



## MEMORANDUM

TO: Robert Klein, Chair, and  
Members of the Board

DATE: July 11, 2017

FROM: Erika McConnell  
Director, ABC Board

RE: Swiss Alaska Inn #941 Beverage  
Dispensary - Tourism

These is an application for transfer of ownership of a beverage dispensary – tourism license for an inn in Talkeetna. It appears this license was first issued in 1962.

AS 04.11.400(d)(1) requires a minimum number of rooms based on the population of the established village, incorporated city, unified municipality, or population area. The Division of Community and Regional Affairs certifies the 2016 population of Talkeetna to be 903, which would require 10 rental rooms for a beverage dispensary – tourism license. The Swiss Alaska Inn has 21 rooms.

The transferee states in his tourism statement that the inn is open for breakfast every day in the summer and on weekends in the winter but it is not clear whether it serves dinner. AS 04.11.400(d) states, “The board may approve the ...transfer...of a beverage dispensary...license without regard to [population limits] if it appears that...transfer will encourage the tourist trade by encouraging the construction or improvement of (1) a hotel, motel, resort, or similar business relating to the tourist trade with a dining facility or having kitchen facilities in a majority of its rental rooms...”

Recommendation: Evaluate the transfer request in accordance with AS 04.11.400(d).

## McConnell, Erika B (CED)

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**To:** Vern  
**Subject:** RE: License #941--missing information

**From:** Vern [mailto:vern@swissalaska.com]  
**Sent:** Friday, June 30, 2017 3:51 PM  
**To:** McConnell, Erika B (CED) <erika.mcconnell@alaska.gov>  
**Subject:** RE: License #941--missing information

Dear Erika,

The Swiss Alaska is made up of 20 hotel/motel rooms and 1 standalone cabin for a total of 21 rooms. The population scale would be 1,501 to 2,500. Talkeetna is not incorporated but is overseen by the Mat-Su Borough. The Swiss Alaska Inn is also open to the public for breakfast 7am-12noon 7 days a week in the summer time and 9am-12pm on weekends in the winter. We also have a full bar that is open to public. It is nice to have this bar for our guests since we have such a wide variety of travelers from all over the world. I would say a good portion of our guests come from Europe and the U.K.. I only mention this because it is a big part of their culture to have a nice glass of wine or a beer to talk to other guests and travelers while they wind down for the night. I am so glad that we can provide this type of atmosphere for our guests since they have traveled a long way and want to enjoy the nice things in life.

Thanks,

Chris Byrd  
Swiss Alaska Inn  
907-733-2424



Alaska Alcoholic Beverage Control Board  
**Form AB-01: Transfer License Application**

**What is this form?**

This transfer license application form is required for all individuals or entities seeking to apply for the transfer of ownership and/or location of an existing 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, AS 04.11.280, AS 04.11.290, 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 - Transferor Information**

Enter information for the *current* licensee and licensed establishment.

Licensee:	Werner J. Rauchenstein		License #:	941	
License Type:	Beverage Dispensary - Tourism AS		Statutory Reference:	04.11.400(d)	
Doing Business As:	Swiss Alaska Inn				
Premises Address:	22056 South F - Street P.O. Box 565				
City:	Talkeetna	State:	Alaska	ZIP:	99676
Local Governing Body:	Mat.-Su. Borough				

**Transfer Type:**

- Regular transfer
- Transfer with security interest
- Involuntary retransfer

OFFICE USE ONLY			
Complete Date:		Transaction #:	
Board Meeting Date:		License Years:	
Issue Date:		BRE:	





Alaska Alcoholic Beverage Control Board

# Form AB-01: Transfer License Application

## Section 2 - Transferee Information

Enter information for the *new* applicant and/or location seeking to be licensed.

Licensee:	Christopher S. Byrd			
Doing Business As:	Swiss Alaska Inn			
Premises Address:	22056 S. F Street			
City:	Talkeetna	State:	AK	ZIP: 99676
Community Council:	Talkeetna Community Council			

Mailing Address:	P.O. Box 565			
City:	Talkeetna	State:	AK	ZIP: 99676

Designated Licensee:	Christopher S. Byrd		
Contact Phone:	907-733-2424	Business Phone:	Same
Contact Email:	Vern@Swissalaska.com		

Seasonal License?  Yes  No  
 If "Yes", write your six-month operating period: \_\_\_\_\_

## Section 3 - Premises Information

Premises to be licensed is:

- an existing facility     a new building     a proposed building

The next two questions must be completed by beverage dispensary (including tourism) and package store applicants only:

What is the distance of the shortest pedestrian route from the public entrance of the building of your proposed premises to the outer boundaries of the nearest school grounds? Include the unit of measurement in your answer.

