



**Attachment(s):**

- City Liquor License Review Form
- Alcohol Beverage Control (ABC) Notification and Application

**Summary statement:** Klondike Mike's Saloon has updated their stock owners and per ABC regulations, Klondike Mike's Saloon must submit for review, their liquor license.

At the same time, Klondike Mike's Saloon has applied for a Restaurant Designation Permit (RDP). The RDP allows them to serve food, as well as, alcohol.

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.

Action memorandum 14-050 provides for a statement of non-objection to the liquor license transfer and Restaurant Designation Permit.

**Administration recommendation:** Approve action memorandum 14-050.

# City of Palmer • Liquor License Review Form

**BUSINESS NAME:** Klondike Mike's Saloon      **OWNER:** U-Line Beverage Company  
**LICENSE TYPE:** Restaurant Designation Permit  
**LOCATION:** 820 S Colony Way

*Route to: Department of Finance*

## Department of Finance

Sales Tax Current: √       Yes       No

If no, explain: \_\_\_\_\_

Utilities Current: √       Yes       No

If no, explain: \_\_\_\_\_

Special Assessments Current: √  Yes       No

If no, explain: \_\_\_\_\_

Other Comments: \_\_\_\_\_



Director, Department of Finance

6/13/14

Date

*Route to: Department of Community Development*

## Department of Community Development

Code Compliant: √       Yes       No

If no, explain: \_\_\_\_\_

Other Comments: \_\_\_\_\_



Director, Department of Community Development

6/13/14

Date

*Route to: Department of Public Safety*

*Department of Public Safety*

Code Compliant:  Yes

Yes  No

If no, explain:

\_\_\_\_\_

\_\_\_\_\_

Other Comments:

\_\_\_\_\_

\_\_\_\_\_

*J. Owen*

Director, Department of Public Safety

6/13/2014

Date

*Route to: City Manager's Office*

Other Comments:

\_\_\_\_\_

\_\_\_\_\_

*Joseph A. Harren*

City Manager

6/16/2014

Date

**FORWARD TO COUNCIL FOR AGENDA OF: July 8, 2014**

*Route to: CLERK'S OFFICE*



THE STATE  
of **ALASKA**  
GOVERNOR SEAN PARNELL

Department of Commerce, Community,  
and Economic Development

ALCOHOLIC BEVERAGE CONTROL BOARD

2400 Viking Drive  
Anchorage, Alaska 99501  
Main: 907.269.0350  
TDD: 907.465.5437  
Fax: 907.334.2285

June 12, 2014

City of Palmer

VIA EMAIL: [jbower@palmerak.org](mailto:jbower@palmerak.org)

**Transfer Beverage Dispensary Liquor License #649**

**Licensee: U-Line Beverage Co. Inc. dba: Klondike Mikes Dancehall & Saloon**

**New Application**       **Transfer of Ownership**       **Transfer of Location**  
 **Restaurant Designation Permit**       **DBA Name Change**

We have received an application for the above listed licenses (see attached application documents) within your jurisdiction. This is the notice as required under AS 04.11.520. Additional information concerning filing a "protest" by a local governing body under AS 04.11.480 is included in this letter.

A local governing body as defined under AS 04.21.080(11) may protest the approval of an application(s) pursuant to AS 04.11.480 by furnishing the board **and** the applicant with a clear and concise written statement of reasons in support of a protest within 60 days of receipt of this notice. If a protest is filed, the board will not approve the application unless it finds that the protest is "arbitrary, capricious and unreasonable". Instead, in accordance with AS 04.11.510(b), the board will notify the applicant that the application is denied for reasons stated in the protest. The applicant is entitled to an informal conference with either the director or the board and, if not satisfied by the informal conference, is entitled to a formal hearing in accordance with AS 44.62.330-44.62-630. **IF THE APPLICANT REQUESTS A HEARING, THE LOCAL GOVERNING BODY MUST ASSIST IN OR UNDERTAKE THE DEFENSE OF ITS PROTEST.**

