

From: [sandie alley](#)
To: [Alcohol Licensing, CED ABC \(CED sponsored\)](#)
Subject: Re: Alcohol License renewal Silver Fox Inn
Date: Thursday, March 21, 2019 9:35:51 AM

Dear members of the A&MCO

Please find enclosed my plea for continued operation of the Silver Fox Inn. My good cause stems from my computer malfunctioning before and during the time of Mr. Churches March 4th email letter needing the necessary correction to my renewal application. Thus being the case I was not aware I was in trouble of my liquor license renewal not being granted until, Mr. Milton's letter of March 12th for expiration. After being made aware of the situation I immediately made the necessary corrections and emailed them back. Dear board members, I would not intentionally cost myself a month and a half of business and the \$1000.00 reinstatement fee for these few corrections. As my computer is not reliable and to avoid further trouble please send all future correspondence to Email address of silverfoxx_2@hotmail.com.

Sincerely
Cassandra J Alley
Owner
Silver Fox Inn

From: Alcohol Licensing, CED ABC (CED sponsored) <alcohol.licensing@alaska.gov>
Sent: Wednesday, March 20, 2019 6:58 PM
To: sandie alley
Cc: Alcohol Licensing, CED ABC (CED sponsored)
Subject: RE: Alcohol License renewal Silver Fox Inn

Hello Cassandra,
I have received and reviewed your renewal application corrections. All corrections look to be made, so the renewal application can be deemed complete. Before I can put your renewal on the ABC Board agenda though, our office will need to receive a letter addressed to the Board requesting reinstatement of the license since it has expired. This request should include the 'good cause' for why the license was not renewed in a timely fashion. This reinstatement request carries a \$1000 fee, per the 3 AAC 304.160(e)(2) regulations that were adopted Feb. 21, 2019.

Once we have receive the reinstatement letter and fee, our office will send notice to your local governing body. If they waive their right to protest, our office can issue a temporary license that will allow you to operate while waiting on a final reinstatement decision. This temporary would be granted pending final ABC Board approval; therefore, any investments made based upon the issuance of the temporary would be at the licensee's risk.

We can accept credit card payments over the phone, otherwise, please send a check or money order made out to the State of Alaska to the address listed below:

AMCO

550 W 7th AVE, STE 1600
Anchorage, AK 99501

Let me know if you have any questions.

Best,



John Church
Occupational Licensing Examiner

From: sandie alley <mocha2020@hotmail.com>

Sent: Wednesday, March 20, 2019 3:17 PM

To: Alcohol Licensing, CED ABC (CED sponsored) <alcohol.licensing@alaska.gov>

Subject: Fw: Alcohol License renewal Silver Fox Inn

Please open the attached document. It was sent to you using a Xerox multifunction printer.

Attachment File Type: pdf, Multi-Page

Multifunction Printer Location: machine location not set

Device Name: XRX9C934E9885F4

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February 2, 2019

Alcoholic Beverage Control Board
550 West 7th Ave. Ste 1600
Anchorage AK 99501

Members of the Board:

Please find the following responses to the 6 points required for the renewal application of the Silver Fox Inn Tourism liquor license.

1. With the 25 years of operation, the Silver Fox Inn has increased the business income substantially, this was accomplished by:
 - A. offering the traveling public extended hours of operation for the restaurant and room rentals.
 - B. By using Face-Book to advertise the following activities: VNEA, APA, & BCA pool, APC, NBA, & BDO dart tournaments

4. Yes, we offer rental rooms to the traveling public. All 10 rooms have kitchen facilities, which include the separate sinks, refrigerators, and micro-wave ovens, there are also coffee makers in the rooms along with free WI-FI. The rooms are not stocked with alcoholic beverages. With the new improved room, the Silver Fox Inn was given a 4-Star motel rating.
5. Yes, we have a dining facility.
6. With the various prizes for the pool and dart invitationals and the wounded warrior project incentive along with the fishing and hunting trip-price reduction, we also have Pull-tab and cribbage games available. With the extended hours of operation for the restaurant and room rentals and the Face-Book marketing, I feel the Silver Fox Inn has well rounded incentives for the encouragement for the traveling public accommodations.



Alaska Alcoholic Beverage Control Board
Beverage Dispensary – Tourism License
Form AB-17d: 2019/2020 Renewal License Application

What is this form?

This renewal license application form is required for all individuals or entities seeking to apply for renewal of an existing beverage dispensary – tourism liquor license that will expire on December 31, 2018. All fields of this form must be complete and correct, or the application will be returned to you in the manner in which it was received, per AS 04.11.270 and 3 AAC 304.105. The Community Council field only should be verified/completed by licensees whose establishments are located within the Municipality of Anchorage or outside of city limits within the Matanuska-Susitna Borough.

This form must be completed correctly and submitted to the Alcohol & Marijuana Control Office (AMCO)’s main office, along with all other required documents and fees, before any renewal license application will be considered complete. Receipt and/or processing of renewal payments by AMCO staff neither indicates nor guarantees that an application will be considered complete, or that a license will be renewed.

Section 1 – Establishment and Contact Information

Enter information for the business seeking to have its license renewed. If any populated information is incorrect, please contact AMCO.

