



## MEMORANDUM

TO: Alcoholic Beverage Control Board                      DATE: July 9, 2019  
FROM: Erika McConnell, Director                              RE: 1536 The Sluice Box

**Requested Action:** Reinstatement, renewal, and transfer of license; approval of 1<sup>st</sup> and 2<sup>nd</sup> waivers; request for room service under AS 04.11.090(d); request for waiver of late fees

**Statutory and Regulatory Authority:** AS 04.06.090(b): "The board shall review all applications for licenses made under this title and may order the director to issue, renew, revoke, transfer, or suspend licenses and permits authorized under this title."

AS 04.11.040(a): "A license issued under this title may not be transferred to another person except with the written consent of the board."

AS 04.11.540: "...If a complete application for renewal has not been filed by February 28 or the required fees and the penalty fees have not been paid by that date, the license expires at 12:00 midnight February 28."

3 AAC 304.160(f): "The board will deny a request for reinstatement submitted under (e) of this section if

- (1) the license became available in accordance with 3 AAC 304.100(2) and was issued to a different applicant, unless the limit of licenses under AS 04.11.400 has not been reached; or
- (2) the board finds that the failure to timely file or pay was caused by
  - (A) the licensee's failure to notify the board of a change of the licensee's mailing address;
  - (B) a transfer of ownership of the business for which the license was issued without written approval of the board in violation of AS 04.11.040;
  - (C) a lease of the licensed business to another person in violation of AS 04.11.450(c); or
  - (D) any other action of the licensee whether active or tacit that the board finds constitutes a failure to lawfully operate the business for which the license was issued."

AS 04.11.090(d): "The area designated as the licensed premises under a beverage dispensary license issued to a hotel, motel, resort, or similar business that caters to the traveling public as a substantial part of its business may include the dining room, banquet room, guests' rooms, and other public areas approved by the board."

**Staff Rec.:** Evaluate reinstatement request in accordance with 3 AAC 304.160(f); evaluate the request for room service as allowed under 04.11.090(d); deny request for waiver of late fees

**Background:** During the last renewal period for the 2017/2018 licensing period, it came to AMCO's attention that the licensee had transferred ownership of the license without board approval due to the death of one of the two entity owners on July 1, 2016. The licensee was informed by email on February 28, 2017, that there were some corrections required on the renewal application and that a transfer application was required as well. The licensee did not submit the corrections or the transfer application. However the AMCO staff member also did not follow up—an expiration letter was never sent to the licensee and the license was never expired in the database. Technically this license expired in the spring of 2017. An expiration and cessation of operations letter was sent on March 12, 2019.

Because the license was never expired in the database, a 2019/2020 renewal application was sent to the licensee who apparently had been operating for all of 2017 and 2018. During review of the 2019/2020 renewal application, this situation came to light.

The licensee has submitted a request for reinstatement, a transfer application to change controlling interest of Alaska Adventure Services LLC, the entity that holds the liquor license, from Robert Kelley 50% (deceased) and Coleen Kelley 50% to Coleen Kelley 100%, a complete renewal application, waiver applications for 2017 and 2018, and all required fees. The licensee is requesting a waiver of late fees.

Alaska Adventure Services LLC requests that the board approve service of alcohol in their guest rooms under AS 04.11.090(d). On March 21, 2016, the most recent premises diagram for license 1536 was approved with room service. The transfer application shows that this license qualifies as a business that caters to the traveling public as a substantial part of its business.

**Attachments:** Request for reinstatement  
Transfer application  
Renewal application for 2017/2018  
Renewal application for 2019/2020  
Waiver applications

April 10, 2019

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

Re: Response to Expiration & Mandatory Cessation of Operation of License #1536 DBA The Sluice Box

Dear Ms. McConnell,

### Request for Reinstatement

I wish to reinstate my license by submitting the requested documentation to substantiate the circumstances involving the loss of my license.

