



THE STATE
of **ALASKA**

GOVERNOR BILL WALKER

Department of Commerce, Community,
and Economic Development

ALCOHOLIC BEVERAGE CONTROL BOARD
550 W. 7th Avenue, Ste 1600
Anchorage, Alaska 99501
Main: 907.269.0350

MEMORANDUM

TO: Robert Klein, Chair and
Members of the Board

DATE: July 15, 2016,

FROM: Sarah D. Oates
Program Coordinator

RE: Hyatt House Anchorage #5507

This is a new application for a Beverage Dispensary – Tourism license.

AS 04.11.400(d)(1)(G) requires 50 rental rooms if the population is greater than 50,000.

This license is located in the Municipality of Anchorage.

The applicant offers 144 rooms and a full-service restaurant.

New Liquor License

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

SECTION A - LICENSE INFORMATION			FEES
Office Use: License Year: <u>2016-2017</u> Office Use: License #: <u>5507</u>	License Type: Beverage Dispensary – Tourism	Statute Reference Sec. 04.11.400(d)	14027 License Fee: \$2,500.00 Filing Fee: \$100.00 Rest. Desig. Permit Fee: \$ 50.00 Fingerprint: \$99.50 <i>(\$49.75 per person)</i> TOTAL \$2,749.50
Local Governing Body: (City, Borough or Unorganized) Municipality of Anchorage	Community Council Name(s) & Mailing Address: Midtown Community Council 1057 West Fireweed Lane, Suite 100 Anchorage, Alaska 99503		Business Telephone Number: (425) 771-1788 Fax Number: (425) 672-8280
Name of Applicant (Corp/LLC/LP/LLP/Individual/Partnership): MT Four, LLC	Doing Business As (Business Name): Hyatt House Anchorage		
Mailing Address: 201 5th Ave S Suite 200 Edmonds, WA 98020	Street Address or Location of Premises: 5141 Business Park Blvd Anchorage, AK 99503	Email Address: rmeyer@thehotelgroup.com	
City, State, Zip: Edmonds, WA 98020			
SECTION B - PREMISES TO BE LICENSED			
Distance to closest school grounds: 1.6 mi – Anchorage Montessori	Distance measured under: <input type="checkbox"/> AS 04.11.410 OR <input checked="" 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 type="checkbox"/> Premises is LESS than 50 miles from the boundaries of an incorporated city, borough, or unified municipality. <input checked="" type="checkbox"/> Not applicable	
Distance to closest church: .9 mi – Iglesia Pentecostal	Distance measured under: <input type="checkbox"/> AS 04.11.410 OR <input checked="" type="checkbox"/> Local ordinance No. _____	<input checked="" type="checkbox"/> Plans submitted to Fire Marshall (required for new & proposed buildings) <input checked="" type="checkbox"/> Diagram of premises attached	
Premises to be licensed is: <input type="checkbox"/> Proposed building <input type="checkbox"/> Existing facility <input checked="" type="checkbox"/> New building			



New Liquor License

SECTION C – 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
	SEE ATTACHED			

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 D – 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): MT Four, LLC		Telephone Number: (425) 771-1788	Fax Number: (425) 672-8280
Corporate Mailing Address: 201 5 th Ave S., Suite 200	City: Edmonds	State: WA	Zip Code: 98020
Name, Mailing Address and Telephone Number of Registered Agent: Bill Lawson 2510 N. Pines Rd., Ste. 202 Spokane Valley, WA 99206		Date of Incorporation OR Certification with DCED: 9/16/15	State of Incorporation: WA

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
William J. Lawson	Member	74	2510 N. Pines Rd., Ste. 202 Spokane Valley, WA 99206	(509) 624-1170	10/13/51
Chris R. Ashenbrenner	Member	20	P.O. Box 2846 Spokane, WA 99220	(509) 624-1170	5/14/48



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

New Liquor License

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

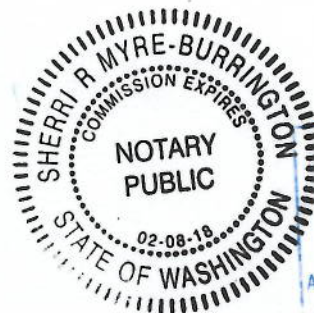
Individual Licensees/Affiliates (The ABC Board defines an "Affiliate" as the spouse or significant other of a licensee. Each Affiliate must be listed.)

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

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 Licensee(s) Signature <i>William J. Lawson</i>	Signature of Licensee(s) Signature <i>Christopher Ashcabraena</i>
Signature <i>William J Lawson, Member</i>	Signature <i>Christopher Ashcabraena, Member</i>
Name & Title (Please Print) <i>Sherril Myre Bayl</i>	Name & Title (Please Print) <i>Sherril Myre Bayl</i>
Subscribed and sworn to before me this <i>8</i> day of <i>June</i> , <i>2016</i>	Subscribed and sworn to before me this <i>8</i> day of <i>June</i> , <i>2016</i>
Notary Public in and for the State of <i>WA</i> <i>2/8/18</i>	Notary Public in and for the State of <i>WA</i> <i>2/8/18</i>
My commission expires:	My commission expires:



SECTION C – 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
River Run Hospitality, LLC	Courtyard by Marriott Richland	Grocery Store Beer/Wine	480 Columbia Point Drive Richland, WA 99352	WA
Kennewick Hospitality, LLC	Hilton Garden Inn Kennewick	Spirits/Beer/Wine Restaurant	701 N Young St Kennewick, WA 99336	WA
Corvallis Hospitality, LLC	Hilton Garden Inn Corvallis	Full On/Off Premises Sales	2500 SW Western Blvd Corvallis, OR 97333	OR
Gateway Hospitality, LLC	Hilton Garden Inn Springfield	Full On/Off Premises Sales	3528 Gateway St Springfield, OR 97477	OR
Plaza Hospitality, LLC	Plaza Inn & Suites Ashland	Off-Premises Sales	98 Central Ave Ashland, OR 97520	OR
Anchorage Hospitality, LLC	Crowne Plaza Midtown Anchorage	Beverage Dispensary Tourism	109 W. International Airport Rd Anchorage, AK 99518	AK

*The above schedule are Entities that Bill Lawson and Chris Ashenbrenner own majority of.



July 1, 2016

State of Alaska – Alcoholic Beverage Control Board
550 West 7th Ave. Suite 1600
Anchorage, AK 99501

RE: Hyatt House Anchorage – Mt Four, LLC
Tourism Compliance Letter – Beverage Dispensary Tourism Application

ABC Board:

Please find below the Tourism Compliance letter required for the Beverage Dispensary Tourism application.

- 1) The Hyatt House Anchorage serves the travelers to the city, providing overnight accommodation and meal services for those coming to Alaska on business and pleasure. As an airport hotel, many of the summer seasonal guests are embarking or disembarking on a cruise ship and require overnight stays that meet their travel needs. The hotel also services in-state visitors to Anchorage for medical, business travel and personal travel for shopping or entertainment. The Hotel Group (Manager/Operator of the subject hotel) promotes travel to Anchorage via advertising, both written and web-based, and the sales team travels to the lower 48 to attend travel and tourism trade shows that promote visitors to Alaska.
- 2) Yes – the hotel offers room rentals – 144 rooms.
- 3) Yes – the hotel offers food services providing breakfast, lunch and dinner by buffet, room service, and table service through the H Bar restaurant.
- 4) Yes – 80 of the hotel rooms have kitchenettes.
- 5) No additional amenities available.



**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: 5507 Type: Beverage Dispensary Tourism

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. *(Sec note below)

Licensee's Name: Mt Four, LLC

Name of Business: Hyatt House Anchorage

Business Address: 5141 Business Park Blvd City: Anchorage

1. Hours of operation 5:00pm to 10:00pm. Telephone Number: 907-992-2200

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

3. * Duties of employment: Busing/Cleaning

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 Buffet Service Counter Service Other Room Service

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 [Signature]

Local Governing Body Approval _____

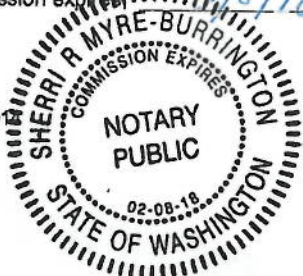
Subscribed and sworn to before me this 24th day of June

Date 6/24/16

[Signature]
Notary Public In and for Alaska Washington

My Commission expires 08/18

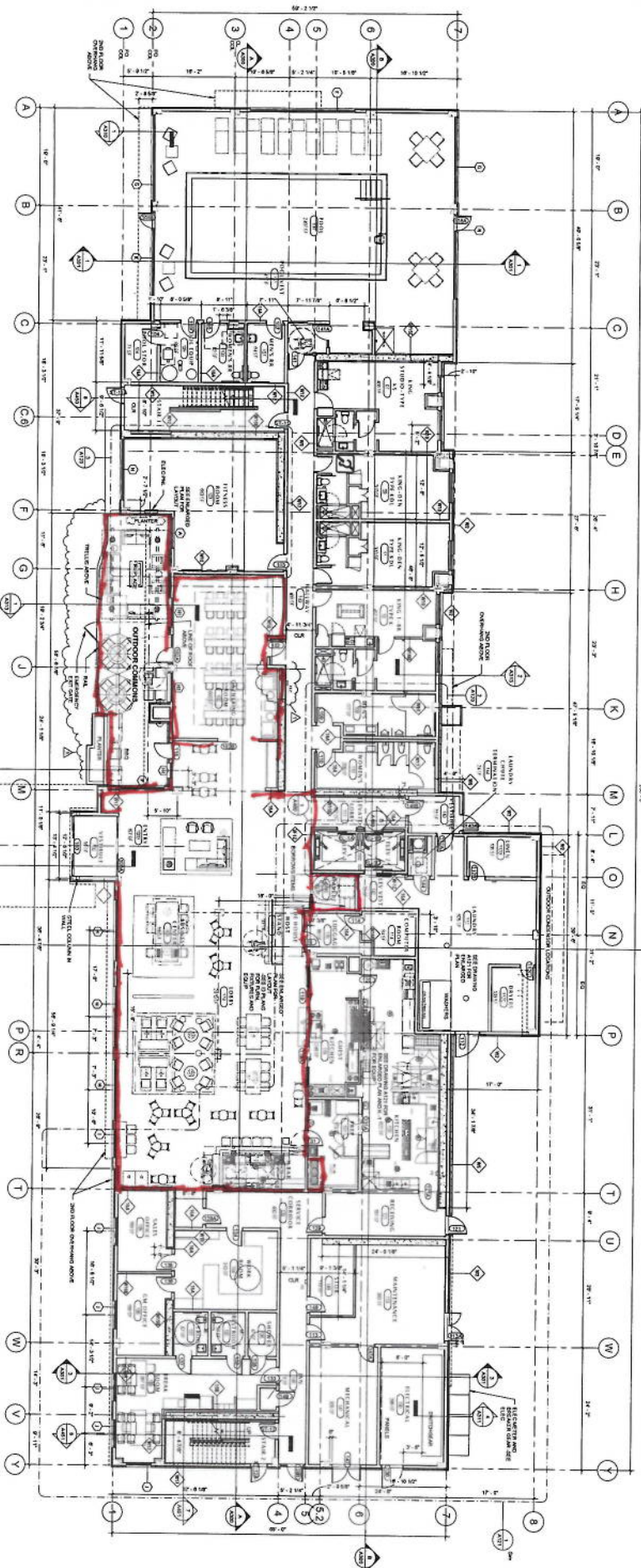
Director, ABC Board _____



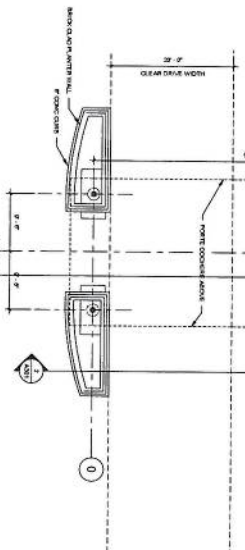
Date _____



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 ALCOHOL MARIJUANA CONTROL OFFICE
 STATE OF ALASKA



1 FLOOR PLAN - LEVEL 1



- GENERAL NOTES**
1. REFER TO ALL SCHEDULES FOR MATERIALS, FINISHES AND CONSTRUCTION DETAILS.
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 19. REFER TO ALL SCHEDULES FOR MATERIALS, FINISHES AND CONSTRUCTION DETAILS.
 20. REFER TO ALL SCHEDULES FOR MATERIALS, FINISHES AND CONSTRUCTION DETAILS.

<p>HYATT HOUSE ANCHORAGE 5141 BUSINESS PARK BLVD, ANCHORAGE</p>	<p>Not For Construction</p>	<p>Jensen/ey ARCHITECTURE AND ENGINEERING</p>	<p>NO. 100</p>	<p>NO. 100</p>	<p>NO. 100</p>
			<p>NO. 100</p>	<p>NO. 100</p>	<p>NO. 100</p>
<p>A101</p>	<p>LEVEL 1 FLOOR PLAN</p>		<p>NO. 100</p>	<p>NO. 100</p>	<p>NO. 100</p>



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ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA



H BAR Sip + Savor

A delicious menu of home-cooked comforts.



Served in our H BAR open 5 - 10 PM daily.

Hh Sandwiches

Grab these sizable sandwiches with both hands.

Hh Bacon Cheddar Burger 732 CAL

Juicy burger with Black Pepper Bacon, Cheddar Cheese, Lettuce, Diced Tomatoes + Caramelized Red Onions on a Toasted Ciabatta Roll

Hh Club 649 CAL

Roasted Turkey Breast with Black Pepper Bacon, Lettuce, Diced Tomatoes + Garlic Aioli on your choice of Toasted Multigrain or Sourdough Bread

Sicilian Wrap 652 CAL

Roasted Turkey Breast, Smoked Ham + Pepperoni, with a Seasoned Diced Tomatoes Blend, Provolone Cheese + Basil Pesto wrapped in a Flour Tortilla (Served hot upon request)

Turkey + Brie 686 CAL

Roasted Turkey Breast, Brie + Raspberry Vinaigrette on a Ciabatta Roll (Served hot upon request)

Gourmet Grilled Cheese

Enjoy our hot + toasty grilled cheese sandwiches. They're just like mom used to make, but with a *HYATT house* twist.

Grilled Chicken Cheddar + Bacon 614 CAL

Sliced Grilled Chicken Breast, Black Pepper Bacon + Cheddar Cheese on Italian Artisan Bread

Italian Grilled Cheese 569 CAL

Pepperoni, Roasted Turkey Breast, Smoked Ham, Fire Roasted Peppers, Diced Tomatoes, Provolone Cheese + Oregano, served on Italian Artisan Bread

Veggie + Pesto Grilled Cheese 552 CAL

Artichokes, Fresh Spinach, Fresh Mushrooms, Diced Tomatoes, Basil Pesto, Mozzarella + Provolone Cheese served on Italian Artisan Bread

Every sandwich comes with your choice of potato chips or a fresh fruit medley, plus a pickle. Substitute any side with a bowl of soup.

Flatbreads + Pizzas

Bite into cheesy goodness with these tasty slices.

Four Cheese 8"

Thick Crust Pizza 840 CAL

Provolone, Mozzarella, Cheddar + Parmesan Cheese with Marinara Sauce (Add Pepperoni for an additional 69 CAL)

Margarita Flatbread 424 CAL

Diced Tomatoes + Mozzarella Cheese with Basil Pesto

Spinach + Artichoke

Flatbread 493 CAL

Spinach, Artichokes, Mushrooms + Mozzarella Cheese with Basil Pesto (Add Grilled Chicken Breast for an additional 70 CAL)

Freshly made salads, sandwiches + other delicious bites can be purchased in our Guest Market. Enjoy them here at the H BAR or in the cozy comfort of your Kitchen Suite.

