

Department of Commerce, Community, and Economic Development

ALCOHOL AND MARIJUANA CONTROL OFFICE

550 West 7th Ave, Suite 1600 Anchorage, AK 99501 Main: 907.269.0350

MEMORANDUM

TO: Robert Klein, Chair and

Members of the Board

FROM: Sarah D. Oates

Program Coordinator

DATE: April 10, 2017

RE: #5532 Mat-Su Resort

This is an application for a new Beverage Dispensary – Tourism Duplicate license in the Matanuska-Susitna Borough.

The Matanuska-Susitna Borough has a certified gross population of 98,063.

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

The applicant offers 12 rooms and 3 cabins, along with a restaurant and bistro.



ALCOHOL MARIJUANA CONTROL OFFICE STATE OF ALASKA

alcohol.licensing@alaska.gov

https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Form AB-00: New License Application

What is this form?

This new license application form is required for all individuals or entities seeking to apply for a new liquor license. Applicants should review **Title 04** of **Alaska Statutes** and **Chapter 304** of the **Alaska Administrative Code**. All fields of this form must be completed, per AS 04.11.260 and 3 AAC 304.105.

This form must be completed and submitted to AMCO's main office, along with all other required forms and documents, before any license application will be considered complete.

Section 1 – Establishment and Contact Information

| Licensee: | Mat-Su Resort, | LLC | | | | |
|-----------------------|----------------|-------------------|------------------|--|--|------------|
| License Type: | Beverage Dispe | nsary Dup. T | ourism | Statutory R | leference: | 04.11.400D |
| Doing Business As: | Mat-Su Resort | | | | | |
| Premises Address: | 1850 Bogard Ro | ad | | | | |
| City: | Wasilla | | State: | AK | ZIP: | 99654 |
| Local Governing Body: | Mat-Su Borough | | | ************************************* | | |
| Community Council: | | | | | | |
| Mailing Address: | 2501 Blueberry | Road | | | | |
| City: | Anchorage | | State: AK ZIP: S | | 99503 | |
| Designated Licensee: | Gerald Neeser | | | <i>y</i> | | |
| Contact Phone: | 907-229-1348 | | Business | Phone: | The second secon | |
| Contact Email: | Denise@neeser | inc.com | | | L | |
| easonal License? Yes | No If "Yes" | ', write your six | | perating period | d: | |
| | | OFFICE US | E ONLY | | | |
| Complete Date: | | License Years: | | | License #: | 5532 |
| Board Meeting Date: | | | Trans | saction II: | 146 | 26 |
| | | | | | | GEIVED |



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Alaska Alcoholic Beverage Control Board

Form AB-00: New License Application

| | S | ection 2 – Pre | mises In | formation | | |
|---|---|--|---------------------------------|---|------------|----------------|
| Premises to be licensed is: | | | | | | |
| an existing facility | a | new building | a propos | sed building | | |
| The next two questions mu | st be complete | ed by <u>beverage dispens</u> | ary (including | tourism) and package sto | ore applic | ants only: |
| What is the distance of the outer boundaries of | the shortest pe | destrian route from th | e public entra | ance of the building of you easurement in your answe | r propos | ed premises to |
| 0.4 Miles | Wie rich cos co. | noor grounds makes | are unit of m | easurement in your answe | er. | |
| the public entrance of the O.9 Miles | the shortest pe ne nearest chur | destrian route from the | e public entra e unit of mea | nnce of the building of you surement in your answer | ir propose | ed premises to |
| This section must be comple f more space is needed, ple The following information m | eted by any <u>sol</u> ease attach a se | e proprietor who is app parate sheet with the i | lying for a lic | mation. | | n 4. |
| This individual is an: | applicant | affiliate | | | | |
| Name: | | | | | | |
| Address: | | | | | | |
| City: | | | State: | | ZIP: | |
| nis individual is an: applicant affiliate | | | | | | |
| Name: | | | | | | |
| Address: | | | - | | | |
| City: | | | State: | | ZIP: | |

[Form AB-00] (rev 06/30/2016)



STATE OF ALASEA

Alcohol and Marijuana Control Office 550 W 7th Avenue, Suite 1600 Anchorage, AK 99501

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Alaska Alcoholic Beverage Control Board

Form AB-00: New License Application

Section 4 - Entity Ownership Information

This section must be completed by any <u>entity</u>, including a corporation, limited liability company (LLC), partnership, or limited partnership, that is applying for a license. Sole proprietors should skip to Section 5.