- In June 2016, my husband and I were purchasing The Gracious House Lodge property, which included The Sluice Box bar. We entered an operating agreement until the AMCO Board approved our liquor license transfer application. We were hoping it would be approved at the June meeting.
- On June 21, 2016 my husband was airlifted from the lodge, suffering from a heart attack and subsequently died July 1 in the State of Washington. His unexpected death was a shock and has been a challenge to overcome.
- When inquiring about progress of the transfer application, I was told there was “a heavy caseload related to the legalization of marijuana that year” and our transfer application was delayed to July. In July, review of the transfer application was again postponed until August. In August, owner David Gratias went to Anchorage to inquire about the delay again (closing of the property was contingent on transfer of the liquor license) and transfer of the license was granted, apologies offered, and he brought back needed paperwork to close on the property.
- Upon return home from the lodge in November 2016, I found paperwork that had been mailed to me in order to renew my license that I was just granted in August. I completed the application (December 2016), indicated by my name as owner 100% (since my husband had died) under Alaska Adventure Services, LLC and sent in the application with money for an “all year” license. In filling out the renewal application (my first time) and the being that our location is remote on the Denali Highway, the nearest city Cantwell is 52 miles away and Paxon is 82 miles away. I left section 1 “community council box” empty, as there is no community there, as we are outside city limits.
- A letter was sent to me February 28, 2017 saying my application was incomplete. A bullet point indicated I needed to fill in community council box, I did. What I failed to see that day (there was no bullet point & I believe I focused on what was needed), was a request to apply for a transfer application. At that time, I was back at work full time at



UAA as a Professor of Nursing and must admit, trying to put my life back together from the sudden loss of my husband, teach & be a solo business owner.

- I had no further correspondence from AMCO after February 2017, my check had been cashed, online I saw my liquor license was posted active until December 2018. Being a new business owner, I had my State and Borough licenses posted, and did not realize I had no alcohol license posted. I had the previous license posted and don't recall ever getting a copy of my actual license in August to post.
- I am confident that had I received the letter that was sent to me this March 12, 2019 – *that was dated February 15, 2017* – that had in large red font centered on the page:

**LIQUOR LICENSE EXPIRES FEBRUARY 28, 2017**

I would have completed all required paperwork at that time and this current situation would be non-existent. I ask you to please consider the life changing circumstances I was in the midst of, miscommunication of notification that my license would expire on February 28, 2017 and reinstate my license.

- I ask you to please consider that the late fees be waived. Upon receipt of my 2019-2020 renewal application, now I learn was sent in error, I completed my application in a timely manner, made many phone calls and emails related to clarifying being asked to transfer ownership from Alaska Adventure Services, LLC with my husband and my name to Alaska Adventure Services, LLC to my name only. I received conflicting answers on how to proceed between the AMCO office and Professional Licensing office on this subject.
- We were all under the impression that I had an active license. I was to fly to Juneau (Feb 19-20, 2019) to speak to the Board in February and appeal the decision to forfeit the license and to ask for a time extension to submit the transfer application (correspondence dated Feb 6, 2019).
- I was then notified in February that no license had been issued (I cried on that phone call) and I should not travel to Juneau. I was told I would receive further instructions on how to proceed and if I did not hear by March 1, to contact AMCO. I did follow up and this is a part of the needed paperwork required.
- I sent checks that were cashed for license renewal in December 2016 - \$2,700.00 for my 2017/2018 license and \$1,550.00 in Dec 2018 for my 2019/2020 license renewal.

**Please find requested documents:**

- Form AB-01: Transfer License Application
  - Please note, the Postmaster in Cantwell does not have an expiration date for her commission. See attached email to confirm this.
- Form AB-07: Public Notice Posting Affidavit
- Advertising Format used
- Advertising Affidavit from Last Frontier Mediactive, LLC
- Form AB-02: Premises Diagram
- Form AB-09: Statement of Financial Interest
- Form AB-11: Creditors Affidavit



- Form AB-17: 2017-2018 Renewal License Application, a scanned copy of original application with “community council” completed.
- Form AB-29: Waiver of Operation Application 2017
- Form AB-29: Waiver of Operation Application 2018

**Also requested**

- LLC Operating Agreement
- LLC Articles of Organization
- LLC Certificate of Organization
- Warranty Deed
- Bill of Sale/right to premises

Thank you for taking into consideration my circumstances, the communication challenges along the way and my willingness to correct this situation with AMCO. Thank you for answering my many phone calls, emails and assisting me in submitting necessary paperwork. A special thanks to John for the time he spent reviewing my paperwork for accuracy and answering many emails.

My business is small (4 of us), I am trying to build a family business that will allow travelers and fellow Alaskans to enjoy beauty of the Denali Highway. The revenue from the Sluice Box is instrumental to our success. I ask you to please reinstate my beverage dispensary license.

Please let me know if you are in need of any further information/paperwork.

