



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):	Midnight Ninja Ventures Incorporated	License #:	5279
License Type:	Restaurant eating place		
Doing Business As:	The Taqueria (closed)		
Premises Address:	245 Marine Way Juneau, AK 99801		
Local Governing Body:	Juneau		
Community Council:			

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

Mailing Address:	111 Seward St				
City:	Juneau	State:	AK	ZIP:	99801

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:	Travis Smith	Contact Phone:	907.209.9474
Contact Email:	therookerycafe@gmail.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:		Contact Phone:	
Contact Email:			

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 #:	130757
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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:	See attached				
Title(s):		Phone:		% Owned:	
Mailing Address:					
City:		State:		ZIP:	

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

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

for alcohol renewals 2022
Corporation Members

President / Treasurer
Owner - 40.01%
Travis Smith
907.209.9474
822 Basin Road
Juneau, AK 99801
diver.travis@gmail.com

Owner - 29.99%
Jason Shima
541.915.0507
2052 SE Hawthorne Blvd
APT #304
Portland, OR 97214
jasonshima@gmail.com

Secretary
Owner - 20%
Beau Schooler
907.209.2454
1620 2nd Street
Douglas, AK 99824
beauschooler@gmail.com

Vice President
Owner - 10%
Luke Metcalf
907.321.3721
118 N Franklin Street
Juneau, AK 99801



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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

Form for individual information: Name, Contact Phone, Mailing Address, City, State, ZIP, Email

This individual is an: [] Applicant [] Affiliate

Form for individual information: 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:

- 1. The license was regularly operated continuously throughout each year. (Year-round)
2. The license was only operated during a specific season each year. (Seasonal)
3. The license was only operated to meet the minimum requirement of 240 total hours each calendar year.
4. The license was not operated at all or was not operated for at least the minimum requirement of 240 total hours each year...

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?

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.



Alaska Alcoholic Beverage Control Board

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.

Travis Dale Smith

Signature of licensee

See attached Notarial Certificate

Signature of Notary Public

Travis Smith

Printed name of licensee

Notary Public in and for the State of: _____.

My commission expires: _____

Subscribed and sworn to before me this ____ day of _____, 20____.

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

Table with 3 columns: License Fee, Application Fee, Misc. Fee. License Fee: \$, Application Fee: \$ 300.00, Misc. Fee: \$. Total Fees Due: \$



Alcohol and Marijuana Control Office
 550 W 7th Avenue, Suite 1600
 Anchorage, AK 99501
alcohol.licensing@alaska.gov
<https://www.commerce.alaska.gov/web/amco>
 Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Form AB-33: 2022/2023 Restaurant Receipts Affidavit

What is this form?

A restaurant or eating place licensee must file a complete copy of this form along with its 2022/2023 license renewal application, in order to provide evidence to the Alcoholic Beverage Control Board that this licensed restaurant's receipts from the sale of food upon the licensed premises constitute no less than 50% of the gross receipts (food + alcohol sales) of the licensed premises for each calendar year in 2020 and 2021, as required by AS 04.11.100(e). This form is confidential.

This form must be completed and submitted with Form AB-17 to AMCO's main office before a license renewal application may be reviewed.

Section 1 – Establishment Information

This form is being submitted for the following license:

Licensee:	Midnight Ninja Ventures Incorporated	License #:	5279
License Type:	Restaurant eating place		
Doing Business As:	The Taqueria (closed)		
Premises Address:	245 Marine Way Juneau, AK 99801		
Local Governing Body:	Juneau		

Section 2 – Gross Receipts for 2020 and 2021

Please fill out the following information carefully, contact AMCO staff if you have questions regarding this form. Enter the dollar amounts of the food and gross (food + alcohol) receipts on the licensed premises, and calculate the percentage of gross revenue that is from food sales on the licensed premises for each calendar year. (Food Revenue ÷ Gross Revenue x 100 = %)

\$ 0	÷	\$ 0	X 100 =	0	%
2020 Food Sales		2020 Food + Alcohol Sales		2020 Percent from Food	

\$ 0	÷	\$ 0	X 100 =	0	%
2021 Food Sales		2021 Food + Alcohol Sales		2021 Percent from Food	

I declare under penalty of perjury that this form, including all accompanying schedules and statements, is true, correct, and complete.

Travis Dale Smith

Signature of licensee

Travis Smith
 Printed name of licensee

See attached Notarial Certificate

Signature of Notary Public

My commission expires: _____

Subscribed and sworn to before me this _____ day of _____, 20_____.

