

Department of Commerce, Community, and Economic Development

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

Main: 907.269.0350

October 15, 2019

Municipality of Anchorage

Via Email: munilicenses@muni.org

Re: Notice of 2020/2021 Liquor License Renewal Application

License Type:	Restaurant/Eating Place	License Number:	5234	
Licensee:	Midnight Moon Company, Inc			
Doing Business As:	Rustic Goat			

We have received a completed renewal 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 written protest within 60 days, and show proof of service upon the applicant and proof that the applicant has had a reasonable opportunity to defend the application before a meeting of the local governing body.

Sincerely,

Erika McConnell, Director

Euha M. Connell

amco.localgovernmentonly@alaska.gov



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

https://www.commerce.alaska.gov/web/amco Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Master Checklist: Renewal Liquor License Application

Doing Business As:	Rust	ic Goat	×	- A IV	License Number:	5234
License Type:	Restaurant/Eating Place					
Examiner:	mu	MIKAC/RANDI Transaction			Transaction #:	1148779
Document		Received	Completed	Notes		
AB-17: Renewal Appli	cation	10/2	10/2			
App and License Fees		10/2	1012			
Supplemental Docum	ent	Received	Completed	Notes		
Tourism/Rec Site Stat	ement			1.		
AB-25: Supplier Cert (WS)				*	
AB-29: Waiver of Ope	ration					
AB-30: Minimum Ope	ration					
AB-33: Restaurant Aff	idavit	10/2	10/15			
COI / COC / 5 Star						
FP Cards & Fees / AB-	08a					
Late Fee						
Names on FP Cards:						
						Yes No
Selling alcohol in response to written order (package stores)?						
Mailing address and contact information different than in database (if yes, update database)?					X	
In "Good Standing" with CBPL (skip this and next question for sole proprietor)?						
Officers and stockholders match CBPL and database (if "No", determine if transfer necessary)?						
LGB 1 Response: LGB 2 Response:						
Waive	Protes	t Lapse	ed Wa	ive Pr	otest Lapsed	



Restaurant or Eating Place License

Form AB-17a: 2020/2021 Renewal License Application

550 W 7th Avenue, Suite 1600 Anchorage, AK 99501

Alcohol and Marijuana Control Office

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

Phone: 907.269.0350

What is this form?

This renewal license application form is required for all individuals or entities seeking to apply for renewal of an existing restaurant or eating place liquor license that is due to renew by December 31, 2019. All fields of this form must be complete and correct, or the application will be returned to you in the manner in which it was received, per AS 04.11.270 and 3 AAC 304.105. The Community Council field only should be verified/completed by licensees whose establishments are located within the Municipality of Anchorage or outside of city limits within the Matanuska-Susitna Borough.

This form must be completed and submitted to AMCO's main office before any license renewal application will be reviewed. Receipt and/or processing of renewal payments by AMCO staff neither indicates nor guarantees that an application will be considered complete, or that a license will be renewed.

Se	ection 1 – Establishment and Co	ntact Inform	nation	
Enter information for the bus	siness seeking to have its license renewed. If any po	pulated information	is incorrect, pl	ease contact AMCO.
Licensee:	Midnight Moon Company, Inc License #: 5234			
License Type:	Restaurant/Eating Place			
Doing Business As:	Rustic Goat			
Premises Address:	2802 West Northern Lights Blvd			
Local Governing Body:	Municipality of Anchorage			
Community Council:	Turnagain			
			,	
Mailing Address:	6921 Brauton DR.	#207		
City:	Anchorage State:	AK	ZIP:	99507
Enter information for the indi	ividual who will be designated as the primary point	of contact regarding	g this application	on. This individual
must be a licensee who is req	uired to be listed in and authorized to sign this appli	ication.		
Contact Licensee:	Tim Gravel	Contact Phone	: 907	· locycy. 7405
Contact Email:	tima, Kaladi.com			
0 1.16			****	
Optional: If you wish for AMC	O staff to communicate with an individual who is no	ot a licensee named	on this form (e	g: legal counsel)
	ner matters pertaining to the license, please provide	that person's conta	ct information	in the fields below.
Name of Contact:	Michele tacker of	Contact Phone	907	·644.7405
Contact Email:	michele@ Kaladi com			,