If more space is needed, please attach a separate sheet with the required information.

- If the applicant is a <u>corporation</u>, the following information must be completed for each <u>stockholder who owns 10% or more</u> of the stock in the corporation, and for each <u>president</u>, <u>vice-president</u>, <u>secretary</u>, and <u>managing officer</u>.
- If the applicant is a <u>limited liability organization</u>, the following information must be completed for each member with an ownership interest of 10% or more, and for each manager.

If the applicant is a <u>partnership</u>, including a <u>limited partnership</u>, the following information must be completed for each *partner* with an interest of 10% or more, and for each *general partner*.

| Entity Official: | Gerald Neeser | | | | | |
|------------------|----------------------|-----------|----------|-------------|------------|-----|
| Title(s): | Manager | Phone: | 229-1348 | % Owned: | | 0 |
| Address: | 340 Oceanview Drive | | | | | |
| City: | Anchorage | State: | AK | ZIP: 99515 | | |
| Entity Official: | Gerald Neeser Revoca | ble Trust | | | | |
| Title(s): | Member | Phone: | 337-7847 | % Owned: 10 | | 100 |
| Address: | 340 Oceanview Drive | | L | | | |
| City: | Anchorage | State: | AK | ZIP: | ZIP: 99515 | |
| Entity Official: | | | | | | |
| Title(s): | | Phone: | | % Owr | ned: | |
| Address: | | | 1 | | | |
| City: | | State: | | ZIP: | | |
| Entite Official. | T | | | | | |
| Entity Official: | | | | | | |
| Title(s): | | Phone: | | % Own | ed: | |
| Address: | | | • | | | |
| City: | | State: | | ZIP: | | |





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Alaska Alcoholic Beverage Control Board

Form AB-00: New License Application

This subsection must be completed by any applicant that is a corporation or LLC. Corporations and LLCs are required to be in good standing with the Alaska Division of Corporations (DOC) and have a registered agent who is an individual resident of the state of

| Aleske. | | | | | | | | |
|---|--|----------------------------|---------|-------------|------|------|--|--|
| DOC Entity #: | 10036718 | AK Formed Date: | 3/13/16 | Home State: | AK | | | |
| Registered Agent: | Ashburn & Mas | Ashburn & Mason | | | | | | |
| Agent's Mailing Address: | 1227 W. 9th Av | 227 W. 9th Avenue, Ste 200 | | | | | | |
| City: | City: Anchorage State: AK ZIP: | | | | | | | |
| Residency of Agent: | | | | | | | | |
| Is your corporation or LLC's registered agent an individual resident of the state of Alaska? | | | | | | | | |
| | Sect | tion 5 – Other L | icenses | | | | | |
| Ownership and financial intere | st in other alcoholic i | beverage businesses: | | | Yes | No | | |
| Does any representative any other alcoholic bever | Does any representative or owner named in this application have any direct or indirect financial interest in any other alcoholic beverage business that does business in or is licensed in Alaska? | | | | | | | |
| If "Yes", disclose which individual(s) has the financial interest, what the type of business is, and if licensed in Alaska, which license number(s) and license type(s): Gerald Neeser, beer & wine license, Restaurant, Idaho. Gerald Neeser & Gerald Neeser Revocable Trust, Beverage Disp. Tourism #1563, Resort, AK | | | | | | | | |
| | Sec | tion 6 – Author | ization | | | | | |
| Communication with AMCO sta | ff: | | | | Yes | No | | |
| Does any person other than a licensee named in this application have authority to discuss this license with AMCO staff? | | | | | | | | |
| If "Yes", disclose the name of the individual and the reason for this authorization: Law Offices of Ernouf & Coffey, P.C., Attorneys representing us in this transaction. | | | | | | | | |
| form AB-00] (rev 06/30/2016) | | - CEIVE | | | Dage | Acts | | |

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Alaska Alcoholic Beverage Control Board