Very Sincerely,

  
Colleen M Kelley, member  
Alaska Adventure Services, LLC  
DBA The Sluice Box





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

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:	Alaska Adventure Services, LLC	License #:	1536
License Type:	Beverage Dispensary	Statutory Reference:	AS.04.11.090
Doing Business As:	The Sluice Box		
Premises Address:	MilePost 82.2 Denali Highway		
City:	Outside City Limits	State:	AK
		ZIP:	n/a
Local Governing Body:	Matanuska-Susitna 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:	Alaska Adventure Services, LLC				
Doing Business As:	The Sluice Box				
Premises Address:	MilePost 82.2 Denali Highway				
City:	Outside City Limits	State:	AK	ZIP:	n/a
Community Council:	no community council				

Mailing Address:	2877 N Meadow Lakes Dr				
City:	Wasilla	State:	AK	ZIP:	99623

Designated Licensee:	Colleen Kelley				
Contact Phone:	907.203.1357	Business Phone:	907.203.1057		
Contact Email:					

Seasonal License?  Yes  No If "Yes", write your six-month operating period: May, June, July, Aug, Sept, Oct

**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.

approximately 52 miles

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.

approximately 52 miles





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:	N/A			
Address:				
City:	State:	ZIP:		

This individual is an:  applicant  affiliate

Name:	N/A			
Address:				
City:	State:	ZIP:		

**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:	Colleen Kelley				
Title(s):	member	Phone:	907.203.1357	% Owned:	100
Address:	2877 N Meadow Lakes Dr				
City:	Wasilla	State:	AK	ZIP:	99623







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

Alaska Alcoholic Beverage Control Board

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

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

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

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

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.

DOC Entity #:	10037798	AK Formed Date:	04.19.2016	Home State:	AK
Registered Agent:	Colleen Kelley		Agent's Phone:	907.203.1357	
Agent's Mailing Address:	2877 N Meadow Lakes Dr				
City:	Wasilla	State:	AK	ZIP:	99623

Residency of Agent: Yes No

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





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

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):

[Empty text box for disclosure]

**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:

[Empty text box for disclosure]





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

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.

Signature of transferor

**Colleen M Kelley**

Printed name of transferor

Subscribed and sworn to before me this 28 day of March, 2019.



Signature of Notary Public

Notary Public in and for the State of Alaska.

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

**POSTMASTER/NOTARY PUBLIC  
PER USPS ASM 112.2**

Signature of transferor

**N/A**

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.

CWK

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

CWK

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.

CWK

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.

CWK

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

CWK

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.

*Colleen M Kelley*

Signature of transferee

**Colleen M Kelley**

Printed name

Subscribed and sworn to before me this 28 day of March, 2019.

POSTMASTER/NOTARY PUBLIC  
PER USPS ASM 112.2



*Kelly Ponder*

Signature of Notary Public

Notary Public in and for the State of Alaska

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





**Alaska Alcoholic Beverage Control Board**  
**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, 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**

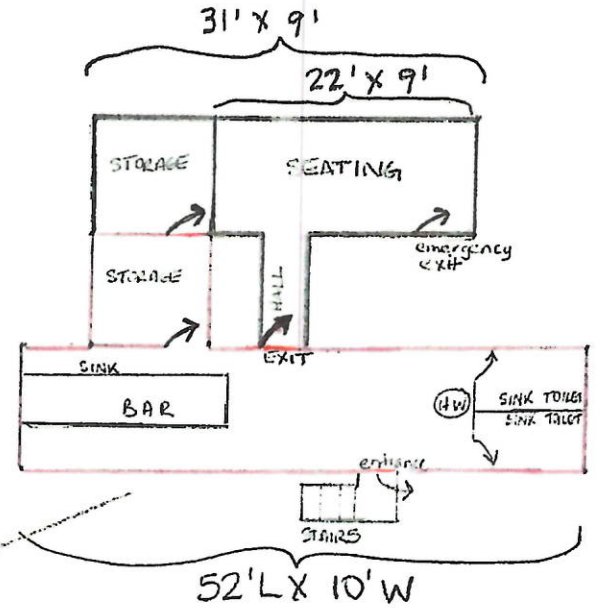
Enter information for the business seeking to be licensed, as identified on the license application.

