

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

License Type:	Club				License Number:	335
Doing Business As:	Eagl	es #1971, Fr	at Order of	33040000		
Examiner:	Ci	Wril			Transaction #:	1020881
			Τ			
Document		Received	Completed	Notes		THE MAKE
AB-17: Renewal Applic	ation	1/2	1/30			
App and License Fees		1/2	1/30			
Supplemental Docume	ent	Received	Completed	Notes	7-11-1	
Tourism/Rec Site State	ment					100
AB-25: Supplier Cert (W	/S)					
AB-29: Waiver of Opera	ation	0.000			77 MANUAL TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL THE TOTAL TO T	
AB-30: Minimum Opera	ation					West State of the
Fingerprint Cards & Fee AB-08a: Crim. History	es /	1/2	1/30		x 6 ×	7
Late Fee						
Names on FP Cards:	bsc	n Ryan Cu	mnings,	michael	Rerifield,	Richard
McMister, Glen	Mill	s, Robert	mnigg, + Moore, D	ean Linde	r, Darrell Fa	Yes No
Selling alcohol in respon	nse to v	vritten order (pa	ckage stores)?			
Mailing address differen	nt than	one in database	?			V
In "Good Standing" with	h CBPL	(skip this and nex	xt question for sol	e proprietor)?		\checkmark
Officers and stockholde	Officers and stockholders match CBPL and database (if "No", determine if transfer necessary)?					



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Form AB-17: 2018/2019 Renewal License Application

What is this form?

License #335 DBA Eagles #1971, Frat Order of

This renewal license application form is required for all individuals or entities seeking to apply for renewal of an existing liquor license that will expire on December 31, 2017. 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.

Licensee:	Fraternal Order of Eagles #1971			License #:	335
License Type:	Club	3	W/25 T- 100	Statute:	AS 04.11.110
Doing Business As:	Eagles #1971, Frat Order of		- 11-50-cion		
Premises Address:	121 Hazelet Street				
Local Governing Body:	City of Valdez				- marketing
Community Council:	None	1000			
				27895	
Mailing Address:	PO Box 324				
City:	Valdez	State:	AK	ZIP	99686
	ividual who will be designated as the puired to be listed in and authorized to the designated as the puired to be listed.	sign this appl		garding this applica	tion. This individua
Contact Phone:	907-831-2079	Business	Phone:	907-835-4	1460
Contact Email:	907-831-2079 darbyecvalaska,ne	+			
Yes easonal License?	No If "Yes", write your s		perating per	iod:	RECEIV
Form AB-17] (rev 10/16/2017)					IANPage 1 of



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	Section 2 -	Authoriza	tion		
Communication with AMCO	staff:			Yes	No
Does any person other than a staff?	a licensee named in this application	have authority to	o discuss this license with AN	исо	
Dean Linde		current i	BarTrustee 901-2	55-2301	
This section must be comple	ection 3 — Sole Proprie sted by any <u>sole proprietorship</u> who ase attach a separate sheet with the	is applying for li	cense renewal. Entities sho	ould skip to Secti	ion 4.
	ust be completed for each licensee a	•			
This individual is an:	applicant affiliate				
Name:					
Mailing Address:					
City:		State:		ZIP:	
Email:					
Contact Phone:					
This individual is an:	pplicant affiliate				
Name:		A CONTROL OF THE PARTY OF THE P			
Mailing Address:		CIONAL CONTRACTOR			
City:		State:	7	ZIP:	
Email:			1		
Contact Phone:					





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Section 4 - Entity Ownership Information

This subsection must be completed by any licensee that is a corporation or LLC. Corporations and LLCs are required to be in good standing with the Alaska Division of Corporations, Business & Professional Licensing (CBPL). 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 Partnerships may skip to the second half of this page. Sole proprietorships should skip to Section 5.

Alaska CBPL Entity #:	111352				
You must ensure that you are a	ble to certify the following state	ment before	signing your initials in the	hoy to the ri	ght. Initial-
	d standing with CRPL and that all				
If the applicant is a <u>corporat</u> the stock in the corporation, If the applicant is a <u>limited li</u> ownership interest of 10% o If the applicant is a <u>partnersl</u> with an interest of 10% or m	ted by any <u>community</u> or <u>entity</u> , ying for renewal. If more space is <u>ion</u> , the following information mu and for each <u>president</u> , vice-president vice-president vice-president vice-president vice-president vice-president vice-president vice-president vice-particle v	intedea, pie ust be comple sident, secret g information ip, the follow r.	ase attach additional con eted for each stockholder tary, and managing office n must be completed for e	npleted copies who owns 10 r. ach <i>member</i> i	s of this page. % or more of with an
	yan Cummings	· · · · · ·	—		
- 11	resident	Phone:	1-352-502-2075	% Owner	1: 0
0.0	Jdez	State:	Alaska	ZIP:	19686
Entity Official Name:	115		11.00	<u> </u>	1000
V	arrell Farmer	Γ	1		
Y	ce President	Phone:	1-907-831-1258	% Owned	1.0
City: Va	1. Box 1872 Idez	State:	Alaska	ZIP:	99686
Entity Official Name:	ichael Derifield				
Title(s): Secretary	- CITIED	Phone:	1907-831-2079	% Owned	
	Box 2385		FW1-831-2017	% Owned	10
City: Va	ldez	State:	Alaska	ZIP: 9	9686
orm AP 171 (row 10/15/2007)			17,000	REGIE	1000
orm AB-17] (rev 10/16/2017) cense #335 DBA Eagles #1971, Frat C	Order of		IAN 30 2018	JAN Q	2 Page 3 of 5