Form AB-17a: 2020/2021 Restaurant Renewal License Application

Section 2 - Entity or Community Ownership Information

Licensees who directly hold a license as an individual or individuals should skip to Section 3. General partnerships and local governments should skip to the second half of this page. All licensees that are <u>corporations</u> or <u>LLCs</u> must complete this section. Corporations and LLCs are required to be in good standing with the Alaska Division of Corporations, Business & Professional Licensing (CBPL). The CBPL Entity # below is neither your EIN/tax ID number, nor your business license number. You may view your entity's status or find your CBPL entity number by vising the following site: https://www.commerce.alaska.gov/cbp/main/search/entities

	00.1.	
Alaska CBPL Entity #:	133117D	

You must ensure that you are able to certify the following statement before signing your initials in the box to the right:

Initials

I certify that this entity is in good standing with CBPL and that all current entity officials and stakeholders (listed below) are also currently and accurately listed with CBPL.



This subsection must be completed by any <u>community</u> or <u>entity</u>, including a corporation, limited liability company, partnership, or limited partnership, that is applying for renewal. If more space is needed, please attach additional completed copies of this page.

- If the applicant is a <u>corporation</u>, the following information must be completed for each <u>shareholder 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 limited partnership, the following information must be completed for each *partner* with an interest of 10% or more, and for each *general partner*.

<u>Important Note:</u> The information provided in the below fields (including spelling of names, specific titles, and percentages held) must match that which is listed with CBPL. If one individual holds multiple titles mentioned in the bullets above, all titles must be listed for that individual on this application and with CBPL. Failure to list all required titles constitutes an incomplete application. You must list <u>ALL</u> of your qualifying officials, additional copies of this page or a separate sheet of paper may be submitted if necessary.

Name of Official:	Tim Gravel					
Title(s):	President	Phone:	907. Celef. 740	% Own	ned:	50
Mailing Address:	8840 Solap DR.					
City:	Anchorage	State:	AR	ZIP:	99.	507
	,					
Name of Official:	Blad Bigelow					
Title(s):	Vice President.	Phone:		% Own	ned:	50
Mailing Address:	8840 Solar DR					
City:	Anchorage	State:	XK	ZIP:	90	1507
	U					
Name of Official:						
Title(s):		Phone:		% Own	ed:	
Mailing Address:						
City:		State:		ZIP:		



Form AB-17a: 2020/2021 Restaurant Renewal License Application

Section 3 – Sole Proprietor Ownership Information

Entities, such as corporations or LLCs, should skip this section. This section must be completed by any licensee who directly holds the license as an <u>individual or multiple individuals</u> and is applying for license renewal. If more space is needed, please attach a separate sheet that includes all of the required information.

The following information must be completed for each licensee and each affiliate. This individual is an: affiliate applicant Name: Contact Phone: Mailing Address: City: State: ZIP: Email: affiliate This individual is an: applicant Name: **Contact Phone: Mailing Address:** City: State: ZIP: Email: Section 4 - Alcohol Server Education Read the line below, and then sign your initials in the box to the right of the statement: Initials I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check identification of a patron 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, as set forth in AS 04.21.025 and 3 AAC 304.465. **Section 5 - License Operation** Check a single box for each calendar year that best describes how this liquor license was operated: 2018 2019 The license was regularly operated continuously throughout each year. The license was regularly operated during a specific season each year. The license was only operated to meet the minimum requirement of 240 total hours each calendar year. If this box is checked, a complete copy of Form AB-30: Proof of Minimum Operation Checklist, and all necessary documentation must be provided with this application. The license was not operated at all or was not operated for at least the minimum requirement of 240 total hours each year, during one or both of the calendar years. If this box is checked, a complete copy of Form AB-29: Waiver of Operation Application and corresponding fees must be submitted with this application for each calendar year during which the license was not operated for at least the minimum requirement, unless a complete copy of the form (including fees) has already been submitted for that year.