ENTITY DETAILS

Name(s)

Type	Name
Legal Name	Midnight Ninja Ventures Incorporated

Entity Type: Business Corporation

Entity #: 130757

Status: Non-Compliant

AK Formed Date: 9/23/2010

Duration/Expiration: Perpetual

Home State: ALASKA

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

Entity Mailing Address: 111 SEWARD ST, JUNEAU, AK 99801

Entity Physical Address: 111 SEWARD ST, JUNEAU, AK 99801

Registered Agent

Agent Name: C T Corporation System

Registered Mailing Address: 9360 GLACIER HWY STE 202, JUNEAU, AK 99801

Registered Physical Address: 9360 GLACIER HWY STE 202, JUNEAU, AK 99801

Officials

Show Former

AK Entity #	Name	Titles	Owned
	Beau Schooler	Director, Secretary, Shareholder	20.00
	Jason Shima	Shareholder	29.99
	Luke Metcalfe	Director, Shareholder, Vice President	10.00
	Travis Smith	Director, President, Shareholder, Treasurer	40.01

Filed Documents

Date Filed	Type	Filing	Certificate
9/23/2010	Creation Filing	Click to View	
11/10/2010	Initial Report	Click to View	
12/08/2010	Restated (NO AMENDMENT)	Click to View	Click to View
4/18/2012	Biennial Report	Click to View	
7/22/2013	Change of Officials	Click to View	
12/19/2013	Biennial Report	Click to View	
2/22/2016	Biennial Report	Click to View	

Date Filed	Type	Filing	Certificate
12/19/2017	Biennial Report	Click to View	
2/08/2019	Change of Officials	Click to View	
12/19/2019	Agent Resignation	Click to View	
8/04/2020	Biennial Report	Click to View	
8/20/2020	Agent Change	Click to View	

[Close Details](#)

[Print Friendly Version](#)



Alaska Alcoholic Beverage Control Board

Form AB-29: Waiver of Operation Application

What is this form?

This form is the means by which a licensee may request that the Alcoholic Beverage Control (ABC) Board waive the operating requirement of AS 04.11.330(a)(3) or (d). If a recreational site license has not been operated at least once in a calendar year, or if a license of any other type has not been operated for at least 240 hours in a calendar year, then a complete copy of this form and the corresponding fees must be submitted for that calendar year, per 3 AAC 304.170.

This application must be accompanied by a non-refundable waiver application fee of:

- for a 1st request, an amount equal to ½ the applicable biennial license fee; or
- for a 2nd or subsequent request, double the amount of the fee paid for the previous waiver application.

The ABC Board will determine whether, through no fault of the licensee or because the premises are under construction, the licensed premises could not be operated for the required time during the calendar year. The ABC Board may impose conditions along with the approval of an application for waiver, and it may deny a third or subsequent application for waiver. If an application for waiver is denied, an application for license renewal for the succeeding license period will be denied by the Board. In addition to the waiver application fee, the applicant must pay a late fee of \$1,000 for an application that is received too late for Board consideration at its last meeting of the calendar year for which the waiver is requested. Please check AMCO's website for meeting agenda deadlines.

Please note that a licensee must submit a separate completed copy of this form and pay a separate corresponding fee for each license and for each calendar year during which a license was not operated in compliance with AS 04.11.330.

Section 1 – Establishment Information

Enter information for the license that has not been operated for the time required under AS 04.11.330.

Licensee:	Midnight Ninja Ventures Incorporated	License Number:	5279			
License Type:	Restaurant eating place					
DBA:	The Taqueria (closed)					
Premises Address:	245 Marine Way Juneau, AK 99801					
City:	Juneau	State:	Alaska	ZIP:	99801	
Local Governing Body:	CBJ					

Section 2 – Request Number and Calendar Year

1st Request
 2nd Request
 3rd Request
 Other _____

Request for Calendar Year 2022



Alcohol and Marijuana Control Office
 550 W 7th Avenue, Suite 1600
 Anchorage, AK 99501
alcohol.licensing@alaska.gov
<https://www.commerce.alaska.gov/web/amco>
 Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Form AB-29: Waiver of Operation Application

Section 3 – Reason for Non-operation

Provide an explanation as to why the licensed premises were not operated:

This restaurant closed in 2019. We had plans to open a new establishment by 2021 but Covid has made that very difficult.

Section 4 – Certifications

The following must be completed for establishments located within the boundaries of a local governing body:

Read the line below, and then sign your initials in the box to the right of the statement:

Initials

I certify that I will provide a true copy of this application to the local governing body listed on Page 1 of this form prior to ABC Board consideration of this application.

TS

As a liquor licensee, I declare under penalty of perjury that this form, including all attachments, is true, correct, and complete.

Travis Dale Smith

Signature of licensee

See attached Notarial Certificate

Notary Public in and for the State of Alaska.

Travis Smith

Printed name of licensee

My commission expires: _____

Subscribed and sworn to before me this ____ day of _____, 20__.

Office Use Only

Waiver Application Fee:		Late Fee:		Transaction #:	
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