Licensee:	Alaska Adventure Services, LLC	License Number:	1536		
License Type:	Beverage Dispensary				
Doing Business As:	The Sluice Box				
Premises Address:	Mile 82.2 Denali Highway				
City:	outside city limits	State:	AK	ZIP:	N/A

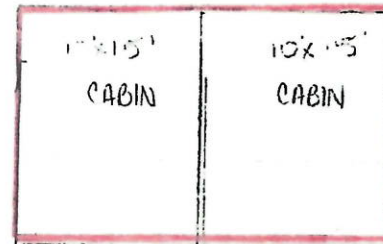
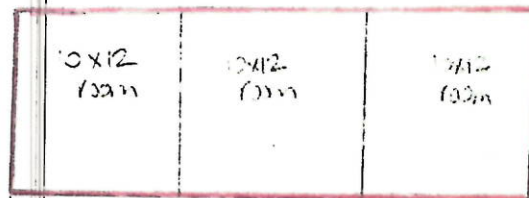
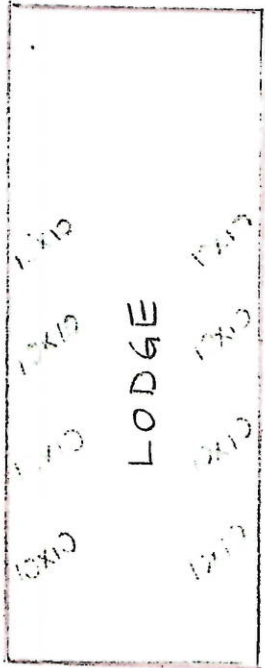


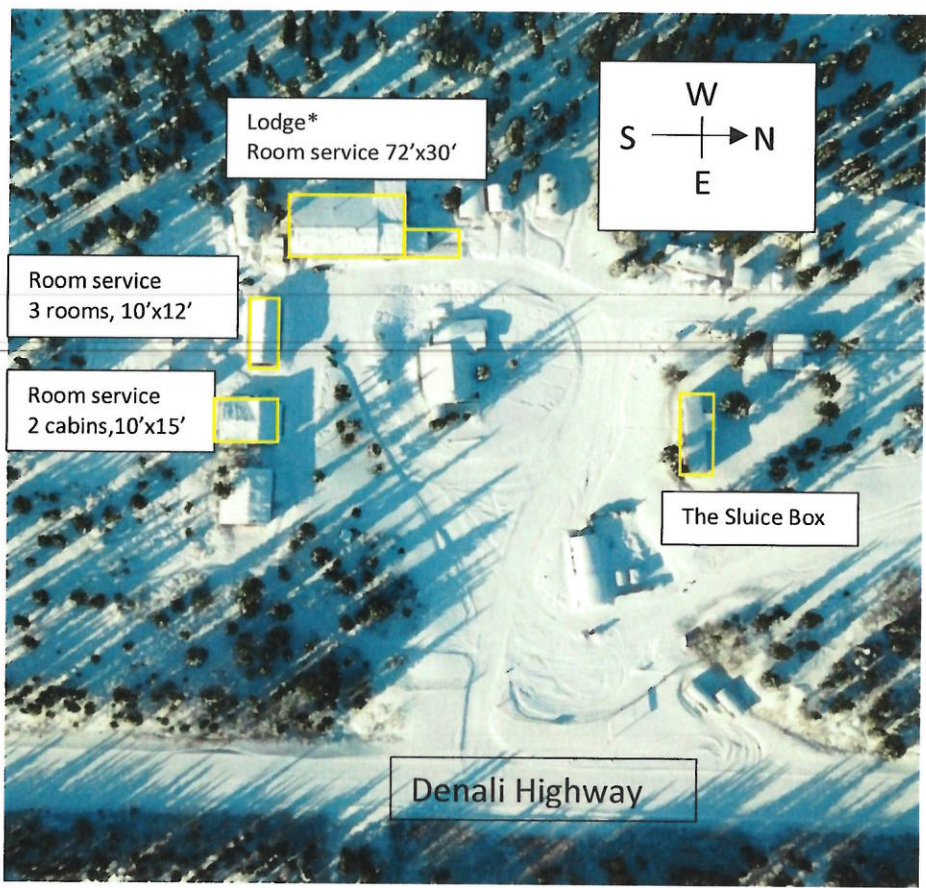
The Juice Box MP 32.2 Denali Highway

1 SQUARE = 4 FEET



APPROX 155 FEET LODGE TO THE JUICE BOX





\*The Lodge has a deck (~24L'x12W') that has rails around it for safety. Signs indicating "no alcohol allowed beyond deck" will be posted. Employees will monitor deck to ensure alcohol does not leave premises.