Under AS 04.11.420(a), the board may not issue a license or permit for premises in a municipality where a zoning regulation or ordinance prohibits the sale or consumption of alcoholic beverages, unless a variance of the regulation or ordinance has been approved. Under AS 04.11.420(b) municipalities must inform the board of zoning regulations or ordinances which prohibit the sale or consumption of alcoholic beverages. If a municipal zoning regulation or ordinance prohibits the sale or consumption of alcoholic beverages at the proposed premises and no variance of the regulation or ordinance has been approved, please notify us and provide a certified copy of the regulation or ordinance if you have not previously done so.

Protest under AS 04.11.480 and the prohibition of sale or consumption of alcoholic beverages as required by zoning regulation or ordinance under AS 04.11.420(a) are two separate and distinct subjects. Please bear that in mind in responding to this notice.

AS 04.21.010(d), if applicable, requires the municipality to provide written notice to the appropriate community council(s).

If you wish to protest the application referenced above, please do so in the prescribed manner and within the prescribed time. Please show proof of service upon the applicant. For additional information please refer to 13 AAC 104.145, Local Governing Body Protest.

**Note:** Applications applied for under AS 04.11.400(g), 3 AAC 304.335(a)(3), AS 04.11.090(e),

and 3 AAC 304.660(e) must be approved by the governing body.



Maxine Andrews  
Business Registration Examiner  
Direct line: 907-269-0358  
Email: [maxine.andrews@alaska.gov](mailto:maxine.andrews@alaska.gov)



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SHIRLEY A. COTÉ  
Director



Maxine Andrews  
Business Registration Examiner  
Direct line: 907-269-0358  
Email: maxine.andrews@alaska.gov

1135

# Transfer Liquor License

Alcoholic Beverage Control Board  
2400 Viking Drive  
Anchorage, AK 99501

(907) 263-5900  
Fax: (907) 263-5930  
<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: <del>2014</del> 2014	License Type: <u>Liquor license</u>	Statute Reference: <u>Sec. 04.11.090</u>	Filing Fee: \$100.00
License #: <u>649</u>			Rest. Desig. Permit Fee: (\$50.00) \$ <u>50</u>
Local Governing Body: (City, Borough or Unorganized) <u>Matsu</u>	Community Council Name(s) & Mailing Address:		Fingerprint: \$ <u>51.50</u> ( <i>\$51.50 per person</i> )
Name of Applicant (Corp/LLC/LP/LLP/Individual/Partnership): <u>Armand Nyberg U-Line Beverage Co. Inc.</u>	Doing Business As (Business Name): <u>Klondike Mike's Saloon</u>	Business Telephone Number: <u>907-563-3030</u>	TOTAL <u>20150</u>
Mailing Address: <u>7 Coquina Stone Lane</u>	Street Address or Location of Premises: <u>820 S. Colony way Palmer, AK</u>	Business Telephone Number: <u>907-563-3030</u>	Fax Number: <u>386-615-7605</u>
City, State, Zip: <u>Ormond, Fl. 32174</u>		Email Address: <u>lilynyberg@gmail.com</u>	
Is any shareholder related to the current owner? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			<u>386-679-6524</u>
If "yes" please state the relationship _____			

**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 <b>CURRENT</b> Licensee: <u>Armand Nyberg 7 Coquina Stone, Ormond, Fl 32174</u>
	Business Name (dba) <b>BEFORE</b> transfer: <u>Klondike Mike's Saloon</u>
	Street Address or Location <b>BEFORE</b> transfer: <u>Klondike Mike's Saloon &amp; Roadhouse 183B</u>

