

Department of Commerce, Community, and Economic Development

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

November 16, 2018

Municipality of Anchorage Attn: Miranda Honest

VIA Email: <u>munilicenses@muni.org</u>

Re: Notice of 2019/2020 Liquor License Renewal Application

License Type:	Package Store	License Number:	1568
Licensee:	AK, Inc.		
Doing Business As:	2 Go Mart #62		

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:	2 Go	Mart #62			License Number:	1568	
License Type:		age Store				1	
Examiner:			оны		Transaction #:	95620	03
Document		Received	Completed	Notes		<u>-11</u>	
AB-17: Renewal Applic	ation	11/13/18	11/13/18	X SALES AND SALE			
App and License Fees		11/13/18	11/13/18				
Supplemental Docume	ent	Received	Completed	Notes			
Tourism/Rec Site State	ment						
AB-25: Supplier Cert (V	VS)						
AB-29: Waiver of Oper	ation						
AB-30: Minimum Oper	ation					-	
AB-33: Restaurant Affi	davit				0.0000000000000000000000000000000000000	11	
COI / COC / 5 Star							
FP Cards & Fees / AB-0	8a						
Late Fee							
Names on FP Cards:							
						Yes	No No
Selling alcohol in response to written order (package stores)?					П	X	
Mailing address and contact information different than in database (if yes, update database)?							
In "Good Standing" with CBPL (skip this and next question for sole proprietor)?							
Officers and stockhold	Officers and stockholders match CBPL and database (if "No", determine if transfer necessary)?						
LGB 1 Response:			LGB 2 Res	oonse:			
Waive	Protest	t Lapsed	Wai	ve Prot	est Lapsed		



Package Store License

Form AB-17b: 2019/2020 Renewal License Application

Phone: 907.269.0350

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

What is this form?

This renewal license application form is required for all individuals or entities seeking to apply for renewal of an existing package store liquor license that will expire on December 31, 2018. 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 correctly and submitted to the Alcohol & Marijuana Control Office (AMCO)'s main office, along with all other required documents and fees, before any renewal license application will be considered complete. 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 –	Establishmen	t and Co	ntact Inform	nation	
Enter information for the bus	siness seeking to	have its license renev	ved. If any po	pulated information	is incorrect,	please contact AMC
Licensee:	AK, Inc.		10000		License #:	1568
License Type:	Package Sto	re			Statute:	AS 04.11.150
Doing Business As:	2 Go Mart #6	62				
Premises Address:	5121 Arctic I	Blvd				
Local Governing Body:	Municipality	of Anchorage				
Community Council:	Midtown		200			
Mailing Address:	1450 N.	Benson Ave	. Unit	A		
City:	Upland	•	State:	CA	ZIP	: 91786
Enter information for the ind	vidual who will h	ne designated as the n	rimanınaint	of contact versuling	- 41-1- P	1
must be a licensee who is req	uired to be listed	in and authorized to	sign this appli	cation.	g this applica	tion. This individual
Contact Licensee:	Rawa An			Contact Phone	900	1)294.4728
Contact Email:	Sireifei@	rarenterprise	s. net			1,011 11 0
Optional: If you wish for AMC this application and other mat	O staff to commu	inicate with individua	l who is <u>not</u> a	licensee named on e	this form (eg	: legal counsel) abou e fields below
Name of Contact:	Summer:	Treifei		Contact Phone:		394-4728
Contact Email:	Sireifeje	arenterprises	i.net			
[Form AB-17b] (rev 09/17/2018)		MEGSEIN	ED I			Page 1 of 4



Form AB-17b: 2019/2020 Package Store Renewal License Application

Section 2 - Entity or Community Ownership Information

This top subsection must be completed by any licensee that is a <u>corporation</u> or <u>LLC</u>. Corporations and LLCs are required to be in good standing with the Alaska Division of Corporations, Business & Professional Licensing (CBPL). This number 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

General partnerships and local governments should skip to the second half of this page. Licensees who directly hold a license as an individual or individuals should skip to Section 3.