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Section 5 - License Operation		
Check a single box for each calendar year that best describes how this liquor license was operated:	2016	2017
The license was regularly operated continuously throughout each year, for 8 or more hours each day.	V	M
The license was regularly operated during a specific season each year, for 8 or more hours each day.		
The license was only operated to meet the minimum requirement of 30 days each year, 8 hours each day. 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 30 days each year, 8 hours each day, 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.		
Section 6 – Violations and Convictions		
Applicant violations and convictions in calendar years 2016 and 2017:	Yes	No
Have any notices of violation (NOVs) been issued to this licensee in the calendar years 2016 or 2017?		V
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 2016 or 2017?		
If "Yes" to either of the previous two questions, attach a separate page to this application listing all NOVs and/or co	nvictions	S.
Section 7 – Alcohol Server Education		
This section must be completed only by the holder of a <u>beverage dispensary</u> , <u>club</u> , or <u>pub</u> license or <u>conditional cont</u> The holders of all other license types should skip to Section 8.	ractor's	permit.
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 part 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 required under AS 04.21.025 and 3 AAC 304.465.	tron ir	mpd

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ALCOHOL MARIJUANA CONTROL OFFICE STATE OF ALASKA



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Section 8 - 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. HPD I certify that in accordance with AS 04.11.450, no one other than the licensee(s) has a direct or indirect financial interest MPD in the licensed business. 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 on file with the Alcoholic Beverage Control Board. I certify on behalf of myself or of the organized entity 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. 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 304, and that this application, including all accompanying schedules and statements, is true, correct, and complete. I agree to provide all information required by the Alcoholic Beverage Control Board 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 to me as incomplete. Signature of licensee Notary Public in and for the State of Printed name of licensee My commission expires: Subscribed and sworn to before me thi License Fee: \$ 1200.00 **Application Fee:** \$ 200.00 TOTAL: \$ 1400.00 Late Fee of \$500.00 - if received or postmarked after 01/02/2018: Miscellaneous Fees: **GRAND TOTAL (if different than TOTAL):**



<u>Department of Commerce, Community, and Economic Development</u> <u>Division of Corporations, Business and Professional</u>

Licensing

State of Alaska > Commerce > Corporations, Business, & Professional Licensing > Search & Database Download > Corp. > Corporation Details

NAME(S)

Туре	Name
Legal Name	Fraternal Order of Eagles Aerie # 1971

ENTITY DETAILS

Entity Type: Nonprofit Corporation

Entity #: 111352

Status: Good Standing

AK Formed Date: 9/26/2007

Duration/Expiration: Perpetual

Home State: ALASKA

Next Biennial Report Due: 7/2/2019

Entity Mailing Address: PO BOX 324, VALDEZ, AK 99686-0324
Entity Physical Address: 121 HAZELET AVE., VALDEZ, AK 99686

REGISTERED AGENT

Agent Name: Mike Derifield

Registered Mailing Address: PO Box 324, Valdez, AK 99686
Registered Physical Address: 121 Hazelet Ave, VALDEZ, AK 99686

OFFICIALS

			☐Show Forme
AK Entity #	Name	Titles	Owned
	DARRELL FARMER	Vice President	
	DEAN LINDER V	Director	
	LEVI TERRY	Treasurer	
	Mike Derifield √	Director, Secretary	
	Randy Mills	Director	
	ROBERT MOORE √	Director	
	RYAN CUMMINGS [✓]	President	

FILED DOCUMENTS

Date Filed	Туре	Filing	Certificate
9/26/2007	Creation Filing	Click to View	Click to View
12/24/2007	Initial Report	Click to View	
7/13/2010	Biennial Report	Click to View	
10/04/2010	Agent Change	Click to View	
8/18/2011	Biennial Report	Click to View	
12/14/2011	Change of Officials	Click to View	
7/03/2013	Biennial Report	Click to View	
6/16/2015	Biennial Report	Click to View	
9/16/2016	Change of Officials	Click to View	