

# Notice of Violation

(3AAC 304.525)

This form, all information provided and responses are public documents per Alaska Public Records ACT AS 40.25

Date: 6/28/21

License #/Type: 3263 Beverage Dispensary

Licensee: Tutti Pazzi, Inc.

Address: 171 Linblad Avenue, Girdwood, AK

DBA: Chair 5 Restaurant

AMCO Case #: 21-0698

This is a notice to you as licensee that an alleged violation has occurred. If the Alcoholic Beverage Control Board decides to act against your license, under the provisions of AS 44.62.330 - AS 44.62.630 (Administrative Procedures Act) you will receive an Accusation and Notice of your right to an Administrative Hearing.

Note: This is not an accusation or a criminal complaint.

On 6-25-21, at approximately 2300 hours, Investigator Whiteman and Hamilton conducted a check of all server cards of persons working at your establishment. Contact was made with server Quentin McAllister Foley who was asked how long he worked at the establishment to which he replied a couple weeks. When asked to provide proof of server education he stated he had taken the class on line but has not received his card yet. He was advised about the municipal ordinance regarding serving and told to stop serving until he could provide proof of server education to a Board representative. On 6-28-21, Hamilton contacted State CHARR and learned that they had no record of Foley in their system.

Your attention is directed to Anchorage Municipal Code 10.50.015(S): Prohibited acts; which basically states you can't employ a person who has not completed an approved alcohol awareness training program, AS 04.21.030: Responsibility of licensees, agents, and employees and AS 04.16.150: Licensee responsible for violations

**You are directed to respond in writing to this Notice of Violation within 10 days of receipt to explain what action you have taken to prevent a re-occurrence of this violation. FAILURE TO RESPOND TO THIS NOTICE OF VIOLATION WITHIN 10 DAYS WILL RESULT IN YOUR APPEARANCE, EITHER IN PERSON OR TELEPHONICALLY, BEFORE THE ABC BOARD AT THEIR NEXT REGULARLY SCHEDULED BOARD MEETING.**

**\*Please send your response to the address below and include your alcohol license number in your response.**

3 AAC 304.525 (B) provides that upon receipt of a Notice of Violation, a licensee may request to appear before the Director and be heard regarding the Notice of Violation. The request must be made within ten days after receipt of the Notice and the Director must grant an appearance within ten days after receipt of a request. A Licensee shall respond, either orally or in writing, to the Notice.

**Alcohol & Marijuana Control Office**

**ATTN: Enforcement**

**550 W. 7<sup>th</sup> Ave, Suite 1600**

**Anchorage, Alaska 99501**

[amco.enforcement@alaska.gov](mailto:amco.enforcement@alaska.gov)

Issuing Investigator: J. Hamilton

Received by:

SIGNATURE:



SIGNATURE:

Delivered VIA: Mail

Date:

**Davies, Jason M (CED)**

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**From:** Cathy Taylor <5.chair5office@gmail.com>  
**Sent:** Wednesday, July 14, 2021 9:03 PM  
**To:** CED AMCO Enforcement (CED sponsored)  
**Subject:** Fwd: AMCO Case #: 21-0698  
**Attachments:** 66EA60ED-C4E9-485E-A032-7393FB4298E6.jpeg

Tutti Pazzi Inc DBA Chair 5 Restaurant  
License # 3263

----- Forwarded message -----

**From:** Cathy Taylor <[5.chair5office@gmail.com](mailto:5.chair5office@gmail.com)>  
**Date:** Wednesday, July 14, 2021  
**Subject:** AMCO Case #: 21-0698  
**To:** [amco.enforcement@alaska.gov](mailto:amco.enforcement@alaska.gov)

Quentin Foley has taken his TAPS training through CHARR.

If you need additional information, please feel free to contact me at this email, or at 382-1512.

Thank you!

Cathy Taylor  
Chair 5 office



#301063

Expires: 07/13/2024

Name:

Quentin Foley



**TAP**

TRAINING FOR ALCOHOL  
PROFESSIONALS

STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD

LICENSE NUMBER

FORM CONTROL

XXXX

ISSUED

1/27/2022

ABC BOARD

LIQUOR LICENSE

2022 - 2023

TEMPORARY

3263

LICENSE RENEWAL APPLICATION DUE  
DECEMBER 31, 2023 (AS 04.11.270(b))