What is the distance of the shortest pedestrian route from the public entrance of the building of your proposed premises to the public entrance of the nearest church building? Include the unit of measurement in your answer.





Alaska Alcoholic Beverage Control Board

**Form AB-01: Transfer License Application**

**Section 4 – Sole Proprietor Ownership Information**

This section must be completed by any sole proprietor who is applying for a license. Entities should skip to Section 5.  
If more space is needed, please attach a separate sheet with the required information.  
The following information must be completed for each licensee and each affiliate (spouse).

This individual is an:  applicant  affiliate

Name:	Christopher Shawn Byrd			
Address:	P.O. Box 565			
City:	Talkeetna	State:	AK	ZIP: 99676

This individual is an:  applicant  affiliate

Name:	Romy Christine Byrd			
Address:	P.O. Box 565			
City:	Talkeetna	State:	AK	ZIP: 99676

**Section 5 – Entity Ownership Information**

This section must be completed by any entity, including a corporation, limited liability company (LLC), partnership, or limited partnership, that is applying for a license. Sole proprietors should skip to Section 6.  
If more space is needed, please attach a separate sheet with the required information.

- If the applicant is a corporation, the following information must be completed for each *stockholder who owns 10% or more* of the stock in the corporation, and for each *president, vice-president, secretary, and managing officer*.
- If the applicant is a limited liability organization, 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 partnership, including a limited partnership, the following information must be completed for each *partner with an interest of 10% or more*, and for each *general partner*.

Entity Official:				
Title(s):		Phone:		% Owned:
Address:				
City:		State:		ZIP:





Alaska Alcoholic Beverage Control Board

**Form AB-01: Transfer License Application**

<b>Entity Official:</b>					
<b>Title(s):</b>		<b>Phone:</b>		<b>% Owned:</b>	
<b>Address:</b>					
<b>City:</b>		<b>State:</b>		<b>ZIP:</b>	

<b>Entity Official:</b>					
<b>Title(s):</b>		<b>Phone:</b>		<b>% Owned:</b>	
<b>Address:</b>					
<b>City:</b>		<b>State:</b>		<b>ZIP:</b>	

<b>Entity Official:</b>					
<b>Title(s):</b>		<b>Phone:</b>		<b>% Owned:</b>	
<b>Address:</b>					
<b>City:</b>		<b>State:</b>		<b>ZIP:</b>	

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 Alaska.

<b>DOC Entity #:</b>		<b>AK Formed Date:</b>		<b>Home State:</b>	
<b>Registered Agent:</b>			<b>Agent's Phone:</b>		
<b>Agent's Mailing Address:</b>					
<b>City:</b>		<b>State:</b>		<b>ZIP:</b>	

**Residency of Agent:** Yes    No

Is your corporation or LLC's registered agent an individual resident of the state of Alaska?





Alaska Alcoholic Beverage Control Board  
**Form AB-01: Transfer License Application**

**Section 6 – Other Licenses**

Ownership and financial interest in other alcoholic beverage businesses:

Yes No

Does any representative or owner named as a transferee 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):

**Section 7 – Authorization**

Communication with AMCO staff:

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:

Werner J. Rauchenstein (907-538-1450 or 907-315-6120)  
previous owner





Alaska Alcoholic Beverage Control Board

**Form AB-01: Transfer License Application**

**Section 8 – Transferor Certifications**

Additional copies of this page may be attached, as needed, for the controlling interest of the current licensee to be represented.

I declare under penalty of perjury that the undersigned represents a **controlling interest** of the current licensee. I additionally certify that I, as the current licensee (either the sole proprietor or the controlling interest of the currently licensed entity) have examined this application, approve of the transfer of this license, and find the information on this application to be true, correct, and complete.

Werner J. Rauchenstein  
Signature of transferor

Werner J. Rauchenstein  
Printed name of transferor

Subscribed and sworn to before me this 8<sup>th</sup> day of December, 2016.

Notary Public  
GERALDINE DENKEWALTER  
State of Alaska  
My Commission Expires Jan 7, 2018

Geraldine Denkwalter  
Signature of Notary Public

Notary Public in and for the State of Alaska.

My commission expires: 1/7/2018

\_\_\_\_\_  
Signature of transferor

\_\_\_\_\_  
Printed name of transferor

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

\_\_\_\_\_  
Signature of Notary Public

Notary Public in and for the State of \_\_\_\_\_.

My commission expires: \_\_\_\_\_







Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 9 – Transferee 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.

CSB

I certify that all proposed licensees have been listed with the Division of Corporations.

N/A

I certify 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.

CSB

I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check the identification of a patron will complete an approved alcohol server education course, if required by AS 04.21.025, and, while selling or serving alcoholic beverages, will carry or have available to show a current course card or a photocopy of the card certifying completion of approved alcohol server education course, if required by 3 AAC 304.465.

CSB

I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application.

CSB

As an applicant for a liquor license, 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, is true, correct, and complete.

*CSB*

Signature of transferee

Christopher Byrd

Printed name

Subscribed and sworn to before me this 8 day of December, 2016.

Notary Public  
GERALDINE DENKEWALTER  
State of Alaska  
My Commission Expires Jan 7, 2018

*Geraldine Denkwalter*  
Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: Jan 7, 2018





Alaska Alcoholic Beverage Control Board  
**Form AB-02: Premises Diagram**



Phone: 907.269.0350

**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, consumption, and manufacturing. 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 second page 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.

**Section 1 – Establishment Information**

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

Licensee:	Christopher S. Byrd	License Number:	941
License Type:	Beverage dispensary Tourism AS		
Doing Business As:	Swiss Alaska Inn		
Premises Address:	22056 South F Street +		
City:	Talkeetna	State:	AK      ZIP: 99676



Alaska Alcoholic Beverage Control Board

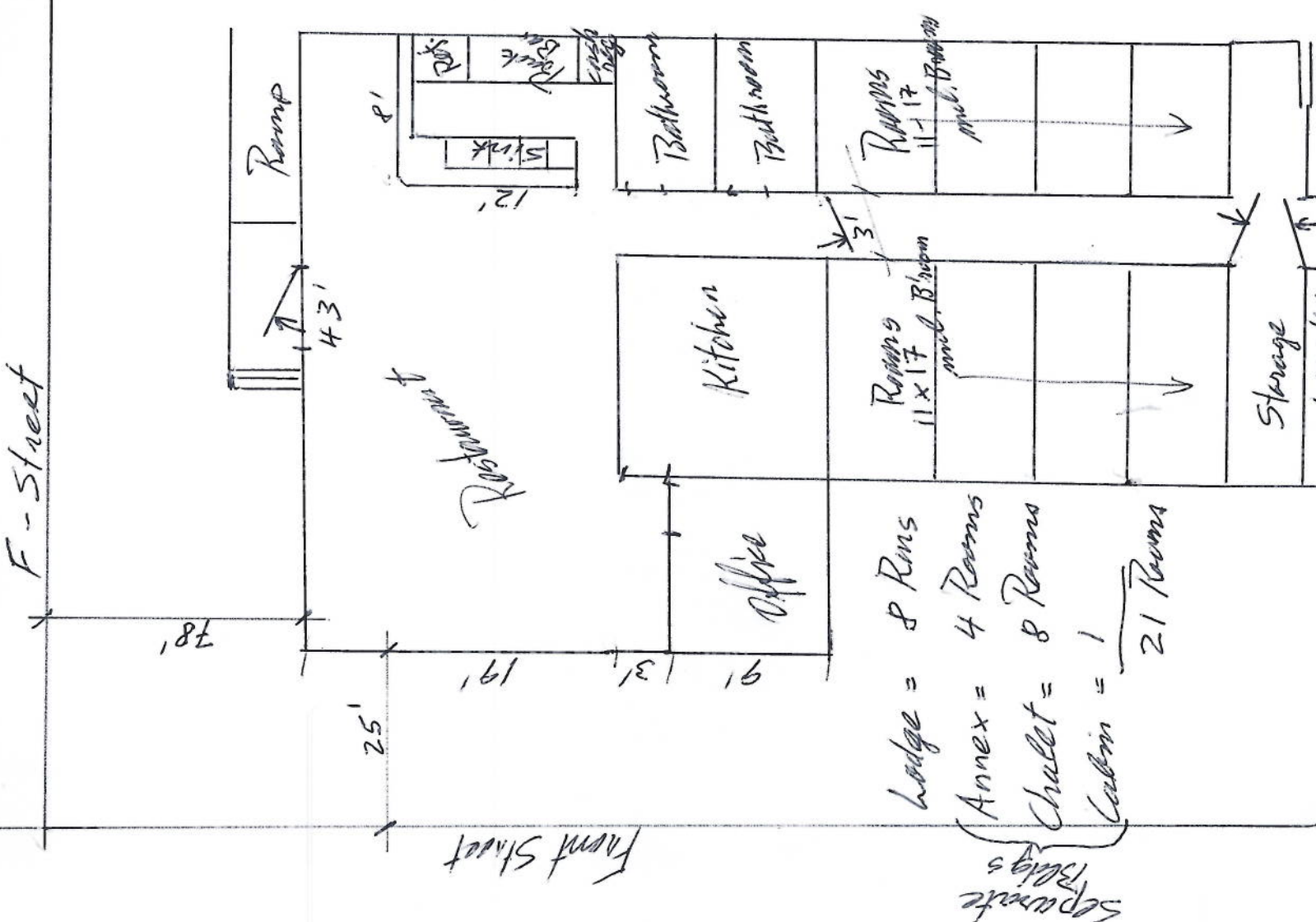
# Form AB-02: Premises Diagram



Phone: 907.269.0350

## 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, consumption, and manufacturing. Include dimensions, crossstreets, and points of reference in your drawing. You may attach blueprints or other detailed drawings that meet the requirements of this form.