[Form AB-17a] (rev 9/17/2019) License # 5234 DBA Rustic Goat Page **3** of **4**



Form AB-17a: 2020/2021 Restaurant Renewal License Application

Section 6 – Violations and Convictions		
Applicant violations and convictions in calendar years 2018 and 2019:	Yes	No
Have any notices of violation (NOVs) been issued for <u>this license</u> in the calendar years 2018 or 2019?		
Has any person or entity named in this application been convicted of a violation of Title 04, of 3 AAC 304, or a local ordinance adopted under AS 04.21.010 in the calendar years 2018 or 2019?		
If "Yes" to either of the previous two questions, attach a separate page to this application listing all NOVs and/o	r conviction	ıs.
Section 7 – Certifications		
Read each line below, and then sign your initials in the box to the right of each statement:		Initials
I certify that all current licensees (as defined in AS 04.11.260) and affiliates have been listed on this application, a in accordance with AS 04.11.450, no one other than the licensee(s) has a direct or indirect financial interest in the licensed business.		8
I certify that I have not altered the functional floor plan or reduced or expanded the area of the licensed premises, and I have not changed the business name or the ownership (including officers, managers, general partners, or stakeholders) from what is currently approved and on file with the Alcoholic Beverage Control (ABC) Board.	<	8
I certify on behalf of myself or of the organized entity that I understand that providing a false statement on this for any other form provided by AMCO is grounds for rejection or denial of this application or revocation of any license		E
I am submitting as part of this application a completed copy of Form AB-33: Restaurant Receipts Affidavit, to provide evidence to the ABC Board that this establishment met the food sales requirement set forth in AS 04.11.100(e).	de	3
As an applicant for a liquor license renewal, I declare under penalty of perjury that I have read and am familiar with 3 AAC 304, and that this application, including all accompanying schedules and statements, is true, correct, and corprovide all information required by the Alcoholic Beverage Control Board or AMCO staff in support of this application that failure to do so by any deadline given to me by AMCO staff will result in this application being returned to me Signature of licensee NOTAR Notary Public in and for the State of My commission expires: Subscribed and Swo i Pto before me this day of OC	mplete. I ag on and und as incomple	erstand
Seasonal License? No If "Yes", write your six-month operating period:		
License Fee: \$ 600.00 Application Fee: \$ 300.00 TOTAL: \$	900.00	
Miscellaneous Fees:	3	
GRAND TOTAL (if different than TOTAL):		

[Form AB-17a] (rev 9/17/2019) License # 5234 DBA Rustic Goat

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Department of Commerce, Community, and Economic Development CORPORATIONS, BUSINESS & PROFESSIONAL LICENSING

State of Alaska / Commerce / Corporations, Business, and Professional Licensing / Search & Database Download / Corporations / Entity Details

ENTITY DETAILS

Name(s)

Type

Name

Legal Name

MIDNIGHT MOON CO., INC.

Entity Type: Business Corporation

Entity #: 33117D

Status: Good Standing

AK Formed Date: 6/11/1984

Duration/Expiration: Perpetual

Home State: ALASKA

Next Biennial Report Due: 1/2/2020 File Biennial Report

Entity Mailing Address: 6921 BRAYTON DR. #207, ANCHORAGE, AK 99507

Entity Physical Address: 6921 BRAYTON DR. #207, 8840 SOLAR DR, ANCHORAGE, AK

99507

Registered Agent

Agent Name: Tim Gravel

Registered Mailing Address: 6921 BRAYTON DR, ANCHORAGE, AK 99507

Registered Physical Address: 6921 BRAYTON DR, ANCHORAGE, AK 99507

Officials

□Show Former

AK Entity #	Name	Titles	Owned
	Brad Bigelow	Secretary, Vice President, Shareholder	50.00
	Tim Gravel	Treasurer, Director, President, Shareholder	50.00

Filed Documents

Date Filed	Туре	Filing	Certificate
6/11/1984	Creation Filing	Click to View	
9/21/1988	Biennial Report		gang gang gang gang gang sa mga mga gang sa mga mga mga mga mga mga mga mga mga mg
1/18/1990	Biennial Report		
2/04/1992	Biennial Report	Click to View	
1/21/1994	Biennial Report	Click to View	
9/16/1996	Biennial Report	Click to View	The second secon
3/05/1998	Biennial Report	Click to View	and the second of the second o
12/14/2000	Biennial Report	Click to View	
8/21/2002	Biennial Report	Click to View	
12/31/2003	Biennial Report	Click to View	and the second s
12/31/2003	Agent Change	Click to View	and the state of t
11/07/2006	Biennial Report	Click to View	and the state of t
5/12/2010	Biennial Report	Click to View	age control (Medical Space) and the control of the
5/12/2010	Biennial Report	Click to View	and the state of t
5/18/2012	Biennial Report	Click to View	
12/12/2013	Biennial Report	Click to View	and the second s
6/02/2016	Biennial Report	Click to View	
3/29/2018	Biennial Report	Click to View	

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