

Alcoholic Beverage Control Board
2400 Viking Drive
Anchorage, AK 99501

Transfer Liquor License

(907) 269-0350
Fax: (907) 334-2285
<http://commerce.alaska.gov/dnn/abc/Home.aspx>

License is: ☒ Full Year OR ☐ Seasonal List Dates of Operation: _____

SECTION A - LICENSE INFORMATION			FEES
License Year: <u>2015/2016</u>	License Type: <u>Restaurant/Eating Place</u>	Statute Reference Sec. 04.11. <u>160</u>	Filing Fee: \$100.00
License #: <u>3309</u>			Rest. Desig. Permit Fee: (\$50.00) \$ <u>50.00</u>
Local Governing Body: (City, Borough or Unorganized) <u>Borough</u>	Community Council Name(s) & Mailing Address: <u>Petersburg Borough</u> <u>P O Box 329</u> <u>Petersburg, AK 99833</u>		Fingerprint: \$ _____ (\$51.50 per person)
Name of Applicant (Corp/LLC/LP/LLP/Individual/Partnership): <u>Joan Mei Family Restaurant LLC</u>	Doing Business As (Business Name): <u>Joan Mei Family Restaurant LLC</u>	Business Telephone Number: <u>907-772-4221</u>	TOTAL <u>150.00</u>
Mailing Address: <u>P O Box 1268</u>	Street Address or Location of Premises: <u>1103 So. Nordic Drive</u> <u>Petersburg, AK 99833</u>	Fax Number: <u>907-772-4750</u>	
City, State, Zip: <u>Petersburg, AK 99833</u>		Email Address:	
Is any shareholder related to the current owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If "yes" please state the relationship <u>siblings</u>			
SECTION B - TRANSFER INFORMATION			
<input checked="" type="checkbox"/> Regular Transfer <input type="checkbox"/> Transfer with security interest: Any instrument executed under AS 04.11.670 for purposes of applying AS 04.11.360(4)(b) in a later involuntary transfer, must be filed with this Application. Real or personal property conveyed with this transfer must be described. Provide security interest documents. <input type="checkbox"/> Involuntary Transfer. Attach documents which evidence default under AS 04.11.670.		Name and Mailing Address of CURRENT Licensee: <u>Joan Mei Family Restaurant LLC</u> Business Name (dba) BEFORE transfer: <u>Joan Mei Family Restaurant</u> Street Address or Location BEFORE transfer: <u>1103 So. Nordic Drive</u> <u>Petersburg, AK 99833</u>	
SECTION C - PREMISES TO BE LICENSED			
Distance to closest school grounds: <u>1 1/2 Miles</u>	Distance measured under: <input type="checkbox"/> AS 04.11.410 OR <input type="checkbox"/> Local ordinance No.	<input type="checkbox"/> Premises is GREATER than 50 miles from the boundaries of an incorporated city, borough, or unified municipality.	
Distance to closest church: <u>1 Mile</u>	Distance measured under: <input type="checkbox"/> AS 04.11.410 OR <input type="checkbox"/> Local ordinance No.	<input checked="" type="checkbox"/> Premises is LESS than 50 miles from the boundaries of an incorporated city, borough, or unified municipality.	
Premises to be licensed is: <input type="checkbox"/> Proposed building <input checked="" type="checkbox"/> Existing facility <input type="checkbox"/> New building		<input type="checkbox"/> Plans submitted to Fire Marshall (required for new & proposed buildings) <input type="checkbox"/> Diagram of premises attached	

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SECTION D - LICENSEE INFORMATION

1. Does any individual, corporate officer, director, limited liability organization member, manager or partner named in this application have any direct or indirect interest in any other alcoholic beverage business licensed in Alaska or any other state?

☐ Yes ☒ No If Yes, complete the following. Attach additional sheets if necessary.

Name	Name of Business	Type of License	Business Street Address	State

2. Has any individual, corporate officer, director, limited liability organization member, manager or partner named in this application been convicted of a felony, a violation of AS 04, or been convicted as a licensee or manager of licensed premises in another state of the liquor laws of that state?

☐ Yes ☒ No If Yes, attach written explanation.

SECTION E - OWNERSHIP INFORMATION - CORPORATION

Corporations, LLCs, LLPs and LPs must be registered with the Dept. of Community and Economic Development.

Name of Entity (Corporation/LLC/LLP/LP) (or N/A if an Individual ownership):		Telephone Number:	Fax Number:
Joan Mei Family Restaurant LLC		907-772-4221	907-772-4750
Corporate Mailing Address:	City:	State:	Zip Code:
P O Box 1268	Petersburg	Alaska	99833
Name, Mailing Address and Telephone Number of Registered Agent:		Date of Incorporation OR Certification with DCED:	State of Incorporation:
Sammy Parker - P O Box 1364 Petersburg, Ak 99833		01/01/12	Alaska

Is the Entity in "Good Standing" with the Alaska Division of Corporations? ☒ Yes ☐ No

If no, attach written explanation. Your entity *must* be in compliance with Title 10 of the Alaska Statutes to be a valid liquor licensee.