**SECTION C - PREMISES TO BE LICENSED**

Distance to closest school grounds: <u>1 mile</u>	<b>Distance measured under:</b> <input checked="" type="checkbox"/> AS 04.11.410 <b>OR</b> <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. <input checked="" type="checkbox"/> Premises is LESS than 50 miles from the boundaries of an incorporated city, borough, or unified municipality. <input type="checkbox"/> Not applicable
Distance to closest church: <u>0.2 miles</u>	<b>Distance measured under:</b> <input checked="" type="checkbox"/> AS 04.11.410 <b>OR</b> <input type="checkbox"/> Local ordinance No.	
Premises to be licensed is: <input type="checkbox"/> Proposed building <input checked="" type="checkbox"/> Existing facility <input type="checkbox"/> New building		<input checked="" type="checkbox"/> Plans submitted to Fire Marshall (required for new & proposed buildings) <input type="checkbox"/> Diagram of premises attached

## Transfer Liquor License

### 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
Armand Nyberg	Carousel Lounge	liquor	3206 Spenard Rd	Anchorage, AK

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): <u>Uline Beverage Co.</u>		Telephone Number: <u>907 229 3902</u>	Fax Number:
Corporate Mailing Address: <u>7 Coquina St. W.</u>	City: <u>Ormand</u>	State: <u>HI.</u>	Zip Code: <u>32174</u>
Name, Mailing Address and Telephone Number of Registered Agent: <u>Armand Nyberg, 7 Coquina St. W.</u>		Date of Incorporation OR Certification with DCED:	State of Incorporation:
Is the Entity in "Good Standing" with the Alaska Division of Corporations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If no, attach written explanation. Your entity <i>must</i> 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
Armand Nyberg	Pres	33%	7 Coquina St	907-225-3902	2/25
William Nyberg	VP	33%	" "	386 675 6524	9/24/64
Santi Lara	Treas.	33%	433 Eagle St. apt 99 Anchorage, AK 99501	907 <del>229 432</del> 3432	11/11/81

Alcoholic Beverage Control Board  
 2400 Viking Drive  
 Anchorage, AK 99501

## Transfer Liquor License

(907) 263-5900  
 Fax: (907) 263-5930  
<http://commerce.alaska.gov/dnn/abc/Home.aspx>

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

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

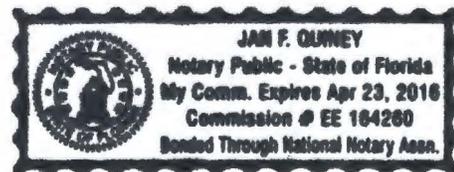
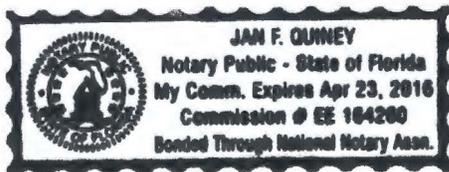
**Individual Licensees/Affiliates** (The ABC Board defines an "Affiliate" as the spouse or significant other of a licensee. Each Affiliate must be listed.)

Name: Address:	Applicant <input type="checkbox"/> Affiliate <input type="checkbox"/>	Name: Address:	Applicant <input type="checkbox"/> Affiliate <input type="checkbox"/>
Home Phone: Work Phone:	Date of Birth:	Home Phone: Work Phone:	Date of Birth:
Name: Address:	Applicant <input type="checkbox"/> Affiliate <input type="checkbox"/>	Name: Address:	Applicant <input type="checkbox"/> Affiliate <input type="checkbox"/>
Home Phone: Work Phone:	Date of Birth:	Home Phone: Work Phone:	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 of Transferee(s) 
Name & Title (Please Print) <b>Christopher Cox</b>	Name & Title (Please Print) <b>Armand Nyborg</b>
Subscribed and sworn to before me this <b>30</b> day of <b>APR, 2014</b>	Subscribed and sworn to before me this <b>30</b> day of <b>APR, 2014</b>
Notary Public in and for the State of Alaska 	Notary Public in and for the State of Alaska 
My commission expires: <b>4-23-16</b>	My commission expires: <b>4-23-16</b>



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: 649 Type: Beverage Dispensary

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: Armand Nyberg

Name of Business: Klondike Mikes Saloon

Business Address: 820 S. Colony Way City: Palmer, AK 99645

1. Hours of operation 1pm to 5am. Telephone Number: 907-229-3902

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

3. \* Duties of employment: ~~Bar tend~~, Food preparation, & waitress

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

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

6. How is food served? [ ] Table Service [ ] Buffett Service  Counter Service [ ] Other \_\_\_\_\_

7. Is an owner, manager or supervisor 21 years of age or older always present during business hours?  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.

