



Document reference ID : 6701

## Renewal Application Summary

<b>Application ID:</b>	6701
<b>License No:</b>	16039
<b>License Type applied for Renewal:</b>	Restaurant Eating Place License (REPL)
<b>Licensee Name:</b>	Rogue's Garden Llc
<b>License Expiration Date:</b>	12/31/2025
<b>Doing Business As:</b>	Rogue's Garden
<b>Premises Address:</b>	354 Fairbanks Dr, Valdez, AK, 99686
<b>Application Status:</b>	In Review
<b>Application Submitted On:</b>	12/03/2025 02:17 PM AKST

## Entity Information

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<b>Business Structure:</b>	Limited liability company
<b>FEIN/SSN Number:</b>	██████████
<b>Alaska Entity number (CBPL):</b>	10185343
<b>Alaska Entity Formed Date:</b>	01/26/2022
<b>Home State:</b>	AK

## Entity Contact Information

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**Entity Address:** Po Box 749, Valdez, AK, 99686

## Local Government and Community Council Details

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**City/Municipality:** Valdez

**Borough:** Unorganized Borough

## 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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<b>Revenue in Food Sales during the first Calendar Year in the Renewal Period</b>	\$xxx.xx
<b>Revenue in Alcohol Sales during first Calendar Year in the Renewal Period</b>	\$xxx.xx
<b>% of Gross Revenue from Food Sales during the first Calendar Year in the Renewal Period</b>	97.91
<b>Revenue in Food Sales during the second Calendar Year in the Renewal Period</b>	\$xxx.xx
<b>Revenue in Alcohol Sales during second Calendar Year in the Renewal Period</b>	\$xxx.xx
<b>% of Gross Revenue from Food Sales during the second Calendar Year in the Renewal Period</b>	95.32

## Restaurant Detail

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<b>Dining after standard closing hours: AS 04.16.010(c)</b>	No
<b>Dining by persons 16 – 20 years of age: AS 04.16.049(a)(2)</b>	Yes
<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>	Yes
<b>Employment for any persons under 21 years of age: AS 04.16.049(c)</b>	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 be allowed in the dining areas supervised by 21 and older staff. Minor employees will be employed as cleaners in the kitchen grocery store and dining areas under supervision of 21 and older staff

**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.**

1. presenting id 2 vigilant oversight of dining area 3. storage of wine/beer will be confined to designated space in store room with limited access 4. Front stock will be behind counter

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

## Food Service Permit

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**Is your license located in Municipality of Anchorage?** No

**Do you have Approved food service permit for this premises?** Yes

## Entertainment & Service

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

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

## Hours Of Operation

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<b>Sunday</b>	Close
<b>Monday</b>	Close
<b>Tuesday</b>	10:00 AM - 06:00 PM
<b>Wednesday</b>	10:00 AM - 06:00 PM
<b>Thursday</b>	10:00 AM - 06:00 PM
<b>Friday</b>	10:00 AM - 08:00 PM
<b>Saturday</b>	09:00 AM - 05:00 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 : Kathryn E Nielsen on 12/03/2025 02:16 PM AKST

## Payment Info

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Payment Type : CC

Payment Id: 08aa222b-9ec2-49f9-9be3-acc44b1e4e11

Receipt Number: 101215925

Payment Date: 12/03/2025 02:19 PM AKST

**Alaska Department of Commerce, Community, and Economic Development**

Division of Corporations, Business, and Professional Licensing  
PO Box 110806, Juneau, AK 99811-0806

This is to certify that the owner

Rogue's Garden, LLC

is licensed by the department to do business as

**Rogue's Garden, LLC**

PO Box 749, Valdez, AK 99686

for the period

October 20, 2025 to December 31, 2027  
for the following line(s) of business:

44-45 - Retail Trade; 72 - Accommodation and Food Services



This license shall not be taken as permission to do business in the state without having complied with the other requirements of the laws of the State or of the United States.

This license must be posted in a conspicuous place at the business location.  
It is not transferable or assignable.

Julie Sande  
Commissioner

## Details

## ENTITY DETAILS

## Name(s)

Type	Name
Legal Name	Rogue's Garden, LLC

**Entity Type:** Limited Liability Company

**Entity #:** 10185343

**Status:** Good Standing

**AK Formed Date:** 1/27/2022

**Duration/Expiration:** Perpetual

**Home State:** ALASKA

**Next Biennial Report Due:** 1/2/2028

**Entity Mailing Address:** PO BOX 749, VALDEZ, AK 99686

**Entity Physical Address:** 354 FAIRBANKS DR, VALDEZ, AK 99686-0749

## Registered Agent

**Agent Name:** Susan Love

**Registered Mailing Address:** PO BOX 749, VALDEZ, AK 99686

**Registered Physical Address:** 354 FAIRBANKS DR, VALDEZ, AK 99686-0749

## Officials

Show Former

AK Entity #	Name	Titles	Owned
	Bruce Good	Member	50.00
	Kathryn Nielsen	Member	50.00

## Filed Documents

Date Filed	Type	Filing	Certificate
1/27/2022	Creation Filing	<a href="#">Click to View</a>	<a href="#">Click to View</a>
2/16/2023	Initial Report	<a href="#">Click to View</a>	
10/26/2023	Biennial Report	<a href="#">Click to View</a>	
10/20/2025	Biennial Report	<a href="#">Click to View</a>	

Close Details

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