Alaska CBPL Entity #:	10024884	

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 **community** or **entity**, 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>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 limited partnership, the following information must be completed for each *partner* with an interest of 10% or more, and for each *general partner*.

Important Note: 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.

Name of Official:	Kawa Anabi as Trustee of	the Samo	nergnd Rawa Anabi	Family Trust	E
Title(s):	Shareholder	Phone:	909)394-4728	% Owned: 51	
Mailing Address:	1450 N. Benson Ave.	Unit A	\		
City:	Upland	State:	CA	ZIP: 91786	
				•	
Name of Official:	Rawa Anabl				
Title(s):	Director, Secretary	Phone:	909)394-4728	% Owned:	
Mailing Address:	1450 N. Benson Av	e. Uni	+ A	•	
City:	Upland	State:	CA	ZIP: 91786)
- 200					

Name of Official:	Sammer I Anabi as Trustee	of the S	Sammer and Rawa I	Anabi F	Trois ly Trust
Title(s):	Shareholder	Phone:	909/394-4728	% Owr	
Mailing Address:	1450 N. Benson Ave,	Unit 1	A		
City:	Upland	State:	CA	ZIP:	91786

[Form AB-17b] (rev 09/17/2018) License #1568 DBA 2 Go Mart #62





Alaska CBPL Entity #:

Alaska Alcoholic Beverage Control Board

Form AB-17b: 2019/2020 Package Store Renewal License Application

Section 2 - Entity or Community Ownership Information

This top subsection must be completed by any licensee that is a <u>corporation</u> or <u>LLC</u>. Corporations and LLCs are required to be in good standing with the Alaska Division of Corporations, Business & Professional Licensing (CBPL). This number 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

General partnerships and local governments should skip to the second half of this page. Licensees who directly hold a license as an individual or individuals should skip to Section 3.

You must ensure that you a	are able to certify the following statem	ent before si	gning your initials in the b	ox to the right:	Initials
I certify that this entity is in are also currently and accur	good standing with CBPL and that all crately listed with CBPL.	urrent entity	officials and stakeholders	(listed below)	BA
 limited partnership, that is a If the applicant is a corp the stock in the corpora If the applicant is a limit ownership interest of 10 If the applicant is a part 	impleted by any community or entity, in applying for renewal. If more space is no coration, the following information mustion, and for each president, vice-presided liability organization, the following 0% or more, and for each manager. Increship, including a limited partnership for more, and for each general partner	eeded, please st be complet ident, secreta information o, the followir	e attach additional complet red for each stockholder w. rry, and managing officer. must be completed for each	ted copies of the choose of the common series of the choose of the choos	is page. or more of h an
match that which is listed wi	ation provided in the below fields (incluith CBPL. If one individual holds multiple ation and with CBPL. Failure to list all re	e titles menti	oned in the bullets above,	all titles must b	held) must e listed for
Name of Official:	Sammir Anabi				
Title(s):	Director, President, Treas.	Phone:	909)394-47 28	% Owned:	_
Mailing Address:	1450 N Benson Ave.	Unit	4		
City:	Woland	State:	CA	ZIP: 9	1786
Name of Official:					
Title(s):		Phone:		% Owned:	
Mailing Address:					
City:		State:		ZIP:	
Name of Official:					
Title(s):		Phone:		% Owned:	

[Form AB-17b] (rev 09/17/2018) License #1568 DBA 2 Go Mart #62

Mailing Address:

City:



State:

ZIP:



Form AB-17b: 2019/2020 Package Store Renewal License Application

Section 3 – Sole Proprietor Ownership Information

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. Entities should skip to Section 4. The following information must be completed for each licensee and each affiliate (spouse).