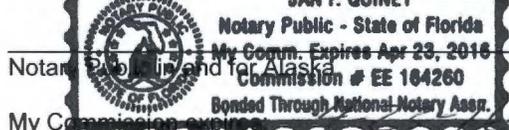
\*\*Please attach additional sheets of paper if more space is needed to describe food service, entertainment, etc.

Licensee Signature \_\_\_\_\_

Local Governing Body Approval \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of May

Date \_\_\_\_\_

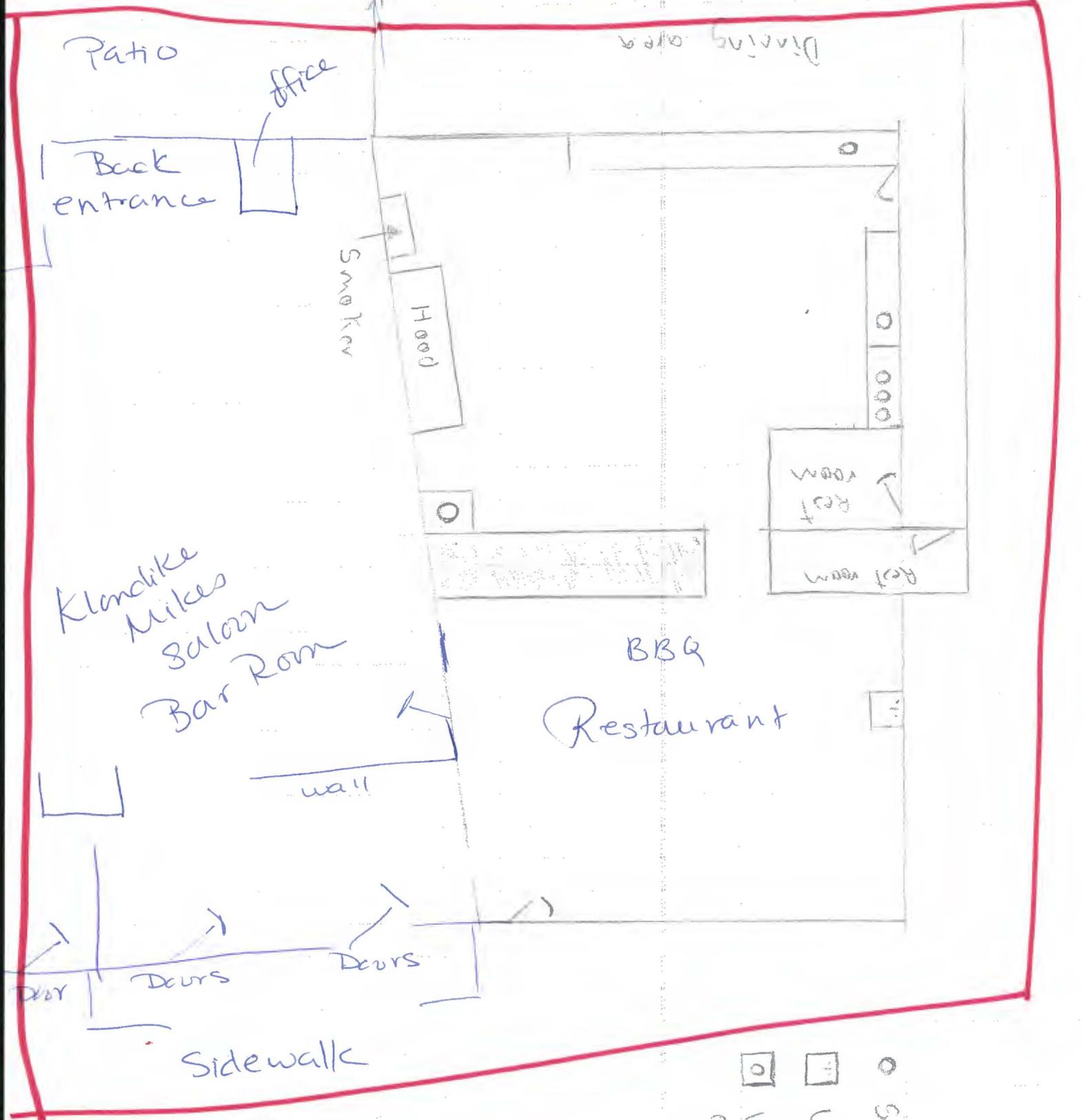


Notary Signature \_\_\_\_\_

Director, ABC Board \_\_\_\_\_

My Commission expires \_\_\_\_\_

Date \_\_\_\_\_



Patio

Dining area

office

Back entrance

Smoker

Hood

Rest room

Rest room

Klanlike  
Mikes  
Saloon  
Bar Room

BBQ

Restaurant

wall

Door

Doors

Doors

Sidewalk

Front

- Sinks
- ☒ Utility Sink
- ◻ Water heater enclosed

820 S. Colony Way  
Palmer, AK 99645

907-745-2676



**Hours**

Mon - Thur  
Fri - Sat  
Sunday

**ENTRÉES**

(Each entrée comes with your choice of 2 side dishes)

<b>The Motherlode-</b>	Full rack of slow smoked BBQ style pork ribs.....	\$
<b>The Gold Strike-</b>	Half rack of slow smoked BBQ style pork ribs.....	\$
<b>The Sluice-</b>	A hearty portion of smoked pulled pork.....	\$
<b>The Pioneer Peak-</b>	3 pcs of slow smoked BBQ chicken, your choice of white dark or both.....	\$
<b>The "Valley Trash" Platter-</b>	A good size portion of shredded BBQ chicken.....	\$
<b>The Gold Pan-</b>	Grilled chicken breast, char-grilled, moist, and delicious.....	\$

**The CLAIM JUMPER - Claim your Steak**

(Each steak comes with your choice of 2 side dishes)

Choose your cut, we will grill it to perfection!

T-Bone Steak, 12 oz. ....	\$
New York Strip, 12 oz. ....	\$
Filet Mignon, 8 oz. ....	\$

**SANDWICHES**

(Each comes with your choice of 1 side dish)

<b>The McKinley-</b>	A mountain of BBQ pulled pork or chicken, piled on a toasted bun.....	\$
<b>The Hatcher -</b>	Char-grilled chicken breast served on a toasted bun with lettuce & tomato.....	\$
<b>The Old Smokey-</b>	Boneless BBQ ribs, laid out on a bun, slathered in BBQ sauce.....	\$
<b>The Forty-Niner-</b>	One third pound ground beef, char-grilled, served with the works.....	\$
<b>The Iron Dog-</b>	Grilled hot dog on a bun will bring out the kid in you.....	\$

**Appetizers**

<b>Iditarod Sled Potato Skins</b> .....	\$
<b>Gold Nuggets Cheese Sticks (6)</b> .....	\$
<b>Hot Spring Wings (10)</b> .....	\$
(Hot or Mild)	
<b>Eureka Wings (10)</b> .....	\$
(Crispier wings, hot, mild, or teriyaki)	
<b>North Slope Poppers (6)</b> .....	\$
(Cheese stuffed jalapeno, bacon wrapped)	
<b>Palmer Pretzel</b> -buttered, salt & cheese .....	\$

**Sides**

<b>BBQ Beans</b>	<b>Cole Slaw</b>
<b>Baked Potato</b>	<b>Potato Salad</b>
<b>Curly Fries</b>	<b>Macaroni Salad</b>
	<b>House Salad</b>