RECEIVED  
 APR 25 2019  
 ALCOHOL INVESTIGATOR  
 STATE OF ALASKA

## Church, John D (CED)

---

**From:** Colleen Kelley <clearwatermountainlodge@gmail.com>  
**Sent:** Tuesday, April 16, 2019 6:03 PM  
**To:** Alcohol Licensing, CED ABC (CED sponsored)  
**Subject:** Re: John - paperwork from Colleen, license #1536

**Categories:** John

Hi John,

If a guest staying in the lodge and would like a beverage from the Sluice Box, they have the ability to order from an employee working in the lodge. All employees have TAPS training. The beverage is served to them in the main lodge.

*Cheers!*

*Colleen*



[www.clearwatermountainlodge.com](http://www.clearwatermountainlodge.com) | 907.203.1057

**Facebook:** Clearwater Mountain Lodge, Denali Highway. Alaska  
Member Denali Chamber of Commerce & Alaska CHARR

On Tue, Apr 16, 2019 at 4:38 PM Alcohol Licensing, CED ABC (CED sponsored)  
<[alcohol.licensing@alaska.gov](mailto:alcohol.licensing@alaska.gov)> wrote:

Hi Colleen,

I can add the Property Assessment Notice to your application as additional documentation linking the deed and the physical address.





**Alaska Alcoholic Beverage Control Board**  
**Form AB-17: 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 liquor license that will expire on December 31, 2016. 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 needs to 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.**

**Section 1 – Establishment and Contact Information**

Enter information for the business seeking to have its license renewed.

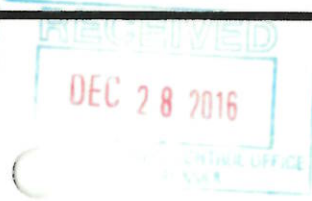
Licensee:	Alaska Adventure Services, LLC	License #:	1536
License Type:	Beverage Dispensary-Seasonal	Statute:	AS 04.11.090
Doing Business As:	The Sluice Box		
Premises Address:	Mile 82.2 Denali Hwy		
Local Governing Body:	Matanuska-Susitna Borough		
Community Council:			

Mailing Address:	2877 N Meadow Lakes Drive				
City:	Wasilla	State:	AK	ZIP:	99623

Enter information for the licensee who will be designated as the primary point of contact regarding this application and the license.

Designated Licensee:	Colleen Kelley		
Contact Phone:	217.781.1316	Business Phone:	907.273.0077
Contact Email:	ClearwaterMountainLodge@gmail.com		

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





Alaska Alcoholic Beverage Control Board

**Form AB-17: Renewal License Application**

**Section 2 – Sole Proprietor Ownership Information**

This section must be completed by any sole proprietor who is applying for a license. Entities should skip to Section 3.  
 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:				
Address:				
City:		State:		ZIP:
Email:				
Contact Phone:				

This individual is an:  applicant  affiliate

Name:				
Address:				
City:		State:		ZIP:
Email:				
Contact Phone:				

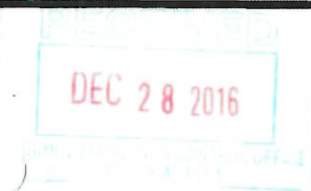
**Section 3 – Entity Ownership Information**

This 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 (DOC). Partnerships may skip to Page 3. Sole proprietors should skip to Section 4.

Alaska DOC Entity #:	10037798
----------------------	----------

Alaska Division of Corporations: Yes No

Is your entity in good standing with the Alaska Division of Corporations?  Yes  No





Alaska Alcoholic Beverage Control Board

**Form AB-17: Renewal License Application**

This subsection must be completed by any entity, including a corporation, limited liability company (LLC), 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*.

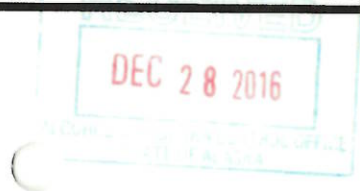
Entity Official:	Colleen Kelley			
Title(s):	member	Phone:	907.357.4531	% Owned: 100
Address:	2877 N Meadow Lakes Dr			
City:	Wasilla	State:	AK	ZIP: 99623

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

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

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

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





Alaska Alcoholic Beverage Control Board

**Form AB-17: Renewal License Application**

**Section 4 – 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:

[Empty text box for authorization details]

**Section 5 – License Operation**

Check the box that best describes your liquor license operations in calendar years 2015 and 2016:

The license was regularly operated continuously throughout each year, for 8 or more hours each day.