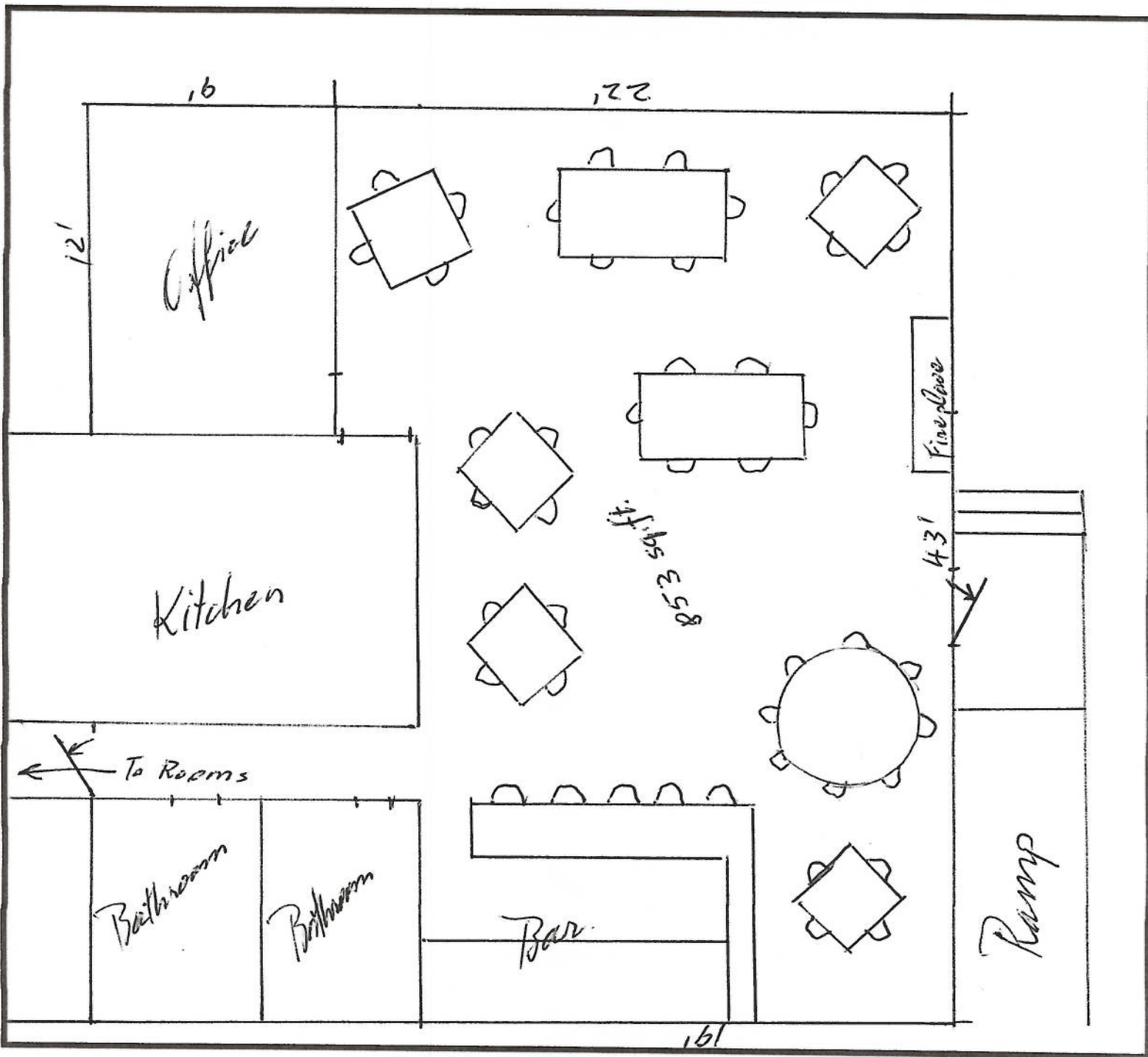
Wedge = 8 Rooms  
 Annex = 4 Rooms  
 Chalet = 8 Rooms  
 Cabin = 1  
 -----  
 21 Rooms

Separate Buildings



Alaska Alcoholic Beverage Control Board

**Form AB-03: Restaurant Designation Permit Application**



**Section 5 – Certifications and Approvals**



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.

**Section 1 – Establishment Information**

Enter information for licensed establishment.

Licensee:	Christopher S. Byrd		
License Type:	Beverage Dispensary - Tourism AS	License Number:	941
Doing Business As:	Swiss Alaska Inn		
Premises Address:	22056 South F-Street		P.O. Box 565
City:	Talkeetna	State:	Alaska ZIP: 99676
Contact Name:	Christopher S. Byrd	Contact Phone:	907-733-2424

**Section 2 – Type of Designation Requested**

This application is for the request of designation as a bona fide restaurant, hotel, or eating place for purposes of AS 04.16.010(c) or AS 04.16.049, and for the request of the following designation(s) (check all that apply):

- Dining after standard closing hours: AS 04.16.010(c)
- Dining by persons 16 – 20 years of age: AS 04.16.049(a)(2)
- 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)

NOTE: Under AS 04.16.049(d), this permit is not required to employ a person 18 - 20 years of age.



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

Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

## Form AB-03: Restaurant Designation Permit Application

OFFICE USE ONLY				
Issue Date:		Transaction #:		BRE:

### Section 3 – Additional Information

Enter all hours that your establishment intends to be open. Include variances in weekend/weekday hours, and indicate am/pm:

Summer hours - 12pm to 10pm Winter hours - Friday, Saturday, Sunday (12pm to 10pm) Winter hours - Tour groups (7 days a week 12pm to 10pm)
--

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:

--



Alaska Alcoholic Beverage Control Board

# Form AB-03: Restaurant Designation Permit Application

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.

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

## Section 4 – Detailed Floor Plan

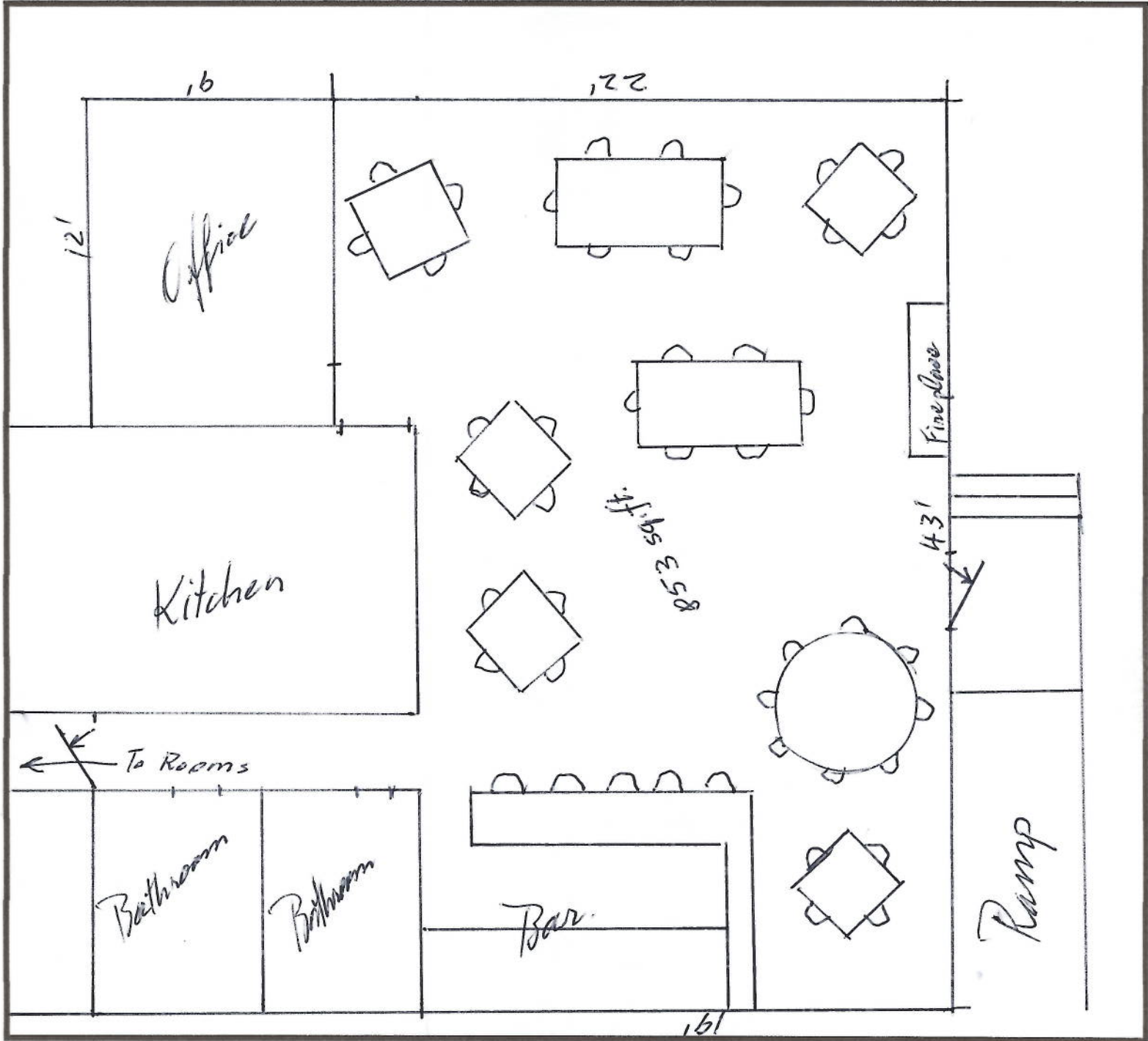
Provide a detailed floor plan that meets the requirements listed in Form AB-01 and clearly indicates the proposed designated and undesignated areas of the licensed business for purposes of this permit application.

*see attached.*



Alaska Alcoholic Beverage Control Board

# Form AB-03: Restaurant Designation Permit Application



## Section 5 – Certifications and Approvals





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

Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

# Form AB-03: Restaurant Designation Permit Application

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

Initials

I have included with this form a detailed floor plan of the proposed designated and undesignated areas of the licensed business for purposes of this application. I understand that this diagram is different than my licensed premises diagram.

CSB

I have included with this form a menu, or an expected menu, listing the meals to be offered to patrons.

CSB

I certify that the license for which I am requesting designation is either a beverage dispensary, club, recreational site, golf course, or restaurant or eating place license.

CSB

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

*CSB*

Signature of licensee

*Ann Yedon*

Signature of Notary Public

*Christopher Byrd*

Printed name of licensee

Notary Public in and for the State of *Alaska*

My commission expires: *4/10/2020*

Subscribed and sworn to before me this *13<sup>th</sup>* day of *February*, 2017.



Local Government Review (to be completed by an appropriate local government official):

Approved

Disapproved

Signature of local government official

Date

Printed name of local government official

Title

# SWISS ALASKA INN

Talkeetna, Alaska



## Breakfast Menu 2016

Choose ONE Breakfast for the whole group from the list below:

Scrambled Eggs, Ham\* Hashbrown Potatoes, Toast, Coffee/Tea \$18.00  
French Toast, Sausage,\* Coffee/Tea \$18.00

\* (Choice of Breakfast Meat is Ham, OR Bacon, OR Sausage, OR Reindeer Sausage)

## Lunch Menu 2016

Soup and Sandwich,\* Veggie Tray, Soda and Coffee or Tea \$18.00  
(At the Lodge)

Box lunch: includes sandwich,\* fruit, chips, candy bar, \$18.00  
veggie pack, soda or water

\*(Choice of Sandwich is: Ham or Roast Beef or Turkey)

## Dinner Menu 2016

Choose ONE Entrée for the whole group from the list below:

Salmon \$40.00  
Halibut \$42.00  
NY Steak \$40.00  
Wiener Schnitzel \$35.00

All the above Dinners served with Soup or Salad, Baked Potato, Vegetable, Garlic Bread, Dessert, Coffee or Tea

**VEGETARIAN MEALS ON REQUEST**

**Gratuity included in price of meals**



Alaska Alcoholic Beverage Control Board

## Form AB-03: Restaurant Designation Permit Application

**AMCO Enforcement Review:**

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\_\_\_\_\_  
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



Alaska Alcoholic Beverage Control Board



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

Phone: 907.269.0350

## **Form AB-03: Restaurant Designation Permit Application**

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**Limitations:**



Alaska Alcoholic Beverage Control Board

**Form AB-07: Public Notice Posting Affidavit**

**What is this form?**

A public notice posting affidavit is required for all liquor license applications. An applicant must give notice of a liquor 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**

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

Licensee:	Christopher S. Byrd				
License Type:	Beverage dispensary - Tourism AS				
Doing Business As:	Swiss Alaska Inn				
Premises Address:	22056 South F Street (P.O. Box 565)				
City:	Talkeetna	State:	AK	ZIP:	99676

**Section 2 – Certification**

I certify that I have met the public notice requirement set forth under AS 04.11.310 by posting a copy of my application for the following 10-day period at the location of the proposed licensed premises and at the following conspicuous location in the area of the proposed premises:

Start Date: Jan. 10 - 2017 End Date: Jan. 27 - 2017

Other conspicuous location: Post Office Talkeetna Jan. 16, 23, 30 - 2017

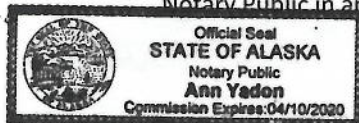
I declare under penalty of perjury that this form, including all accompanying schedules and statements, is true, correct, and complete.

[Signature]  
Signature of licensee

[Signature]  
Signature of Notary Public

Christopher Byrd  
Printed name of licensee

Notary Public in and for the State of Alaska



My commission expires: 4/10/2020

FORMAT FOR ADVERTISING  
Transfer of ownership and/or location



Applicants must advertise one (1) day each week for three (3) consecutive weeks in a newspaper that is generally circulated in the vicinity of the premises; or if by radio, two (2) times each week for three (3) consecutive weeks. A newspaper notice of an application must be by display advertisement measuring a minimum of one column inch by three inches. Provide this form to the newspaper or radio station.

Under 3 AAC 304.125(e) Premises that are located within the Municipality of Anchorage, the City & Borough of Juneau, and the Fairbanks North Star Borough, the ad must be in a newspaper ONLY (no radio).

**This public notice is required for all applicants within 60 days immediately prior to filing with the ABC Board.**

Werner J. Rauchenstein d/b/a Swiss Alaska Inn	
(Current licensee(s) (Name of Establishment) located at	
22056 South F. Street Talkeetna, AK 99676	
(Premises Address and City)	
is applying for transfer of a Beverage dispensary Tourism AS AS 04.11. 400(d)	
(Type of License)	(Statute Reference)
liquor license to Christopher S. Byrd	
(New Licensee(s))	
d/b/a Swiss Alaska Inn	
(Only if Different)	
located at 22056 South F. Street Talkeetna, AK 99676	
(Only if Different)	
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.	

~ OR ~

<del>Present licensee(s) (Name of Establishment) located at</del>	
<del>(Premises Address and City)</del>	
<del>is applying for transfer of a _____ AS 04.11. _____</del>	
<del>(Type of License) (Statute Reference)</del>	
<del>liquor license to _____</del>	
<del>(New Licensee(s))</del>	
<del>d/b/a _____</del>	
<del>(Only if Different)</del>	
<del>located at _____</del>	



(Only if Different)

The transferor/lessor retains a security interest in the liquor license which is the subject of this conveyance under the terms of AS 04.11.360 (4)(B); AS 04.11.670 and 3 AAC 304.107 and may, as a result, be able to obtain a retransfer of the license without satisfaction of other creditors.

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.

Rev.05122015



Hi Renamary,

Please see the attached agreement for the Swiss Alaska Inn legal notice.

I included an effective date of the agreement as next week, running 2x per week for the next 3 weeks. We can adjust these dates to whatever you need. I reviewed our program schedule and tentatively have it scheduled for the 8:00pm hour on Tuesdays and the 1:00pm hour on Fridays. Let me know if you would like to see any changes.

If this meets your approval, please sign and return a copy to me.

Thank you

--

**Kara Walker**  
Development Coordinator  
KTNA Talkeetna Community Radio

(907) 733-1737  
www.ktna.org

1/9/17 paid in full  
ch # 5A08  
\$ 180.00





Alaska Alcoholic Beverage Control Board

Form AB-08a: Authorization of Records Release

What is this form?

This authorization of records release form is required for all liquor license applications. Each licensee and affiliate who is required to be listed on an application for a liquor license under AS 04.11.260 must provide written authorization for release of conviction and arrest records, as required by 3 AAC 304.105(a)(1).

The following individuals must complete this form:

- If the applicant is a sole proprietor, this form must be completed by the applicant and the applicant's spouse.
• If the applicant is a corporation, this form must be completed for each stockholder who owns 10% or more of the stock in the corporation, and for each president, vice-president, secretary, and managing officer.
• If the applicant is a limited liability organization, this form must be completed for each member with an ownership interest of 10% or more, and for each manager.
• If the applicant is a partnership, including a limited partnership, this form must be completed for each partner with an interest of 10% or more, and for each general partner.

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 licensed establishment.

Table with 6 rows and 5 columns: Licensee (Christopher S. Byrd), License Type (Beverage dispensary Tourism AS), License Number (941), Doing Business As (Swiss Alaska Inn), Premises Address (22056 South F Street (P.O. Box 565)), City (Talkeetna), State (AK), ZIP (99676)

Section 2 - Individual Information

Enter information for the individual licensee or affiliate.