THIS LICENSE EXPIRES MIDNIGHT  
FEBRUARY 28, 2024 UNLESS DATED BELOW

TYPE OF LICENSE: Beverage Dispenser

LICENSE FEE: \$2,500.00

1104

CITY / BOROUGH: Anchorage, Muni. of  
Anchorage

D/B/A: Chair 5 Restaurant  
171 Linblad Avenue

Mail Address:  
Tutti Pazzi, Inc.  
PO Box 1309  
Girdwood, AK 99587

This license cannot be transferred without permission  
of the Alcoholic Beverage Control Board

Special restriction - see reverse side

ISSUED BY ORDER OF THE  
ALCOHOLIC BEVERAGE CONTROL BOARD



DIRECTOR

04-900 (REV 7/21)

THIS LICENSE MUST BE POSTED IN A VISIBLE PLACE ON THE PREMISES

STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD

LICENSE NUMBER

FORM CONTROL

XXXX

ISSUED

1/27/2022

ABC BOARD

LIQUOR LICENSE

2022 - 2023

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171 Linblad Avenue

Mailing Address:  
Tutti Pazzi, Inc.  
PO Box 1309  
Girdwood, AK 99587

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Special restriction - see reverse side

ISSUED BY ORDER OF THE  
ALCOHOLIC BEVERAGE CONTROL BOARD

COPY

DIRECTOR

THIS LICENSE MUST BE POSTED IN A VISIBLE PLACE ON THE PREMISES

04-900 (REV 7/21)



Alaska Alcoholic Beverage Control Board

# Form AB-17: 2022/2023 General Renewal Application

- This form and any required supplemental forms must be completed, signed by the licensee, and postmarked no later than 12/31/2021 per AS 04.11.270, 3 AAC 304.160, with all required fees paid in full, or a non-refundable \$500.00 late fee applies.
- Any complete application for renewal or any fees for renewal that have not been postmarked by 02/28/2022 will be expired per AS 04.11.540, 3 AAC 304.160(e).
- All fields of this application must be deemed complete by AMCO staff and must be accompanied by the required fees and all documents required, or the application will be returned without being processed, per AS 04.11.270, 3 AAC 304.105
- Receipt and/or processing of renewal payments by AMCO staff neither indicates nor guarantees in any way that an application will be deemed complete, renewed, or that it will be scheduled for the next ABC Board meeting.

## Establishment Contact Information

Licensee (Owner):	TUTTI PAZZI INC	License #:	3263
License Type:	BEVERAGE DISPENSARY		
Doing Business As:	CHAIR 5 RESTAURANT		
Premises Address:	171 UNDBLAD AVE		
Local Governing Body:	MUNICIPALITY OF ANCHORAGE		
Community Council:	GURDWOOD		

If your mailing address has changed, write the NEW address below:

Mailing Address:	PO BOX 1309				
City:	GURDWOOD	State:	AK	ZIP:	99587

## Section 1 - Licensee Contact Information

**Contact Licensee:** The individual listed below must be listed in Section 2 or 3 as an Official/Owner/Shareholder of your entity and must be listed on CBPL with the same name and title.

This person will be the designated point of contact regarding this license, unless the Optional contact is completed.

Contact Licensee:	MICHAEL E FARLEY	Contact Phone:	907-227-7729
Contact Email:	INFO @ CHAIRFIVE . COM		

**Optional:** If you wish for AMCO staff to communicate with anyone other than the Contact Licensee about your license, list them below:

Name of Contact:	CATY TAYLOR	Contact Phone:	907-382-1512
Contact Email:	5. CHAIR5 OFFICE @ GMAIL . COM		

Name of Contact:		Contact Phone:	
Contact Email:			

Name of Contact:		Contact Phone:	
Contact Email:			



# Form AB-17: 2022/2023 License Renewal Application

## Section 2 – Entity or Community Ownership Information

**Sole Proprietors should skip this Section.**

Use the link from Corporations, Business and Professional Licensing (CBPL) below to assist you in finding the Entity #.

<https://www.commerce.alaska.gov/cbp/main/search/entities>

Alaska CBPL Entity #:	69600D
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**READ BEFORE PROCEEDING:** Any new or changes to Shareholders (10% or more), Managers, Corporate Officers, Board of Directors, Partners, Controlling Interest or Ownership of the business license must be reported to the ABC Board within 10 days of the change and must be accompanied by a full set of fingerprints on FBI-approved card stock, AB-08a's, payment of \$48.25 for each new officer with a date-stamped copy of the CBPL change per AS 04.11.045, 50 & 55, or a Notice of Violation will be issued to your establishment and your application will be returned.

The only exception to this is a Corporation who can meet the requirements set forth in AS 04.11.050(c).