The license was regularly operated during a specific season each year, for 8 or more hours each day.

The license was only operated to meet the minimum requirement of 30 days each year, 8 hours each day. If this box is checked, an AMCO employee will contact you after reviewing your application.

The license was not operated at all or was not operated for at least the minimum requirement of 30 days each year, 8 hours each day, during one or both of the calendar years.

If this box is checked, an AMCO employee will contact you after reviewing your application.

**Section 6 – Convictions**

Applicant convictions in calendar years 2015 and 2016:

Yes No

Has any person 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 2015 or 2016?

If "Yes", list all convictions:

[Empty text box for listing convictions]





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

Alaska Alcoholic Beverage Control Board  
**Form AB-17: Renewal 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 current licensees (as defined in AS 04.11.260) and affiliates have been listed on this application, and if the licensee is an organized entity, that all current entity officials and stakeholders are listed with the Alaska Division of Corporations.

CMK

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.

CMK

I certify 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.

CMK

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 or stakeholders) from what is currently on file with the Alcoholic Beverage Control Board.

CMK

I certify that I have not violated any restrictions pertaining to this particular license type, and that this license has not been operated in violation of a condition or restriction imposed by the Alcoholic Beverage Control Board.

CMK

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 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.

*Colleen M Kelley*  
 Signature of licensee

*Tawnya M McCracken*  
 Signature of Notary Public

Colleen M Kelley  
 Printed name of licensee

Notary Public in and for the State of ALASKA



My commission expires: 11/15/2020

Subscribed and sworn to before me this 23 day of DECEMBER, 20 16.  
 2500.00 \$ 2700.00

License Fee:	\$ 1250.00	Filing Fee:	\$ 200.00	TOTAL:	\$ 1450.00
Late Fee of \$500.00 – if received or postmarked after 01/03/2017:					
Miscellaneous Fees:					
GRAND TOTAL (if different than TOTAL):					\$ 2700.00



From: Colleen <partee1s@aol.com>  
To: partee1s <partee1s@aol.com>; alcohol.licensing <alcohol.licensing@alaska.gov>  
Subject: Re: need instructions on seasonal to all year round license  
Date: Wed, Dec 7, 2016 1:38 pm

Hello,  
Update: I got through to the office today & found out what I need to do.  
Please accept this email as notification that I am changing my license to "all year round."  
I will be sending a check in with my "renewal license application" forms for the amount of \$2700.00.  
Thank you,  
Colleen Kelley, member  
Alaska Adventure Services, LLC  
License #1536

-----Original Message-----  
From: Colleen <partee1s@aol.com>  
To: alcohol.licensing <alcohol.licensing@alaska.gov>  
Sent: Tue, Dec 6, 2016 12:22 pm  
Subject: need instructions on seasonal to all year round license

Hello,  
I would like instructions on how to renew my beverage dispensary - from "Seasonal" license to "all year round."  
Many thanks, I have my renewal form and am ready to mail in, I just need instructions on how to do that.  
Thank you,  
Colleen Kelley, member  
Alaska Adventure Services, LLC  
License # 1536





Alaska Alcoholic Beverage Control Board

**Form AB-17: 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 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:	Alaska Adventure Services, LLC	License #:	1536
License Type:	Beverage Dispensary	Legal Ref.:	AS 04.11.090
Doing Business As:	The Sluice Box		
Premises Address:	Mile 82.2 Denali Hwy		
Local Governing Body:	Matanuska-Susitna Borough		
Community Council:	No community council		
Mailing Address:	2877 N Meadow Lakes Drive		
City:	Wasilla	State:	AK
		ZIP:	99623

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:	Colleen M Kelley	Contact Phone:	907.203.1357
Contact Email:	clearwatermountainlodge@gmail.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:	N/A	Contact Phone:	
Contact Email:			





# Form AB-17: 2019/2020 Renewal License Application

## 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 #:	10037798
-----------------------	----------

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.



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.