Table with 3 rows and 2 columns: Name (Christopher S. Byrd), Title (Owner), Date of Birth (redacted)



Alaska Alcoholic Beverage Control Board



**Form AB-08a: Authorization of Records Release**

[Form AB-08a] (rev 08/26/2016)

Page 1 of 2

**Section 3 – Certifications and Approvals**

Read each line below, and then sign your initials in the box to the right of any applicable statements:

Initials

I certify that I have **never** been convicted of an act that constitutes a crime involving moral turpitude.

CSB

I certify that I have **never** been convicted of a violation of AS 04 or regulations adopted by the ABC Board.

CSB

I certify that I have **never** been convicted of a violation of the alcoholic beverage control laws of another state, as a licensee of that state.

CSB

I certify that I have **not** been convicted of a felony in this state, the United States, or another state or territory, including a suspended imposition of sentence, during the 10 years immediately preceding the date of this form.

CSB

Sign your initials to the following statement only if you are unable to certify one or more of the above statements:

Initials

I **have been convicted** of one or more of the above offenses, and I **have attached a written explanation** that includes the type of offense and why it would be in the public interest for the ABC Board to approve me as a licensee.

CSB

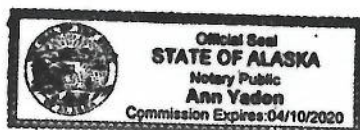
I declare under penalty of perjury that this form, including all attachments and accompanying schedules and statements, is true, correct, and complete, and I understand that by signing this form, I am providing written authorization for release of my conviction and arrest records to the Alaska Alcoholic Beverage Control Board through the Alaska Alcohol & Marijuana Control Office under AS 04.11.295 and 3 AAC 304.105.

*CSB*

Signature of Notary Public

Signature of licensee/affiliate

*Ann Yaden*



Christopher Byrd

Printed name of licensee/affiliate

Notary Public in and for the State of

Alaska



My commission expires: 4/10/2020

Subscribed and sworn to before me this 13<sup>th</sup> day of February, 2017.





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

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 application.

Licensee:	Christopher S. Byrd				
License Type:	Beverage dispensary - Tourism AS	EIN:	92-0046108		
Doing Business As:	Swiss Alaska Inn				
Premises Address:	22056 South F Street (P.O. Box 565)				
City:	Talkeetna	State:	AK	ZIP:	99676

## Section 2 – Certifications

The sole proprietor or entity listed above certifies that no person other than a proposed licensee listed on the liquor license application has a direct or indirect financial interest, as defined in AS 04.11.450(f), in the business for which a liquor license is being applied for.

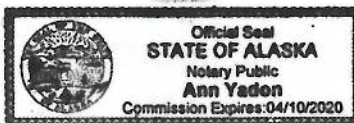
The sole proprietor or entity listed above additionally certifies that any ownership change shall be reported to the board as required under AS 04.11.040, AS 04.11.045, AS 04.11.050, and AS 04.11.055.

I, as the sole proprietor or as an officer or stakeholder of the entity listed above, declare under penalty of perjury that this form, including all accompanying schedules and statements, is true, correct, and complete.

Signature of licensee

Christopher Byrd

Printed name of licensee



Signature of Notary Public

Notary Public in and for the State of

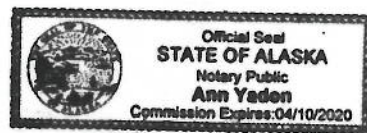
Alaska

My commission expires: 4/10/2020

Subscribed and sworn to before me this 13<sup>th</sup> day of February, 2017.

[Form AB-09] (rev 10/10/2016)

Page 1 of 1



**STATE OF ALASKA ALCOHOLIC BEVERAGE  
CONTROL BOARD CREDITORS AFFIDAVIT AS  
04.11.280 AND AS 04.11.360**



**AFFIDAVIT**

Employer Identification Number (EIN) 92-0046108 Phone Number 907-733-2424

I/We Werner J. Rauchenstein being first duly sworn on oath, depose

and state that I/we am/are the licensee(s) and transferor(s) of that certain business known as  
Swiss Alaska Inn (Lic. No 941) located at in  
connection with liquor license number and that the following is a listing of accounts payable and taxes owed  
by the above licensed business as of

12-31-2016

Creditor/Taxing Authority	Complete Mailing Address	Amount	Purpose of Liability
<u>none</u>	<u>—</u>	<u>—</u>	<u>—</u>

SIGNED Werner J. Rauchenstein

SIGNED Werner J. Rauchenstein

SIGNED [Signature]

SIGNED Christopher Byrd

Subscribed & sworn to before me this day

13<sup>th</sup> of Feb 2017



Ann Yaden

Notary Public in & for Alaska

My commission expires

4/10/2020

(Rev.12/2012)

