

**CITY OF PALMER ACTION MEMORANDUM NO. 10-014**

**SUBJECT:** Non-Objection Statement to Renewal of Liquor License, License #4351, for Inn Café Located at 325 Elwood Avenue

**AGENDA OF: February 23, 2010**

<b>Council action:</b>	<b>No objection</b>
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**Approved for presentation by B.B. Allen, City Manager** *B.B. Allen*

Route To:	Department/Individual:	Initials/Date:	Remarks:
x	Originator – City Clerk	<i>JB</i> 1/25/10	
	City Clerk		
x	City Attorney	<i>AA</i> 2/16/10	
	Director of Administration		
	Director of Community Development		
	Director of Community Services		
	Director of Public Safety		
	Director of Public Works		

**Attachment(s):** Liquor License Review Form

**Certification of Funds:**

x	No fiscal impact.	
	Funds are budgeted from this account number:	
	Funds are not budgeted. Budget modification is required. Affected account number:	

Director of Administration Signature: *AA*

**Summary statement:** State law requires local governing bodies to review requests pertaining to liquor licenses within their municipalities. The City may voice a non-objection or may file a protest to a request.

**Administration recommendation:** Authorize action memorandum 10-014.

## City of Palmer • Liquor License Review Form

**NAME OF BUSINESS:** Inn Café                      **OWNER:** Peter & Sherryl Scott  
**LOCATION:** 325 Elmwood                      **TYPE OF LICENSE:** Restaurant/Eating Place  
                   Palmer, AK  
**MAILING ADDRESS:** 740 Coville Circle  
                                  Palmer, AK 99645

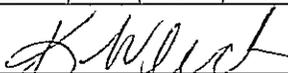
*Route to: Department of Administration*

Sales Tax Current: <input checked="" type="checkbox"/>	If no, explain:
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Utilities Current: <input checked="" type="checkbox"/>	If no, explain:
n/a Yes <input type="checkbox"/> No <input type="checkbox"/>	n/a

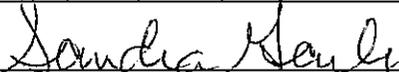
Property Taxes Current: <input checked="" type="checkbox"/>	If no, explain:
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

Special Assessments Current: <input checked="" type="checkbox"/>	If no, explain:
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	


1/25/10  
 \_\_\_\_\_  
 Department of Administration Director Date

*Route to: Department of Community Development*

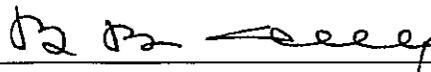
Code Compliant: <input checked="" type="checkbox"/>	If no, explain:
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	


01-18-2010  
 \_\_\_\_\_  
 Department of Community Development Director Date

*Route to: City Manager's Office*

OTHER COMMENTS:

**FORWARD TO COUNCIL FOR AGENDA OF:** February 23, 2010


1-25-10  
 \_\_\_\_\_  
 City Manager Date

*Route to: CLERK'S OFFICE*