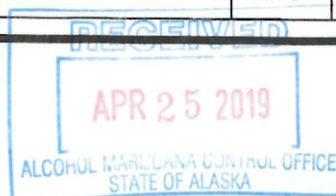
- If the applicant is a **corporation**, the following information must be completed for each **stockholder who owns 10% or more** of the stock in the corporation, and for each **president, vice-president, secretary, and managing officer**.
- If the applicant is a **limited liability organization**, 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:	Colleen M Kelley				
Title(s):	member	Phone:	907.203.1357	% Owned:	100%
Mailing Address:	2877 N Meadow Lakes Drive				
City:	Wasilla	State:	AK	ZIP:	99623

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

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







# Form AB-17: 2019/2020 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:  applicant  affiliate (spouse)

Name:	N/A		Contact Phone:	
Mailing Address:				
City:		State:		ZIP:
Email:				

This individual is an:  applicant  affiliate (spouse)

Name:	N/A		Contact Phone:	
Mailing Address:				
City:		State:		ZIP:
Email:				

## Section 4 – Alcohol Server Education

This section must be completed only by the holder of a **beverage dispensary, club, or pub** license or **conditional contractor's permit**. The holders of all other license types should skip to Section 5.

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.



## Section 5 – License Operation

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

2017    2018

The license was regularly operated continuously throughout each year.

The license was regularly operated during a specific season each year.

The license was only operated to meet the minimum requirement of 240 total hours each calendar year.

*If this box is checked, a complete copy of Form AB-30: Proof of Minimum Operation Checklist, and all necessary documentation must be provided with this application.*

The license was not operated at all or was not operated for at least the minimum requirement of 240 total hours each year, during one or both of the calendar years.

*If this box is checked, a complete copy of Form AB-29: Waiver of Operation Application and corresponding fees must be submitted with this application for each calendar year during which the license was not operated for at least the minimum requirement, unless a complete copy of the form (including fees) has already been submitted for that year.*





Alaska Alcoholic Beverage Control Board

Form AB-17: 2019/2020 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. [cmk]

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 Board. [cmk]

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. [cmk]

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.

Signature of licensee: Colleen M Kelley

Printed name of licensee: Colleen M Kelley

Signature of Notary Public: Dawn M. McCracken



for the State of Alaska

My commission expires: 11-15-2020

Subscribed and sworn to before me this 25th day of April, 2019.

Seasonal License? Yes [X] No [ ]

If "Yes", write your six-month operating period: May, June, July, Aug, Sept, Oct

Table with columns for License Fee, Application Fee, and TOTAL. License Fee: \$1250.00, Application Fee: \$300.00, TOTAL: \$1550.00. Grand Total: \$1550.00.



Details

# ENTITY DETAILS

## Name(s)

Type	Name
Legal Name	Alaska Adventure Services, LLC

**Entity Type:** Limited Liability Company

**Entity #:** 10037798

**Status:** Good Standing

**AK Formed Date:** 4/19/2016

**Duration/Expiration:** Perpetual

**Home State:** ALASKA

**Next Biennial Report Due:** 1/2/2020

**Entity Mailing Address:** 2877 N MEADOW LAKES DR, WASILLA, AK 99623

**Entity Physical Address:** 2877 N MEADOW LAKES DR, WASILLA, AK 99623

## Registered Agent

**Agent Name:** Colleen M. Kelley

**Registered Mailing Address:** 2877 N MEADOW LAKES DR, WASILLA, AK 99623

**Registered Physical Address:** 2877 N MEADOW LAKES DR, WASILLA, AK 99623

## Officials

AK Entity #	Name	Titles	<input type="checkbox"/> Show Former
			Owned
	Colleen Kelley	Member	100.00

## Filed Documents

Date Filed	Type	Filing	Certificate
4/19/2016	Creation Filing	<a href="#">Click to View</a>	<a href="#">Click to View</a>
4/19/2016	Initial Report	<a href="#">Click to View</a>	
3/22/2018	Biennial Report	<a href="#">Click to View</a>	
1/14/2019	Agent Change	<a href="#">Click to View</a>	



Alaska Alcoholic Beverage Control Board

**Form AB-29: Waiver of Operation Application**

**What is this form?**

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

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

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

The ABC Board will determine whether, through no fault of the licensee or because the premises are under construction, the licensed premises could not be operated for the required time during the calendar year. The ABC Board may impose conditions along with the approval of an application for waiver, and it may deny a third or subsequent application for waiver. If an application for waiver is denied, an application for license renewal for the succeeding license period will be denied by the Board. In addition to the waiver application fee, the applicant must pay a late fee of \$1,000 for an application that is received too late for Board consideration at its meeting before November 30 of the year for which the waiver is requested. Please check AMCO's website for meeting agenda deadlines.

