITHIN 10 DAYS WILL RESULT IN YOUR APPEARANCE, EITHER IN PERSON OR TELEPHONICALLY, BEFORE THE ABC BOARD AT THEIR NEXT REGULARLY SCHEDULED BOARD MEETING.**

**\*Please send your response to the address below and include your alcohol license number in your response.**

3 AAC 304.525 (B) provides that upon receipt of a Notice of Violation, a licensee may request to appear before the Director and be heard regarding the Notice of Violation. The request must be made within ten days after receipt of the Notice and the Director must grant an appearance within ten days after receipt of a request. A Licensee shall respond, either orally or in writing, to the Notice.

**Alcohol & Marijuana Control Office**

**ATTN: Enforcement**

**550 W. 7<sup>th</sup> Ave, Suite 1600**

**Anchorage, Alaska 99501**

**[amco.enforcement@alaska.gov](mailto:amco.enforcement@alaska.gov)**

Issuing Investigator: J. Hamilton

Received by:

SIGNATURE: *F.R. Hamilton*

SIGNATURE:

Delivered VIA: Mail

Date:

## Davies, Jason M (CED)

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**From:** Hamilton, Joe (CED)  
**Sent:** Monday, January 23, 2023 10:26 AM  
**To:** Davies, Jason M (CED)  
**Subject:** FW: Bahay Kubo- Tap card  
**Attachments:** attachment 1.pdf

**Categories:**

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**From:** Maricel Beltran- Medina <mbm3dina@gmail.com>  
**Sent:** Monday, January 23, 2023 10:05 AM  
**To:** Hamilton, Joe (CED) <joe.hamilton@alaska.gov>  
**Subject:** Bahay Kubo- Tap card

Hello Joe,

Here is the actual tap card i received from the mail on Friday.

Thank you!

Maricel Medina  
(907)830-1902

Sent from my iPhone



#308259

Expires: 01/10/2026

Name:

Maricel Medina

DOB: [REDACTED]



**TAP**

TRAINING FOR ALCOHOL  
PROFESSIONALS