### DO NOT LIST OFFICERS OR TITLES THAT ARE NOT REQUIRED FOR YOUR ENTITY TYPE.

- Corporations of **any** type including non-profit must list ONLY the following:
  - All shareholders who own 10% or more stock in the corporation
  - Each President, Vice-President, Secretary, and Managing Officer regardless of percentage owned
- Limited Liability Corporations, of **any** type must list ONLY the following:
  - All Members with an ownership interest of 10% or more
  - All Managers (of the LLC, not the DBA) regardless of percentage owned
- Partnerships of **any** type, including Limited Partnerships must list ONLY the following:
  - Each Partner with an interest of 10% or more
  - All General Partners regardless of percentage owned

**Important Note:** All entries below must match our records, or your application will be returned per AS 04.11.270, 3 AAC 304.105. You must list full legal names, all required titles, phone number, percentage of shares owned (if applicable) and a full mailing address for each official of your entity whose information we require. **If more space is needed: attach additional completed copies of this page. Additional information not on this page will be rejected.**

Name of Official:	MICHAEL E FARLEY			
Title(s):	PRESIDENT	Phone:	(907)227-7729	% Owned: 50
Mailing Address:	PO BOX 1309			
City:	GURDWOOD	State:	AK	ZIP: 99587

Name of Official:	SUZANNE FARLEY			
Title(s):	SECRETARY / VP	Phone:	(907)227-7729	% Owned: 50
Mailing Address:	PO BOX 1309			
City:	GURDWOOD	State:	AK	ZIP: 99587

Name of Official:				
Title(s):		Phone:		% Owned:
Mailing Address:				
City:		State:		ZIP:



# Form AB-17: 2022/2023 License Renewal Application

## Section 3 – Sole Proprietor Ownership Information

**Corporations, LLC's and Partnerships of ALL kinds should skip this section.**

**READ BEFORE PROCEEDING:** Any new or changes to the ownership of the business license must be reported to the ABC Board within 10 days of the change and must be accompanied by a full set of fingerprints on FBI approved cardstock, AB-08a's, payment of \$48.25 for each new owner or officer and a date stamped copy of the CBPL change per AS 04.11.045, or a Notice of Violation will be issued to your establishment and your application will be returned.

**Important Note:** All entries below must match our records, or your application will be returned per AS 04.11.270, 3 AAC 304.105. You must list full legal names, phone number, and mailing address for each owner or partner whose information we require.

**If more space is needed, attach additional copies of this page. Additional owners not listed on this page will be rejected.**

This individual is an:  Applicant  Affiliate

Name:				Contact Phone:	
Mailing Address:					
City:		State:		ZIP:	
Email:					

This individual is an:  Applicant  Affiliate

Name:				Contact Phone:	
Mailing Address:					
City:		State:		ZIP:	
Email:					

## Section 4 – License Operation

**Check ONE BOX for EACH CALENDAR YEAR** that best describes how this liquor license was operated:

- |  |                                     |                                     |
|--|-------------------------------------|-------------------------------------|
|  | 2020                                | 2021                                |
| 1. The license was <b>regularly operated continuously</b> throughout each year. (Year-round)   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. The license was <b>only operated during a specific season</b> each year. (Seasonal)<br><i>If your operation dates have changed, list them below:</i><br>_____ to _____  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 3. The license was only operated to meet the minimum requirement of 240 total hours each calendar year.<br><i>A complete AB-30: Proof of Minimum Operation Checklist, and all documentation must be provided with this form.</i>   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 4. The license was not operated at all or was not operated for at least the minimum requirement of 240 total hours each year, during one or both calendaryears. <i>A complete 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.</i> | <input type="checkbox"/>            | <input type="checkbox"/>            |

**If you have not met the minimum number of hours of operation in 2020 and/or 2021, you are not required to pay the fees, however a complete AB-29 is required with Section 2 marked "OTHER" and COVID is listed as the reason.**

## Section 5 – Violations and Convictions

Have **ANY** Notices of Violation been issued for this license **OR** has **ANY** person or entity in this application been convicted of a violation of Title 04, 3AAC 304 or a local ordinance adopted under AS 04.21.010 in 2020 or 2021?

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

**If you checked YES, you MUST attach a list of all Notices of Violation and/or Convictions per AS 04.11.270(a)(2)**

**If you are unsure if you have received any Notices of Violation, contact the office before submitting this form.**



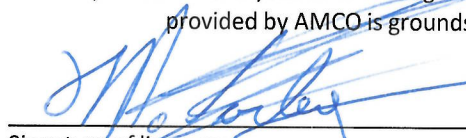

# Form AB-17: 2022/2023 License Renewal Application

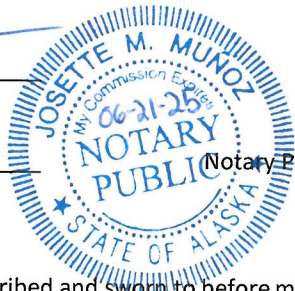
## Section 6 – Certifications

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, 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 potentially expired if I do not comply with statutory or regulatory requirements.
- I certify that all current licensees (as defined in AS 04.11.260) and affiliates have been listed on this application, and that in accordance with AS 04.11.450, no one other than the licensee(s) 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 accurately listed, and I have provided AMCO with all required changes of Shareholders (10% or more), Managers, Corporate Officers/Board of Directors, Partners, Controlling Interest or Ownership of the business license, and have provided all required documents for any new or changes in 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 304.465.
- 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 from what is currently approved and 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.

  
 Signature of licensee  
  
 Printed name of licensee



  
 Signature of Notary Public

Notary Public in and for the State of: Alaska

My commission expires: June 21, 2025

Subscribed and sworn to before me this 30th day of November, 2021.

- Restaurant/Eating Place** applications must include a completed AB-33: Restaurant Receipts Affidavit
- Recreational Site** applications must include a completed Recreational Site Statement
- Tourism** applications must include a completed Tourism Statement
- Wholesale** applications must include a completed AB-25: Supplier Certification
- Common Carrier** applications must include a current safety inspection certificate

All renewal and supplemental forms are available online

Any application that is not complete or does not include ALL required completed forms and fees will not be processed and will be returned per AS 04.11.270, 3 AAC 304.105.

### FOR OFFICE USE ONLY

License Fee:	\$ 2500.00	Application Fee:	\$ 300.00	Misc. Fee:	\$
Total Fees Due:					\$ 2800.00



Details

# ENTITY DETAILS

## Name(s)

Type	Name
Legal Name	TUTTI PAZZI, INC.

**Entity Type:** Business Corporation

**Entity #:** 69600D

**Status:** Good Standing

**AK Formed Date:** 4/25/2000

**Duration/Expiration:** Perpetual

**Home State:** ALASKA

**Next Biennial Report Due:** 1/2/2022 [File Biennial Report](#)

**Entity Mailing Address:** P.O. BOX 1309, GIRDWOOD, AK 99587

**Entity Physical Address:** 181 LINDBLAD AVE, GIRDWOOD, AK 99587

## Registered Agent

**Agent Name:** Michael Farley

**Registered Mailing Address:** P.O. BOX 1309, GIRDWOOD, AK 99587

**Registered Physical Address:** 181 LINDBLAD AVE, GIRDWOOD, AK 99587

## Officials

Show Former

AK Entity #	Name	Titles	Owned
	Michael Farley	President, Director, Shareholder	50.00
	Suzanne Farley	Secretary, Treasurer, Vice President, Shareholder	50.00

## Filed Documents

Date Filed	Type	Filing	Certificate
4/25/2000	Creation Filing		
5/12/2000	Biennial Report		
12/24/2001	Biennial Report	<a href="#">Click to View</a>	
1/12/2004	Biennial Report	<a href="#">Click to View</a>	
11/12/2005	Biennial Report	<a href="#">Click to View</a>	
2/04/2010	Biennial Report	<a href="#">Click to View</a>	
2/04/2010	Biennial Report	<a href="#">Click to View</a>	
12/13/2011	Biennial Report	<a href="#">Click to View</a>	
12/16/2011	Agent Change	<a href="#">Click to View</a>	

**Date Filed**

**Type**

**Filing**

**Certificate**

4/22/2014

Biennial Report

[Click to View](#)

4/05/2016

Biennial Report

[Click to View](#)

12/04/2017

Biennial Report

[Click to View](#)

10/10/2019

Biennial Report

[Click to View](#)

**Close Details**

**Print Friendly Version**

License Detail

# LICENSE DETAILS

**License #:** 276398[Print Business License](#)**Business Name:** TUTTI PAZZI, INC**Status:** Active**Issue Date:** 05/31/2000**Expiration Date:** 12/31/2023**Mailing Address:** PO BOX 1309  
GIRDWOOD, AK 99587-1309**Physical Address:** 171 LINDBLAD AVENUE  
GIRDWOOD, AK 99587-1309

## Owners

TUTTI PAZZI, INC.

## Activities

Line of Business	NAICS	Professional License #
72 - Accommodation and Food Services	722110 - FULL-SERVICE RESTAURANTS	

## Endorsements

No Endorsements Found

## License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

[Close License Detail](#)[Print Friendly Version](#)