Form AB-00: New License Application

| | Section 7 - Certifications | |
|--|---|----------------------|
| Read each line below, and then sign | your initials in the box to the right of each statement: | Initials |
| I certify that all proposed licensees (| as defined in AS 04.11.260) and affiliates have been listed on this application. | 500 |
| I certify that all proposed licensees h | nave been listed with the Division of Corporations. | 3 |
| I certify that I understand that provid for rejection or denial of this applicat | ding a false statement on this form or any other form provided by AMCO is grounds tion or revocation of any license issued. | Bu |
| or serving alcoholic beverages, will o | d employees who sell or serve alcoholic beverages or check the identification of alcohol server education course, if required by AS 04.21.025, and, while selling carry or have available to show a current course card or a photocopy of the card cohol server education course, if required by 3 AAC 304.465. | 3 |
| l agree to provide all information req | uired by the Alcoholic Beverage Control Board in support of this application. | 82 |
| As an applicant for a liquor license, I on a second of the | declare under penalty of unsworn falsification that I have read and am familiar with A this application, including all accompanying schedules and statements, and to the best true, correct, and complete. | 5 04 and st of my |
| 32 | | |
| Signature of licensee | | |
| GURALD E. NEESER | | |
| Printed name | Subscribed and sworn to before me this 23 day of 10 verl | 1/ |
| | day of the day of the tries and sworm to before the tries and day of | 20_ <u>/ 6</u> |
| | STATE OF ALASKA NOTARY PUBLIC Signature of N | otary Public |
| | My Commission Expires May 28, 2018 My Commission Expires May 28, 2018 Notary Public in and for the State of At BS ICA | |
| | My commission expires: \$728// | 8 |
| Form AB-00] (rev 06/30/2016) | - Tailella Land | Page 5 of 5 |

2016 Tourism Statement Mat-Su Resort, LLC

1. Explain how the issuance of a liquor license at your establishment has/will encourage tourism.

The central focus of the business plan for the Mat-Su Resort involves catering to out of town tourists, local, and regional guests. The licensee will continue to run advertising in travel/tourism publications such as the Alaska Airlines Magazine, The Milepost, and other online publications. The hotel has and continues to develop relationships with tour bus companies, the Alaska railroad, and cruise ship industry to enhance, cater to, and expand tourism opportunities.

2. Explain how the facility was/will be constructed or improved in accordance with this application.

This facility is located on scenic Lake Wasilla. The hotel has microwave ovens and mini refrigerators in every guest room. As such it is ideal for travelers who want an overnight stay in a beautiful location conveniently located between regular tourist destinations such as Valdez, Talkeetna, Anchorage and Denali.

3. Who operates the facility for which a liquor license is being applied?

Mat-Su Resort, LLC operates the liquor license. Mr. Gerard Neeser is the Manager of the LLC entity.

- 4. Do you offer room rentals to the traveling public? Yes.
- 5. If so, how many of these rooms are available? Do any of the rental rooms have kitchen facilities (defined as: a separate sink for food preparation along with refrigeration and cooking appliance devices, including a microwave)? If yes, how many of the rental rooms have kitchen facilities that meet this definition? Do you stock alcoholic beverages in guest rooms?

There are 12 rooms for rent at the resort in addition to 3 cabins located on Lake Wasilla. The resort rooms are equipped with microwaves and mini refrigerators. The three cabins have full kitchen facilities.

6. Does your establishment include a dining facility?

Yes. The Mat-Su resort has a fine dining restaurant and a bistro on premise. The name of the restaurant and bistro is Everett's. The facilities serve lunch and dinner daily and a Sunday brunch.

7. Are additional amenities available to your guests through your establishment (eg: guided tours or trips, rental equipment for guests, other activities that attract tourists)?

Yes, the Mat-Su Resort provides tourist type amenities to its guests such as summer kayak lessons, water bike, canoe rentals, and guided garden tours. Wintertime visitor activities will include an area dedicated for ice skating. The resort is ideal for travelers who want an overnight stay in a beautiful lakefront setting conveniently located between regular tourist destinations such as Valdez, Talkeetna, Anchorage and Denali. Mat-Su Resort will continue to operate the facility as a tourist facility. In short, all of those things, which are routinely done by hotels in Alaska to encourage tourism, will continue to be done by the operators of the Resort.