Licensee:	Cassandra J Alley	License #:	1962
License Type:	Beverage Dispensary - Tourism	Statute:	AS 04.11.400(d)
Doing Business As:	The Silver Fox Inn		
Premises Address:	Mile Post 50 Parks Highway		
Local Governing Body:	Matanuska-Susitna Borough		
Community Council:	Meadow Lakes		

Mailing Address:	POB 872887				
City:	Wasilla	State:	Alaska	ZIP:	99687

Enter information for the individual who will be designated as the primary point of contact regarding this application. This individual **must be a licensee** who is required to be listed in and authorized to sign this application.

Contact Licensee:	Cassandra J. Alley	Contact Phone:	907-892-6179
Contact Email:	Mocha2020@hotmail.com		

Optional: If you wish for AMCO staff to communicate with individual who is not a licensee named on this form (eg: legal counsel) about this application and other matters pertaining to the license, please provide that person’s contact information in the fields below.

Name of Contact:		Contact Phone:	
Contact Email:			



Section 2 – Entity or Community Ownership Information

This top subsection must be completed by any licensee that is a **corporation** or **LLC**. Corporations and LLCs are required to be in good standing with the Alaska Division of Corporations, Business & Professional Licensing (CBPL). This number is neither your EIN/tax ID number, nor your business license number. **You may view your entity's status or find your CBPL entity number by using the following site: <https://www.commerce.alaska.gov/cbp/main/search/entities>**

General partnerships and local governments should skip to the second half of this page. Licensees who directly hold a license as an individual or individuals should skip to Section 3.

Alaska CBPL Entity #:	
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You must ensure that you are able to certify the following statement before signing your initials in the box to the right: Initials

I certify that this entity is in good standing with CBPL and that all current entity officials and stakeholders (listed below) are also currently and accurately listed with CBPL.

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This subsection must be completed by any **community** or **entity**, including a corporation, limited liability company, partnership, or limited partnership, that is applying for renewal. If more space is needed, please attach additional completed copies of this page.

- 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**.

Important Note: The information provided in the below fields (including spelling of names, specific titles, and percentages held) must match that which is listed with CBPL. If one individual holds multiple titles mentioned in the bullets above, all titles must be listed for that individual on this application and with CBPL. Failure to list all required titles constitutes an incomplete application.

Name of Official:					
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:	



Alaska Alcoholic Beverage Control Board

Form AB-17d: 2019/2020 Tourism Renewal License Application

Section 3 - Sole Proprietor Ownership Information

This section must be completed by any licensee who directly holds the license as an individual or multiple individuals and is applying for license renewal. If more space is needed, please attach a separate sheet that includes all of the required information. Entities should skip to Section 4. The following information must be completed for each licensee and each affiliate (spouse).

This individual is an: [X] applicant [] affiliate (spouse)

Form with fields: Name: Cassandra J. Alley, Contact Phone: 307-358-2232, Mailing Address: POB 872887, City: Wasilla, State: Alaska, ZIP: 99687, Email: Mocha2020@hotmail.com

This individual is an: [] applicant [] affiliate (spouse)

Form with fields: Name, Contact Phone, Mailing Address, City, State, ZIP, Email

Section 4 - Alcohol Server Education

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

I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check identification of a patron 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, as set forth in AS 04.21.025 and 3 AAC 304.465.

[Signature]

Section 5 - License Operation

Check a single box for each calendar year that best describes how this liquor license was operated: 2017 2018

Form with four rows of license operation descriptions and checkboxes for years 2017 and 2018.





Alaska Alcoholic Beverage Control Board

Form AB-17d: 2019/2020 Tourism Renewal License Application

Section 6 - Violations and Convictions

Applicant violations and convictions in calendar years 2017 and 2018: Yes No

Have any notices of violation (NOVs) been issued to this licensee in the calendar years 2017 or 2018? [] [X]

Has any person or entity named in this application been convicted of a violation of Title 04, of 3 AAC 304, or a local ordinance adopted under AS 04.21.010 in the calendar years 2017 or 2018? [] [X]

If "Yes" to either of the previous two questions, attach a separate page to this application listing all NOVs and/or convictions.

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 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. [CJA]

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 or the ownership (including officers, managers, general partners, or stakeholders) from what is currently approved and on file with the Alcoholic Beverage Control (ABC) Board. [CJA]

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. [CJA]

I am submitting as part of this application a written statement that meets the attached Tourism Statement Guidelines, for review by the Alcoholic Beverage Control Board. [CJA]

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, is true, correct, and complete. I agree to provide all information required by the Alcoholic Beverage Control Board or 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 to me as incomplete.

Cassandra Alley Signature of licensee

Brandy Harcourt Signature of Notary Public

Cassandra J. Alley Printed name of licensee

Notary Public in and for the State of Wyoming

My commission expires: March 20, 2021



Subscribed and sworn to before me this 5 day of Feb, 2019.

Seasonal License? [] [X]

If "Yes", write your six-month operating period: _____

Table with 2 columns: Fee Category and Amount. License Fee: \$2500.00, Application Fee: \$300.00, TOTAL: \$2800.00, Miscellaneous Fees: 500.00, GRAND TOTAL (if different than TOTAL): 3300.00