Entity Members (Must include President, Secretary, Treasurer, Vice-President, Manager and Shareholder/Member with at least 10%)

Name	Title	%	Home Address & Telephone Number	Work Telephone Number	Date of Birth
Wamen Yip	member	33.33	304 No. 2nd St - Petersburg AK 99833 907-772-4222	907-772-4221	3/12/58
Laney Yuen Yip	member	33.33	304 No. 2nd St - Petersburg AK 99833 907-772-4222	907-772-4221	11/06/58
Dan Nhan Yuen	member	33.33	307 Lumber St - Petersburg, AK 99833 907-772-3890	907-772-4221	06/24/63

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NOTE: If you need additional space, please attach a separate sheet.

SECTION F - OWNERSHIP INFORMATION - SOLE PROPRIETORSHIP (INDIVIDUAL OWNER & SPOUSE)

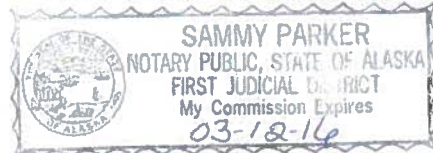
Individual Licensees/Affiliates (The ABC Board defines an "Affiliate" as the spouse or significant other of a licensee. Each Affiliate must be listed.)

Name: Address: Home Phone: Work Phone:	Applicant <input type="checkbox"/> Affiliate <input type="checkbox"/> Date of Birth:	Name: Address: Home Phone: Work Phone:	Applicant <input type="checkbox"/> Affiliate <input type="checkbox"/> Date of Birth:
Name: Address: Home Phone: Work Phone:	Applicant <input type="checkbox"/> Affiliate <input type="checkbox"/> Date of Birth:	Name: Address: Home Phone: Work Phone:	Applicant <input type="checkbox"/> Affiliate <input type="checkbox"/> Date of Birth:

Declaration

- I declare under penalty of perjury that I have examined this application, including the accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete, and this application is not in violation of any security interest or other contracted obligations.
- I hereby certify that there have been no changes in officers or stockholders that have not been reported to the Alcoholic Beverage Control Board. The undersigned certifies on behalf of the organized entity, it is understood that a misrepresentation of fact is cause for rejection of this application or revocation of any license issued.
- I further certify that I have read and am familiar with Title 4 of the Alaska statutes and its regulations, and that in accordance with AS 04.11.450, no person other than the licensee(s) has any direct or indirect financial interest in the licensed business.
- I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application.

Signature of Current Licensee(s) Signature <i>[Signature]</i>	Signature of Transferee(s) Signature <i>[Signature]</i>
Signature <i>Wamen Yip</i>	Signature <i>[Signature]</i>
Name & Title (Please Print) LANEY + WAMEN YIP - Members	Name & Title (Please Print) DAN N. YUEN, Member
Subscribed and sworn to before me this 26th day of January 2015	Subscribed and sworn to before me this 26th day of January 2015
Notary Public in and for the State of Alaska <i>Sammy Parker</i>	Notary Public in and for the State of Alaska <i>Sammy Parker</i>
My commission expires 03-12-16	My commission expires 03-12-16



STATE OF ALASKA
ALCOHOLIC BEVERAGE CONTROL BOARD
APPLICATION FOR RESTAURANT DESIGNATION PERMIT
AS 04.16.049 & 3 AAC 304.715 - 794

The granting of this permit allows access of persons under 21 years of age to designated licensed premises for purposes of dining, and persons between the ages of 16 - 20 for employment. If for employment, please indicate in detail what the employment duties will be in question #3.

License Number: 3399 Type: Restaurant/Eating Place

This application is for designation of premises where: (Please check the appropriate items below)

1. ☒ Bona fide restaurant pursuant to 3 AAC 304.305 & 3 AAC 304.715-794.
2. ☒ Persons 16 - 20 years of age may dine unaccompanied.
3. ☒ Persons under 16 may dine accompanied by a person 21 years of age or older.
4. ☒ Persons between 16 - 20 years of age may be employed. *(See note below)

Licensee's Name: Laney Yip

Name of Business: Joan Mei Family Restaurant

Business Address: 1103 So Nordic Drive City: Petersburg, AK 99833

1. Hours of operation 11:30 to 8:30pm* Telephone Number: 907-772-4221

2. Have police been called to your premises for any reason? [] Yes [X] No
(If you answered yes, please explain below).

* Sunday 8 am to 8:00 pm

3. * Duties of employment: No one under 21 employed dish washer, Cook, bus

4. Are video games available to the public on your premises? [] Yes [X] No

5. Do you provide live entertainment, such as live music, pool tables, karaoke, dancing, sports or pin-ball?
[] Yes [X] No

6. How is food served? [X] Table Service [] Buffet Service [] Counter Service [X] Other Take Out

7. Is an owner, manager or supervisor 21 years of age or older always present during business hours? [X] Yes [] No

*** A MENU AND DETAILED PREMISES DIAGRAM MUST ACCOMPANY THIS APPLICATION ***

*Employees 16 and 17 years of age must have a valid work permit and a letter maintained in your files from a parent or guardian authorizing employment at your establishment.

**Please attach additional sheets of paper if more space is needed to describe food service, entertainment, etc.

Licensee Signature [Signature]

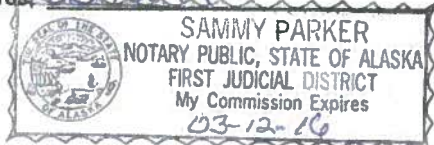
Local Governing Body Approval _____

Subscribed and sworn to before me this 26th day of January 2015

Date

Notary Public In and for Alaska

My Commission expires 03-12-16



Director, ABC Board

Date