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Form AB-02: Premises Diagram

What is this form?

A detailed diagram of the proposed licensed premises is required for all liquor license applications, per AS 04.11.260 and 3 AAC 304.185. Your diagram must include dimensions and must show all entrances and boundaries of the premises, walls, bars, fixtures, and areas of storage, service, and consumption. If your proposed premises is located within a building or building complex that contains multiple businesses and/or tenants, please provide an additional page that clearly shows the location of your proposed premises within the building or building complex, along with the addresses and/or suite numbers of the other businesses and/or tenants within the building or building complex.

The <u>second page</u> of this form is not required. Blueprints, CAD drawings, or other clearly drawn and marked diagrams may be submitted in lieu of the second page of this form. The first page must still be completed, attached to, and submitted with any supplemental diagrams. An AMCO employee may require you to complete the second page of this form if additional documentation for your premises diagram is needed.

This form must be completed and submitted to AMCO's main office before any license application will be considered complete.

| | Yes | No |
|--|-----|----|
| I have attached blueprints, CAD drawings, or other supporting documents in addition to, or in lieu of, the second page of this form. | 0 | |

Section 1 - Establishment Information

Enter information for the business seeking to be licensed, as identified on the license application.

| Licensee: | Mat-Su Resort, LLC | License | Number | : 5 | 532 |
|--------------------|-------------------------------|---------|-------------|------|-------|
| License Type: | Beverage Dispensary Duplicate | | Maria Maria | | 100- |
| Doing Business As: | Mat-Su Resort | | | | |
| Premises Address: | 1850 Bogard Road | | | | |
| City: | Wasilla | State: | AK | ZIP: | 99654 |





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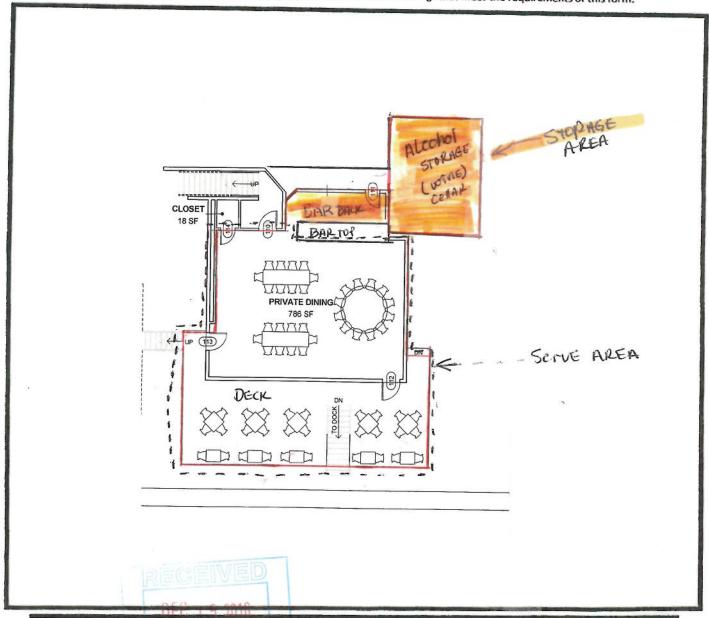
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Alaska Alcoholic Beverage Control Board

Form AB-02: Premises Diagram

Section 2 - Detailed Premises Diagram

Clearly indicate the boundaries of the premises and the proposed licensed area within that property. Clearly indicate the interior layout of any enclosed areas on the proposed premises. Clearly identify all entrances and exits, walls, bars, and fixtures, and outline in red the perimeter of the areas designated for alcohol storage, service, and consumption. Include dimensions, cross-streets, and points of reference in your drawing. You may attach blueprints or other detailed drawings that meet the requirements of this form.





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Alaska Alcoholic Beverage Control Board

Form AB-03: Restaurant Designation Permit Application

What is this form?

A restaurant designation permit application is required for a licensee desiring designation under 3 AAC 304.715 – 3 AAC 304.795 as a bona fide restaurant, hotel, or eating place for purposes of AS 04.16.010(c) or AS 04.16.049. Designation will be granted only to a holder of a beverage dispensary, club, recreational site, golf course, or restaurant or eating place license, and only if the requirements of 3 AAC 304.305, 3 AAC 304.725, and 3 AAC 304.745, as applicable, are met. A detailed floor plan of the proposed designated and undesignated areas of the licensed business and a menu or expected menu listing the meals to be offered to patrons must accompany this form. Applicants should review AS 04.16.049 - AS 04.16.052 and 3 AAC 304.715 - 3 AAC 304.795. All fields of this form must be completed. The required \$50 permit fee may be made by credit card, check, or money order.

This form must be completed and submitted to AMCO's main office before any license application will be considered complete.

| | | Secti | on 1 – Establ | ishment In | format | ion | | |
|---|------------|-------------------|--|-------------------|---------|---------|---------|--|
| Enter information | for licens | ed establishment | | | | | | |
| Licensee: | | | | | | | | |
| License Type: | | | | | License | Number: | | |
| Doing Busines | s As: | | | | | | | |
| Premises Add | ess: | | | | | | | |
| City: | | | | | State: | | ZIP: | |
| | | | 2 – Type of I | - | | | | |
| Bona | fide hot | el, restaurant, o | following designation eating place: AS ars of age: AS 04.1 | 5 04.11.100, 3 AA | | | 304.745 | |
| Dining by persons under the age of 16 years, accompanied by a person over the age of 21: AS 04.16.049(a)(3) | | | | | | | | |
| Employment for persons 16 or 17 years of age: AS 04.16.049(c) Dining after standard closing hours: AS 04.16.010(c) | | | | | | | | |
| OFFICE USE ONLY | | | | | | | | |
| Issue Date: | _ | | Transaction #: | 14626 | | BRE: | SLS | |



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Alaska Alcoholic Beverage Control Board

| Section 3 – Additional Information | | |
|--|-----------|-----|
| Enter all hours that your establishment intends to be open. Include variances in weekend/weekday hours, and indic | cate am/į | om: |
| Are any forms of entertainment offered or available within the licensed business or on the proposed designated portions of the premises? | Yes | No |
| If "Yes", describe the entertainment offered or available: | | |
| | | |
| Food and beverage service offered or anticipated is: table service buffet service counter service other If "other", describe the manner of food and beverage service offered or anticipated: | | |
| | | |
| Is an owner, manager, or assistant manager 21 years of age or older always present on the premises during business hours? | Yes | No |
| Blueprints, CAD drawings, or other clearly drawn and marked diagrams may be submitted in lieu of the third page of | this form | ı. |
| I have attached blueprints, CAD drawings, or other supporting documents in addition to, or in lieu of, the third page of this form that meet the requirements of this form. | Yes | No |



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Alaska Alcoholic Beverage Control Board

| Section 4 – Detailed Floor Plan | | | | | | |
|---|--|--|--|--|--|--|
| Provide a detailed floor plan that clearly indicates the proposed designated and undesignated areas of the licensed business. | | | | | | |
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Alaska Alcoholic Beverage Control Board

| Section 5 – Certifications and Approvals | | | | | | |
|---|-------------------------------------|------------------------|-------------------|-------------|--|--|
| Read each line below, and then sign your initials | in the box to the right of each sta | atement: | | Initials | | |
| I have included with this form a detailed floor plabusiness. | an of the proposed designated and | d undesignated areas o | of the licensed | | | |
| I have included with this form a menu, or an exp | ected menu, listing the meals to b | e offered to patrons. | | | | |
| I certify that the license for which I am requestin golf course, or restaurant or eating place license. | | dispensary, club, recr | eational site, | | | |
| I declare under penalty of perjury that I have example statements, and to the best of my knowledge and | _ | • | nying schedules a | and | | |
| Signature of licensee | | Signature of Notary | Public | | | |
| | Notary Public in a | nd for the State of | | | | |
| Printed name of licensee | · | | | | | |
| | | My commission exp | ires: | | | |
| Subscribe | ed and sworn to before me this | day of | | , 20 | | |
| | | | | | | |
| Local Government Review (to be completed by a | an appropriate local government c | official): | Approved [| Disapproved | | |
| | | | | | | |
| Signature of local government official | Date | | | | | |
| Printed name of local government official | Title | | | | | |



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| AMCO Enforcement Review: | | | |
|--|---|----------|-------------|
| | | | |
| Signature of AMCO Enforcement Supervisor | Printed name of AMCO Enforcement Supervisor | | |
| Enforcement Recommendations: | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| AMCO Director Review: | | Approved | Disapproved |
| | | | |
| Signature of AMCO Director | Printed name of AMCO Director | | |
| Date | | | |
| Limitations: | | | |
| | | | |
| | | | |
| | | | |
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| | | | |



Alcohol and Marijuana Control Office S50 W 7th Avenue, Suite 1600 Anchorage, AK 99501 alcohol licensing@alaska.gov

Phone: 907.269.0350

https://www.commerce.alaska.gov/web/amco

Alaska Alcoholic Beverage Control Board

Enter information for the business seeking to be licensed, as identified on the license application.

Beverage Dispensary Duplicate

Mat-Su Resort, LLC

Mat-Su Resort

Form AB-07: Public Notice Posting Affidavit

What is this form?

Licensee:

License Type:

Doing Business As:

A public notice posting affidavit is required for all figure license applications. An applicant must give notice of a figure license application to the public by posting a true copy of the Form AB-00 (new licenses) or Form AB-01 (license transfers) for ten (10) days at the location of the proposed licensed premises and one other conspicuous location in the area of the proposed premises, per AS 04.11.310 and 3 AAC 304.125. The public notice must be given within the 60 days immediately preceding filing of the application.

This form must be completed and submitted to AMCO's main office before any license application will be considered complete.

Section 1 - Establishment Information

| Premises Address: | nises Address: 1850 Bogard Road | | | | | | |
|--------------------------------------|---|---|-------------|-----------------|-------------------------------|--|--|
| Gty: | Wasilla | State: | AK | ZIP: | 99654 | | |
| | Section 2 - Cert | ification | | | | | |
| 10-day period at the locat premises: | e public notice requirement set forth under AS (ion of the proposed licensed premises and at th | e following conspic | uous locati | on in the ar | ea of the proposed | | |
| Start Date: 12/1/ | | End Date:/ | 2/12 | 12014 | | | |
| Other conspicuous locatio | Carrs wasula | | | | englisher and a second second | | |
| | ef find it to be true, correct, and complete. | Signature of Notary Public Nary Hubbic in and for the State of | | | | | |
| Printed name of licensee | STATE OF ALASKA NOTARY PUBLIC Joyce Frostad My Commission Expires May 28, 2018 Subscribed and sworn to before m | Му соп | ımission e | opires: | /28/13 | | |
| | | | | PHILIPPIN STATE | | | |
| [Form AB-07] (rev 06/24/201 | 6) | | JAN | 24 201 | 7 | | |

<u>Frontiersman</u>

Growing with the Valley since 1947.

5751 East Mayflower Court Wasilla, AK 99654 CORRECTION AD:

NEW LIQUOR LICENSE NOTICE

MAT-SU RESORT, LLC

is making application for a new Beverage
Dispensary Tourism Duplicate as 04.11.400(d)
liquor license, doing business as MAT-SU
RESORT located at 1850 Bogard Road,
Wasilla, AK. 99654.

Interested persons should submit written
comment to their local governing body, the
applicant and to the Alcoholic Beverage
Control Board at 550 West 7th Ave, Suite
1600, Anchorage, AK 99501.

FR#6195
Publish: February 12, 2017

(907) 352-2250 Phone (907) 352-2277 Fax

AFFIDAVIT OF PUBLICATION

UNITED STATES OF AMERICA, STATE OF ALASKA, THIRD DIVISION
BEFORE ME, THE UNDERSIGNED, A NOTARY PUBLIC, THIS DAY
PERSONALLY APPEARED BEFORE JACOB MANN WHO,
BEING FIRST DULY SWORN, ACCORDING TO LAW, SAYS THAT HE IS THE
LEGAL AD CLERK OF THE FRONTIERSMAN PUBLISHED AT
WASILLA, IN SAID DIVISION THREE AND STATE OF ALASKA AND
THAT THE ADVERTISEMENT, OF WHICH THE ANNEXED IS A TRUE
COPY, WAS PUBLISHED AND APPEARED ONLINE (www.frontiersman.com)
ON THE FOLLOWING DAYS:

FEBRUARY 12, 2017

AND THAT THE RATE CHARGED THEREIN IS NOT IN EXCESS OF THE RATE CHARGED PRIVATE INDIVIDUALS.

SUBSCRIBED AND SWORN TO BEFORE ME THIS 13TH DAY OF FEBRUARY 2017

NOTARY PUBLIC FOR STATE OF ALASKA

MAT-SU RESORT CORRECTION AD – NEW LIQUOR LICENSE FR #6195 NANCY E DOWNS Notary Public, State of Alaska My Commission Expires August 25, 2019

FEB 13 2017

ALCOHOL MARJUANA CONTROL OFFICE
STATE OF ALASKA

Frontiersman

Growing with the Valley since 1947.

5751 East Mayflower Court Wasilla, AK 99654

(907) 352-2264 Phone (907) 352-2277 Fax

AFFIDAVIT OF PUBLICATION

UNITED STATES OF AMERICA, STATE OF ALASKA, THIRD DIVISION

BEFORE ME, THE UNDERSIGNED, A NOTARY PUBLIC, THIS DAY

PERSONALLY APPEARED BEFORE Jackie Downs WHO.

BEING FIRST DULY SWORN, ACCORDING TO LAW, SAYS THAT SHE IS THE

LEGAL AD CLERK OF THE FRONTIERSMAN PUBLISHED AT

WASILLA, IN SAID DIVISION THREE AND STATE OF ALASKA AND

THAT THE ADVERTISEMENT, OF WHICH THE ANNEXED IS A TRUE

COPY, WAS PUBLISHED AND APPEARED ONLINE (www.frontiersman.com)

ON THE FOLLOWING DAYS:

NOVEMBER 20, 25, DECEMBER 2, 2016 AND THAT THE RATE CHARGED THEREIN IS NOT IN EXCESS OF

THE RATE CHARGED PRIVATE INDIVIDUALS.

SUBSCRIBED AND SWORN TO BEFORE ME

THIS 2ND DAY OF DECEMBER, 2016

NOTARY PUBLIC FOR STATE OF ALASKA

NEW LIQUOR LICENSE

FR#6111 **NEW LIQUOR LICENSE**

NANCY E DOWNS Notary Public, State of Alaska My Commission Expires August 25, 2019



RESORT located at 1850 Bogs as

November r 2, 2016 Publish:

20,

Frontiersman

Growing with the Valley since 1947.

5751 East Mayflower Court Wasilla, AK 99654

(907) 352-2264 Phone (907) 352-2277 Fax

AFFIDAVIT OF PUBLICATION

UNITED STATES OF AMERICA, STATE OF ALASKA, THIRD DIVISION

BEFORE ME, THE UNDERSIGNED, A NOTARY PUBLIC, THIS DAY

PERSONALLY APPEARED BEFORE Jackie Downs WHO.

BEING FIRST DULY SWORN, ACCORDING TO LAW, SAYS THAT SHE IS THE

LEGAL AD CLERK OF THE FRONTIERSMAN PUBLISHED AT

WASILLA, IN SAID DIVISION THREE AND STATE OF ALASKA AND

THAT THE ADVERTISEMENT, OF WHICH THE ANNEXED IS A TRUE

COPY, WAS PUBLISHED AND APPEARED ONLINE (www.frontiersman.com)

ON THE FOLLOWING DAYS:
NOVEMBER 20, 25, DECEMBER 2, 2016
AND THAT THE RATE CHARGED THEREIN IS NOT IN EXCESS OF

THE RATE CHARGED PRIVATE INDIVIDUALS.

SUBSCRIBED AND SWORN TO BEFORE ME

THIS 210 DAY OF DECEMBER, 2016

NOTABY BUBLIC FOR STATE OF ALASKA

FR#6111 NEW LIQUOR LICENSE NANCY E DOWNS Notary Public, State of Alaska My Commission Expires August 25, 2019

104.11.090(e) litura itcense in O4.11.090(e) litura itcense ing business as IMT-91 ESORT located at 1650 Bogars and, Wasilla, AK, 99654. Intered persons should submi itten comment to their hose weming gody, the applicant and the Alcoholic Beverage Contro land at 550 West 7th Ave, Sulu 00, Anchorage, AK 96501.

DEC 1 6 2016

ALCOHOL MARIJUANA CONTROL OFFICE STATE OF ALASKA



alcohol.licensing@alaska.gov https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Form AB-09: Statement of Financial Interest

What is this form?

A statement of financial interest is required for all liquor license applications, per 3 AAC 304.105(b)(3). A person other than a licensee may not have a direct or indirect financial interest (as defined in AS 04.11.450(f)) in the business for which a liquor license is issued, per AS 04.11.450.

This form must be completed and submitted to AMCO's main office before any license application will be considered complete.

Section 1 - Establishment Information

| Enter information for the | business seeking to be licensed, as identified on the | license applica | tion. | | |
|---|--|--------------------------------------|-----------------------------|-------------------------------|------------------|
| Licensee: | Mat-Su Resort, LLC | | | | |
| License Type: | Beverage Dispensary Duplicate | EIN: | 81-2501772 | | |
| Doing Business As: | Mat-Su Resort | | | | |
| Premises Address: | 1850 Bogard Road | | | | |
| City: | Wasilla | State: | AK | ZIP: | 99654 |
| he sale proprietor or out | Section 2 – Certific | | | | |
| he sale proprietor or ent | ity listed above coeffice that an across other than | | | | |
| pplication has a direct or | ity listed above certifies that no person other than a indirect financial interest, as defined in AS 04.11.45 | off), in the busin | see listed (ness for wh | on the liquo nich a liquor | license is heing |
| pplied for. | | | | | |
| he sole proprietor or entinder AS 04.11.040, AS 04 | ity listed above additionally certifies that any owner. 1.11.045, AS 04.11.050, and AS 04.11.055. | ship change sha | ll be repor | ted to the b | oard as required |
| he sole proprietor or enti chedules and statements | ity listed above declares under penalty of perjury that, and to the best of its knowledge and belief find it to | at it has examin o be true, corre | ed this for | m, including | all accompanyi |
| Br | | | Jus | 2 | 1 |
| ignature of licensee | | Signatur | e of Notan | Public | |
| GERALD E. | STATE OF ALASKA Netary Public | in and for the S | State of | DIBS | KA |
| | NOTARY PUBLIC Joyce Frostad | Musom | mission ex | 5 | /28/18 |
| | My Commission Expires May 28, 2018 | wy com | mission ex | pires: | |
| | My Commission Exp. | | | | |

Subscribed and sworn to before me this 23 day of M vember

[Form AB-09] (rev 06/24/2016)

Page 1 of 1



MATANUSKA-SUSITNA BOROUGH

Planning and Land Use Department Development Services Division

350 E. Dahlia Avenue, Palmer, AK 99645 Phone (907) 861-7822 | Fax (907) 861-8158

E-mail: permitcenter@matsugov.us

March 11, 2017

Alcohol & Marijuana Control Office 550 W. 7th Avenue, Suite 1600 Anchorage, AK 99501

SUBJECT:

Mat-Su Resort, LLC

Beverage Dispensary Dup. Tourism - Renewal; License #5532

A review of the files relating to the subject business and license application has been completed. Based on that review, the Planning Department hereby recommends the following action:

| | WAIVE THE RIGHT TO PROTEST |
|-----|---|
| | PROTEST the issuance of the license for the following reason(s): |
| | ☐ Delinquent Real Property Taxes owed: |
| | ☐ Bed Tax owed: |
| | ☐ Other debts owed: |
| | ☐ The required Conditional Use Permit has not been obtained. |
| | ☐ There is a violation of the Conditional Use Permit: |
| | ☐ There is an Assembly protest of renewal on file: |
| pro | on curing all of the above referenced deficiencies the Matanuska-Susitna Borough will rescind any otest. It is the applicant's responsibility to notify the Development Services Division that any debts of the second developed in full. |

The applicant(s) has been sent a copy of this letter by certified mail or via email, only if a protest has been issued. Should you have any questions, please feel free to contact my office.

Respectfully,

Mark Whisenhunt, Planner II Development Services Division Matanuska-Susitna Borough