This individual is an:	applicant	affiliate (spouse)				
Name:			Contact Phone:			
Mailing Address:						
City:		State:		ZIP:		-
Email:						
This individual is an:	applicant applicant	affiliate (spouse)				
Name:			Contact Phone:	T		
Mailing Address:						
City:		State:		ZIP:		
Email:						
certify that all licensees, a nave completed an alcohol	nen sign your initials in t gents, and employees w server education course	the box to the right of the state tho sell or serve alcoholic beve approved by the ABC Board a during all working hours, as set	ement: rages or check identifice and keep current, valid	copies of the	atron	Initials
l certify that all licensees, a have completed an alcohol	gents, and employees we server education course the licensed premises of	the box to the right of the state who sell or serve alcoholic beve e approved by the ABC Board a during all working hours, as set	ement: rages or check identific and keep current, valid t forth in AS 04.21.025	copies of the	atron	PA
l certify that all licensees, a have completed an alcohol course completion cards or	gents, and employees we server education course the licensed premises of sections.	the box to the right of the state who sell or serve alcoholic beve e approved by the ABC Board a during all working hours, as set	rages or check identifice and keep current, valide to forth in AS 04.21.025	copies of the	atron eir 04.465.	PA
l certify that all licensees, a have completed an alcohol course completion cards or Check a <u>single box</u> for each	gents, and employees we server education course the licensed premises of the licensed premises o	the box to the right of the state who sell or serve alcoholic beve e approved by the ABC Board a during all working hours, as set on 5 – License Open describes how this liquor licer	rages or check identifice and keep current, valide to forth in AS 04.21.025	copies of the	atron	PA 2018
l certify that all licensees, a have completed an alcohol course completion cards or	gents, and employees we server education course the licensed premises of the licensed premises o	the box to the right of the state who sell or serve alcoholic beve e approved by the ABC Board a during all working hours, as set on 5 – License Open describes how this liquor licer	rages or check identifice and keep current, valide to forth in AS 04.21.025	copies of the	atron eir 04.465.	RA
l certify that all licensees, a have completed an alcohol course completion cards or Check a <u>single box</u> for each	gents, and employees we server education course the licensed premises of section calendar year that best perated continuously three	the box to the right of the state who sell or serve alcoholic beve e approved by the ABC Board a during all working hours, as set on 5 – License Oper describes how this liquor licer oughout each year.	rages or check identifice and keep current, valide to forth in AS 04.21.025	copies of the	atron eir 04.465.	PA
I certify that all licensees, a have completed an alcohol course completion cards or Check a single box for each The license was regularly or The license was only operative license was only operative.	gents, and employees we server education course the licensed premises of the licensed premises o	the box to the right of the state who sell or serve alcoholic beve e approved by the ABC Board a during all working hours, as set on 5 – License Oper describes how this liquor licer oughout each year. season each year. or requirement of 240 total hour of Proof of Minimum Operation	rages or check identification where the contraction are was operated:	copies of the and 3 AAC 3	atron eir 04.465.	PA

[Form AB-17b] (rev 09/17/2018) License #1568 DBA 2 Go Mart #62

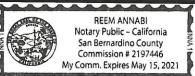




Form AB-17b: 2019/2020 Package Store Renewal License Application

	Written Order	S		
Written orders in calendar years 2019 and 2020:	***		Yes	No
Do you intend to sell alcoholic beverages and ship them to anot calendar years 2019 and/or 2020?	her location in response	e to written solicitation i	n 🔲	
Section 7 – Viola	tions and Conv	rictions		
Applicant violations and convictions in calendar years 2017 and	d 2018:		Yes	No
Have any notices of violation (NOVs) been issued to this licensee	e in the calendar years 2	2017 or 2018?		7
Has any person or entity named in this application been convicted ordinance adopted under AS 04.21.010 in the calendar years 20		04, of 3 AAC 304, or a lo	cal	
If "Yes" to either of the previous two questions, attach a separa	ate page to this applica	tion listing all NOVs and	l/or convictio	ons.
Section 8 -	- Certifications			
Read each line below, and then sign your initials in the box to t	he right of each statem	ent:		Initials
I certify that all current licensees (as defined in AS 04.11.260) are in accordance with AS 04.11.450, no one other than the licensed licensed business.	nd affiliates have been I e(s) has a direct or indir	isted on this application ect financial interest in t	, and that the	RA
I certify that I have not altered the functional floor plan or reduc and I have not changed the business name or the ownership (inc stakeholders) from what is currently approved and on file with the	luding officers, manage	rs, general partners, or	es,	RA
I certify on behalf of myself or of the organized entity that I unde any other form provided by AMCO is grounds for rejection or de	erstand that providing a nial of this application o	false statement on this f	form or se issued.	RA
As an applicant for a liquor license renewal, I declare under pena B AAC 304, and that this application, including all accompanying s provide all information required by the Alcoholic Beverage Contribute to do so by any deadline given to me by AMCO staff when the contribute to do so by any deadline given to me by AMCO staff when the contribute to do so by any deadline given to me by AMCO staff when the contribute to do so by any deadline given to me by AMCO staff when the contribute to do so by any deadline given to me by AMCO staff when the contribute to do so by any deadline given to me by AMCO staff when the contribute to do so by any deadline given to me by AMCO staff when the contribute to the contri	schedules and statemer ol Board or AMCO staff	nts, is true, correct, and on its in support of this application.	complete. I ag	gree to
Rawa anabi		Danna	bi'	
Signature of licensee	Sig	nature of Notary Public	*	-
Kawa Anabi Printed name of licensee	Notary Public in and for	r the State of <u>Califo</u>	rnia	<u> </u>
	Му	commission expires:	Nay 15.	2021
Subscribed and sworn to	before me this 5th da	avof November		2018
Yes No			·	20 <u>10</u> .
Seasonal License?	six-month operating	g period:		
License Fee: \$ 1500.00 Application Fee:	\$ 300.00	TOTAL:	\$ 1800.00	
Miscellaneous Fees:				
GRAND TOTAL (if different than TOTAL):				
DE CEMATA				
Form AB-17b] (rev 09/17/2018) icense #1568 DBA 2 Go Mart #62	Note	REEM ANNABI	Pag	ge 4 of 4





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)

Туре	Name	
Legal Name	AK, Inc.	

Entity Type: Business Corporation

Entity #: 10024884

Status: Good Standing

AK Formed Date: 11/4/2014

Duration/Expiration: Perpetual

Home State: ALASKA

Next Biennial Report Due: 1/2/2020

Entity Mailing Address: 1450 NORTH BENSON AVE UNIT A, UPLAND, CA 91786

Entity Physical Address: 3085 MOUNTAINWOOD CIRCLE, JUNEAU, AK 99801

Registered Agent

Agent Name: PARACORP INCORPORATED

Registered Mailing Address: PO BOX 33735, JUNEAU, AK 99803

Registered Physical Address: 3085 MOUNTAINWOOD CIR, JUNEAU, AK 99801

Officials

AK Entity		Show Former (None on file		
#	Name	Titles	Owned	
	Rawa Anabi	Director, Secretary		
	Rawa Anabi as Trustee of the Sammer and Rawa Anabi Family Trust	Shareholder	51	

AK Entity #	Name	Titles	Owned
	Sammer I. Anabi as Trustee of the Sammer and Rawa Anabi Family Trust	Shareholder	49
	Sammir Anabi	Director, President, Treasurer	

Filed Documents

Date Filed	Туре	Filing	Certificate
11/04/2014	Creation Filing	Click to View	Click to View
12/05/2014	Initial Report	Click to View	
11/17/2015	Certificate of Compliance		Click to View
12/17/2015	Certificate of Compliance		Click to View
12/31/2015	Biennial Report	Click to View	
12/12/2017	Biennial Report	Click to View	
10/25/2018	Entity Address Change	Click to View	
10/29/2018	Change of Officials	Click to View	

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