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

**Section 1 – Establishment Information**

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

Licensee:	Alaska Adventure Service, LLC	License Number:	1536
License Type:	Beverage Dispensary		
DBA:	The Sluice Box		
Premises Address:	MP 82.2 Denali Highway		
City:	outside city limits	State:	Alaska
		ZIP:	n/a
Local Governing Body:	Matanuska-Susitna Borough		

**Section 2 – Request Number and Calendar Year**

1<sup>st</sup> Request     
  2<sup>nd</sup> Request     
  3<sup>rd</sup> Request     
  Other \_\_\_\_\_

Request for Calendar Year 2017





Alaska Alcoholic Beverage Control Board

**Form AB-29: Waiver of Operation Application**

**Section 3 – Reason for Non-operation**

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

- My license was not issued due to need of transfer application (Form AB-01) after my husband died.
- I did not receive notice that my license expired. (received on March 12, 2019)
- I did not get a license from previous renewal period.
- The license was not operated.

**Section 4 – Certifications**

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

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

Initials

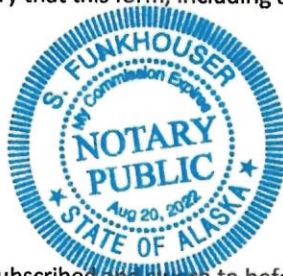
I certify that I will provide a true copy of this application to the local governing body listed on Page 1 of this form prior to ABC Board consideration of this application.



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

Colleen M. Kelley  
Signature of licensee

COLLEEN M KELLEY  
Printed name of licensee



S. Funkhouser  
Notary Public in and for the State of Alaska.

My commission expires: Aug 20, 2022

Subscribed and sworn to before me this 5<sup>th</sup> day of April, 2019.

Office Use Only			
Waiver Application Fee:		Late Fee:	Transaction #:





**Alaska Alcoholic Beverage Control Board**

**Form AB-29: Waiver of Operation Application**

**What is this form?**

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

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

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

The ABC Board will determine whether, through no fault of the licensee or because the premises are under construction, the licensed premises could not be operated for the required time during the calendar year. The ABC Board may impose conditions along with the approval of an application for waiver, and it may deny a third or subsequent application for waiver. If an application for waiver is denied, an application for license renewal for the succeeding license period will be denied by the Board. In addition to the waiver application fee, the applicant must pay a late fee of \$1,000 for an application that is received too late for Board consideration at its meeting before November 30 of the year for which the waiver is requested. Please check AMCO's website for meeting agenda deadlines.

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

**Section 1 – Establishment Information**

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

Licensee:	Alaska Adventure Service, LLC	License Number:	1536			
License Type:	Beverage Dispensary					
DBA:	The Sluice Box					
Premises Address:	MP 82.2 Denali Highway					
City:	outside city limits	State:	Alaska	ZIP:	n/a	
Local Governing Body:	Matanuska-Susitna Borough					

**Section 2 – Request Number and Calendar Year**

1<sup>st</sup> Request     
  2<sup>nd</sup> Request     
  3<sup>rd</sup> Request     
  Other \_\_\_\_\_

Request for Calendar Year 2018





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

Alaska Alcoholic Beverage Control Board

**Form AB-29: Waiver of Operation Application**

**Section 3 – Reason for Non-operation**

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

- My license was not issued due to need of transfer application (Form AB-01) after my husband died.
- I did not receive notice that my license expired. (received on March 12, 2019)
- I did not get a license from previous renewal period.
- The license was not operated.

**Section 4 – Certifications**

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

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

Initials

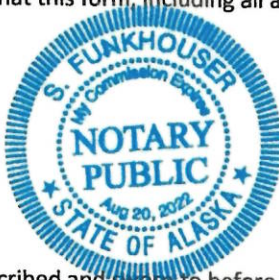
I certify that I will provide a true copy of this application to the local governing body listed on Page 1 of this form prior to ABC Board consideration of this application.

*CMK*

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

*Colleen M Kelley*  
 Signature of licensee

COLLEEN M KELLEY  
 Printed name of licensee



*S. Funkhouser*  
 Notary Public in and for the State of Alaska.

My commission expires: Aug 20, 2022

Subscribed and sworn to before me this 5<sup>th</sup> day of April, 2019.

Office Use Only			
Waiver Application Fee:		Late Fee:	Transaction #:

