

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

alcohol.licensing@alaska.gov

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

Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Tourism Statement Form

- A new, transfer, or renewal application for a Tourism Site License must be accompanied by this form which explains how the establishment satisfies the requirements listed under AS 04.11.400 (d), 3 AAC 304.325.
 - You must provide complete responses to all questions or your application will be returned and will not be scheduled for the next ABC board meeting until the application is deemed complete by AMCO staff.
- All questions must be answered on this form. Do not attach other documents, or they will be returned.
- Do not provide documents and/or statements not requested.

Mandatory Points to be included

1. Explain how issuance of a liquor license at your establishment has/will keep encouraging tourism:

The Voyager Inn encourages tourism as it is ranked as of 9.3, and and overall excellent rating of 8.8 on Bookin	a top pick, with a couples rating ng.com.
The Reviews that mentioned our Manager's Reception and popcorn, we received an exceptional 10 of 10 ration UCY ager Inn is lucated in the her Denaine Center, OY miles willian Eagan Convention Center. 63 miles Atwood Concut Huch. 03 miles wastar trail. 02 miles	Eart of Dowtown Anchorage

2. Explain how the facility was or will be improved in accordance with this application: (this includes planned renovations, repairs, updates to the facility/grounds)

New Air Conditioning

Guest Room Lock Upgrade

New Mattresses and box springs in select rooms

[Tourism Statement Form] (rev 09/23/2020)

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Page 1 of 2

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3.	Who operates the Liquor License?
	Hickel Investment Company
4.	Do you offer room rentals to the traveling public? Yes No (if no, skip to question 5)
	a. If so, how many of these rooms are available?
	40
	b. Do any of the rental rooms have kitchen facilities (such as: a separate sink for food preparation and refrigeration/cooking appliance devices, including a microwave)? Yes No
	i. If yes, how many of the rental rooms have kitchen facilities that meet this definition?
	39
	c. Do you stock alcoholic beverages in guest rooms? Yes No
5.	Is your facility located within an airport terminal? Yes No
5.	Does your establishment include a dining facility? Yes No
7.	Are additional amenities available to your guests through your establishment? Yes No
	a. If Yes, list your available amenities that directly pertain to this license type:
	Complimentary Breakfast Free Wireless Internet Pet Friendly Rooms Convenient affordable parking Complimentary Use of Captain Cook Hotel Athletic Club ADA Compliant Room Available Access to Captain Cook Hotel Concierge Service Ability to charge food to your room from any one of Restaurants located inside the Captain Cook Hotel. Complimentary Manager's Reception

AMCO

STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD FORM CONTROL

LICENSE NUMBER

742

XXXX

ISSUED 3/19/2021 ABC BOARD

LIQUOR LICENSE 2021 - 2022

LICENSE RENEWAL APPLICATION DUE DECEMBER 31, 2022 (AS 04.11.270(b))

THIS LICENSE EXPIRES MIDNIGHT FEBRUARY 28, 2023 UNLESS DATED BELOW

TYPE OF LICENSE: Beverage Dispen

LICENSE FEE: \$2,500.00

1106

D/B/A: Voyager Inn

944 W 5th Avenue

Mail Address:

Hickel Investment Company

939 W 5th Avenue Anchorage, AK 99501

04-900 (REV 9/09)

CITY / BOROUGH: Anchorage, Muni. of Anchorage

This license cannot be transferred without permission of the Alcoholic Beverage Control Board

[] Special restriction - see reverse side

ISSUED BY ORDER OF THE ALCOHOLIC BEVERAGE CONTROL BOARD

DIRECTOR

THIS LICENSE MUST BE POSTED IN A VISIBLE PLACE ON THE PREMISES

STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD FORM CONTROL

LICENSE NUMBER

XXXX

ISSUED

3/19/2021

ABC BOARD

2021 - 2022

'ENSERENEWAL APPLICATION

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ISSUED BY ORDER OF THE ALCOHOLIC BEVERAGE CONTROL BOARD

COPY

DIRECTO

THIS LICENSE MUST BE POSTED IN A VISIBLE PLACE ON THE PREMISES 04-900 (REV 9/09)

D/B/A:

Voyager Inn 944 W 5th Avenue

Mailing Address:

Hickel Investment Company

939 W 5th Avenue

Anchorage, AK 99501



Alcohol and Marijuana Control Office 550 W 7th Avenue, Suite 1600 Anchorage, AK 99501 <u>alcohol.licensing@alaska.gov</u>

https://www.commerce.alaska.gov/web/amco Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Master Checklist: Renewal Liquor License Application

Doing Business As:	Voya	ager Inn	3.00		License Number:	742	
License Type:		Beverage Dispensary - Tourism					
Examiner:	K	ristina	S.		Transaction #:	10001	4337
Document		Received	Completed	Notes			
AB-17: Renewal Applic	ation	12/17	3-17-21	1 1021			
App and License Fees		12/17	3-17-21				
Supplemental Docume	ent	Received	Completed	Notes			
Tourism/Rec Site State	ment	12/17	3-17-21				
AB-25: Supplier Cert (V	VS)					V 1000 000 000	
AB-29: Waiver of Oper	ation						
AB-30: Minimum Oper	ation						
AB-33: Restaurant Affic	davit						
COI / COC / 5 Star			,				
FP Cards & Fees / AB-0	8a			,			
Late Fee							
Names on FP Cards:		,					
						Yes	No
Selling alcohol in respo	nse to v	vritten order (pad	ckage stores)?				
Mailing address and co	ntact in	formation differe	ent than in databa	se (if yes, updat	e database)?		
In "Good Standing" with CBPL (skip this and next question for sole proprietor)?							
Officers and stockholde	rs matc	h CBPL and data	base (if "No", dete	ermine if transfe	r necessary)?		
LGB 1 Response: Av							
Waive	Protest	Lapsed	Waiv	re Prot	est Lapsed		

[Master Checklist: Renewal] (rev 09/20/2018)

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Alcohol and Marijuana Control Office 550 W 7th Avenue, Suite 1600 Anchorage, AK 99501 <u>alcohol.licensing@alaska.gov</u>

https://www.commerce.alaska.gov/web/amco Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Form AB-17: 2021/2022 License Renewal Application

- This form and any required supplemental forms must be completed, signed by the licensee, and postmarked no later than 12/31/2020 per AS 04.11.270, 3 AAC 304.160, with all required fees paid in full, or a non-refundable \$500.00 late fee applies.
- Any complete application for renewal or any fees for renewal that have not been postmarked by 02/28/2021 will be expired per AS 04.11.540,3 AAC 304.160(e).
- All fields of this application must be deemed complete by AMCO staff and must be accompanied by the required fees and all documents required, or the application will be returned without being processed, per AS 04.11.270, 3 AAC 304.105
- Receipt and/or processing of renewal payments by AMCO staff neither indicates nor guarantees in any way that an application will
 be deemed complete, renewed, or that it will be scheduled for the next ABC Board meeting.

Licensee (Owner):	Hickel Investment Compa	ıny	1	License #:	742
License Type:	Beverage Dispensary Tou	ırism	-		***************************************
Doing Business As:	Voyager Inn	`			
Premises Address:	944 W 5th Ave	······································	***************************************		
Local Governing Body:	Municipality of Anchorage	ge	<u></u>		
Community Council:	Downtown				./
your mailing address ha	es changed, write the NEW addre	ss below:			
Mailing Address:	939 W 5th Ave				
City:	Anchorage	State:	AK	ZIP:	99501
ust be listed on CBPL with th	ated point of contact regarding this lic	Section 2 or 3	as an Official/Owner	s completed.	
ust be listed on CBPL with the is person will be the designa	ividual listed below must be listed in ne same name and title.	Section 2 or 3	as an Official/Owner,	s completed.	
ust be listed on CBPL with the is person will be the designation. Contact Licensee: Contact Email: Otional: If you wish for AMCO	ividual listed below must be listed in ne same name and title. ated point of contact regarding this lic Donald J Towslee	Section 2 or 3 cense, unless the	as an Official/Owner, ne Optional contact is Contact Phone:	s completed.	343 2232
ust be listed on CBPL with the is person will be the designate Contact Licensee: Contact Email:	ividual listed below must be listed in the same name and title. ated point of contact regarding this light Donald J Towslee jtowslee@captaincook.co	Section 2 or 3 cense, unless the	as an Official/Owner, ne Optional contact is Contact Phone:	s completed. 907 license, list th	343 2232
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Form AB-17: 2021/2022 License Renewal Application

Section 2 – Entity or Community Ownership Information

Sole Proprietors should skip this Section.

Use the link from Corporations, Business and Professional Licensing (CBPL) below to assist you in finding the Entity #. https://www.commerce.alaska.gov/cbp/main/search/entities

Alaska CBPL Entity #: 5652D

READ BEFORE PROCEEDING: Any new or changes to Shareholders (10% or more), Managers, Corporate Officers, Board of Directors, Partners, Controlling Interest or Ownership of the business license must be reported to the ABC Board within 10 days of the change and must be accompanied by a full set of fingerprints on FBI-approved card stock, AB-08a's, payment of \$48.25 for each new officer with a date-stamped copy of the CBPL change per AS 04.11.045, 50 & 55, or a Notice of Violation will be issued to your establishment and your application will be returned.

The only exception to this is a Corporation who can meet the requirements set forth in AS 04.11.050(c).

DO NOT LIST OFFICERS OR TITLES THAT ARE NOT REQUIRED FOR YOUR ENTITY TYPE.

- Corporations of any type including non-profit must list ONLY the following:
 - o All shareholders who own 10% or more stock in the corporation
 - o Each President, Vice-President, Secretary, and Managing Officer regardless of percentage owned
- Limited Liability Corporations, of <u>any</u> type must list ONLY the following:
 - o All Members with an ownership interest of 10% or more
 - o All Managers (of the LLC, not the DBA) regardless of percentage owned
- Partnerships of any type, including Limited Partnerships must list ONLY the following:
 - o Each Partner with an interest of 10% or more
 - o All General Partners regardless of percentage owned

Important Note: All entries below must match our records, or your application will be returned per AS 04.11.270, 3 AAC 304.105. You must list full legal names, all required titles, phone number, percentage of shares owned (if applicable) and a full mailing address for each official of your entity whose information we require. If more space is needed: attach additional completed copies of this page. Additional information not on this page will be rejected.

Name of Official:	Walter J Hickel, Jr				
Title(s):	President, Director, Shareholder	Phone:	907.343 2400 % 0		ned: 18.10
Mailing Address:	939 W 5th Ave				
City:	Anchorage	State:	AK	ZIP:	99501

Name of Official:	Donald J Towslee					
Title(s):	Secretary, Treasurer	Phone:	907 343 2400	% Ow	ned:	0
Mailing Address:	939 W 5th Ave					
City:	Anchorage	State:	AK	ZIP:	995	 01

Name of Official:	William Hickel					
Title(s):	Shareholder, Director	Phone:	Phone: 907 343 2400 % Owned			
Mailing Address:	939 W 5th Ave					
City:	Anchorage	State:	AK	ZIP:	99501	

[Form AB-17] (rev09/23/2020)

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Form AB-17: 2021/2022 License Renewal Application

Section 2 - Entity or Community Ownership Information

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Alaska CBPL Entity #:

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 - o All shareholders who own 10% or more stock in the corporation
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 - o All Members with an ownership interest of 10% or more
 - o All Managers (of the LLC, not the DBA) regardless of percentage owned
- Partnerships of any type, including Limited Partnerships must list ONLY the following:
 - o Each Partner with an interest of 10% or more
 - o All General Partners regardless of percentage owned

Important Note; All entries below must match our records, or your application will be returned per AS 04.11.270, 3 AAC 304.105. You must list full legal names, all required titles, phone number, percentage of shares owned (if applicable) and a full mailing address for each-official of your entity whose information we require. If more space is needed: attach additional completed copies of this page. Additional information not on this page will be rejected.

Name of Official:	Jack Hickel		A			
Title(s):	Shareholder, Director	Phone:	907 343 2400	400 % Owned:		
Mailing Address:	939 W 5th Ave					
City:	Anchorage	State:	AK	ZIP:	99501	

Name of Official:	Joseph Hickel				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Title(s):	Shareholder, Director	Phone:	907 343 2400	% Ow	ned:	15.7
Mailing Address:	939 W 5th Ave			<u> </u>		l
City:	Anchorage	State:	AK	ZIP:	995	501

Name of Official:	Robert Hickel					
Title(s):	Shareholder	Phone:	907 343 2400	% Ow	ned:	13,15
Mailing Address:	939 W 5th Ave					·
City:	Anchorage	State:	AK	ZIP:	99501	

[Form AB-17] (rev09/23/2020)

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HFC 17 2021



Form AB-17: 2021/2022 License Renewal Application

Section 3 – Sole Proprietor Ownership Information

Corporations, LLC's and Partnerships of ALL kinds should skip this section.

READ BEFORE PROCEEDING: Any new or changes to the ownership of the business license must be reported to the ABC Board within 10 days of the change and must be accompanied by a full set of fingerprints on FBI approved cardstock, AB-08a's, payment of \$48.25 for each new owner or officer and a date stamped copy of the CBPL change per AS 04.11.045, or a Notice of Violation will be issued to your establishment and your application will be returned.

Important Note: All entries below must match our records, or your application will be returned per AS 04.11.270, 3 AAC 304.105. You must list full legal names, phone number, and mailing address for each owner or partner whose information we require.

If more space is needed, a	tach addition	al copies of this page.	Additional own	ners not listed on this pag	e will be r	reiected.	
	pplicant	Affiliate					
Name:				Contact Phone:			
Mailing Address:							<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
City:			State:		ZIP:		
Email:			A		1	<u> </u>	
This individual is an: A	plicant	Affiliate					
Name:				Contact Phone:			
Mailing Address:							
City:			State:		ZIP:		
Email:					lean-a	2	
Check ONE BOX for EACH C/ The license was regularly The license was only opera If your operation dates ha The license was only opera A complete AB-30: Proof of N The license was not operate	operated continated during a spe ve changed, list ted to meet the finimum Operation	uously throughout each year. (So them below:	w this liquor lic year. (Year-round easonal) 240 total hours e tation must be provi	ense was operated:) each calendar year. wided with this form.		2019	2020
If you have not met the	e minimum nu AB-29 is requ	this application for each cale mber of hours of oper	endar year during v ation in 2020, v urked "OTHER"	which the license was not operate you are not required to pa and COVID is listed as the	 ay the fee:	s, howev	er a
dave ANY Notices of Violatio	n been issued f	for this license OR has A	ANY person or e	entity in this application be	en 020?	Yes	No
If you checked Y	ES, you MUST i	attach a list of all Noti	ces of Violation	n and/or Convictions per A	\S 04.11.2	70(a)(2)	
<u>lf you are unsur</u>	e if you have r	eceived any Notices of	Violation, con	tact the office before subr	nitting thi	is form.	

[Form AB-17] (rev09/23/2020)

AMCO

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Form AB-17: 2021/2022 License Renewal Application

Section 6 - Certifications

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, are true, correct, and complete.

- I agree to provide all information required by the Alcoholic Beverage Control Board or requested by 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 and potentially expired if I do not comply with statutory or regulatory requirements.
- 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.
- I certify that this entity is in good standing with Corporations, Business and Professional Licensing (CBPL) and that all entity
 officials and stakeholders are current and accurately listed, and I have provided AMCO with all required changes of
 Shareholders (10% or more), Managers, Corporate Officers/Board of Directors, Partners, Controlling Interest or Ownership of
 the business license, and have provided all required documents for any new or changes in officers.
- I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check identification of patrons
 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, if applicable for this license type as set forth
 in AS 04.21.025 and 3 AAC 304.465.
- 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 from what is currently approved and on file with the Alcoholic Beverage Control Board.

I certify on behalf of myself or of the or	ganized entity that I understand that pr	oviding a false statement	on this form or any other form
provided by AMCO is gra	unds for rejection or denial of this appli	cation or revocation of an	y license issued.
Unles Aleke	Bs.	. Rayul	Nunon
Signature of licensee	PAVI I WILSON	Signature of Notary	Public
MAUH HUE	Notary Public State of Alaska	n and for the State of:	Alaska
Printed name of licensee	State of Maska		10 22 22
	My Commission Expires Oct 23, 2023	My commission expi	res: 10-23-23
•		la Decen	where 20 20
9	Subscribed and sworn to before me this	day of	20 7

Restaurant/Eating Place applications must include a completed AB-33: Restaurant Receipts Affidavit
Recreational Site applications must include a completed Recreational Site Statement
Tourism applications must include a completed Tourism Statement
Wholesale applications must include a completed AB-25: Supplier Certification

All renewal and supplemental forms are available online

Any application that is not complete or does not include ALL required completed forms and fees will not be processed and will be returned per AS 04.11.270, 3 AAC 304.105.

FOR OFFICE USE ONLY

License Fee:	\$2,500.00	Application Fee:	\$ 300.00	Misc. Fee:	\$
		Total Fees Due:			\$ 2,800.00

AMCO

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[Form AB-17] (rev09/23/2020)

State of Alaska / Commerce / Corporations, Business, and Professional Licensing / Search & Database Download / Business License / License #1006346

LICENSE DETAILS

License #: 1006346

Print Business License

Business Name: THE VOYAGER INN

Status: Active

Issue Date: 05/27/2014

Expiration Date: 12/31/2022

Mailing Address: 939 W 5TH AVE

ANCHORAGE, AK 99501

Physical Address: 501 K STREET

ANCHORAGE, AK 99501

Owners

HICKEL INVESTMENT COMPANY

Activities

		Professional
Line of Business	NAICS	License #
72 - Accommodation and Food	721110 - HOTELS (EXCEPT CASINO HOTELS)	
Services	AND MOTELS	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

 ${\tt COPYRIGHT} @ {\tt STATE} \ OF \ {\tt ALASKA} \ \cdot \underline{{\tt DEPARTMENT}} \ OF \ {\tt COMMERCE}, \ \underline{{\tt COMMUNITY}}, \ \underline{{\tt AND}} \ \underline{{\tt ECONOMIC}} \ \underline{{\tt DEVELOPMENT}} \ \cdot \\$

Department of Commerce, Community, and Economic Development CORPORATIONS, BUSINESS & PROFESSIONAL LICENSING

State of Alaska / Commerce / Corporations, Business, and Professional Licensing / Search & Database Download / Corporations / Entity Details

ENTITY DETAILS

Name(s)

Type

Name

Legal Name

HICKEL INVESTMENT COMPANY

Entity Type: Business Corporation

Entity #: 5652D

Status: Good Standing

AK Formed Date: 9/10/1962

Duration/Expiration: Perpetual

Home State: ALASKA

Next Biennial Report Due: 1/2/2022

Entity Mailing Address: 939 W 5TH AVE, ANCHORAGE, AK 99501

Entity Physical Address: 939 W 5TH AVE, ANCHORAGE, AK 99501

Registered Agent

Agent Name: BIRCH, HORTON, BITTNER, INC.

Registered Mailing Address: 510 L ST #700, ANCHORAGE, AK 99501

Registered Physical Address: 510 L ST #700, ANCHORAGE, AK 99501

Officials

			□Show Former
AK Entity #	Name	Titles	Owned
	DONALD TOWSLEE	Secretary, Treasurer	
	Jack Hickel	Director, Shareholder	18.28
	Joseph Hickel	Shareholder, Director	15.70

AK Entity #	Name	Titles	Owned
	ROBERT HICKEL	Shareholder	13.15
	WALTER J. HICKEL	Director, President, Shareholder	18.10
	WILLIAM HICKEL	Director, Shareholder	20.84

Filed Documents

Date Filed	Туре	Filing	Certificate
8/03/1962	Creation Filing	Click to View	Click to View
3/18/1965	Biennial Report	Click to View	
4/06/1965	Biennial Report	Click to View	
10/20/1967	Biennial Report	Click to View	
1/08/1968	Biennial Report	Click to View	
4/01/1968	Biennial Report	Click to View	
1/13/1969	Biennial Report	Click to View	
5/04/1970	Merger	Click to View	
5/10/1970	Agent Change	Click to View	
4/07/1971	Agent Change	Click to View	
12/13/1971	Agent Change	Click to View	
2/10/1975	Biennial Report	Click to View	
3/14/1977	Agent Change	Click to View	
8/11/1980	Change of Officials	Click to View	
3/26/1981	Change of Officials	Click to View	
12/31/1981	Amendment	Click to View	
4/29/1982	Biennial Report	Click to View	
7/27/1982	Amendment	Click to View	
1/13/1984	Biennial Report	Click to View	
1/13/1986	Biennial Report	Click to View	
1/13/1986	Biennial Report		
1/29/1988	Biennial Report		
1/29/1988	Biennial Report	Click to View	
12/15/1989	Biennial Report	Click to View	
2/05/1990	Biennial Report		
2/04/1992	Biennial Report	Click to View	
2/17/1994	Biennial Report	Click to View	
2/05/1996	Biennial Report	Click to View	
1/05/1998	Biennial Report	Click to View	
12/29/1998	Amendment	Click to View	
6/09/1999	Amendment	Click to View	
1/31/2000	Biennial Report	Click to View	
2/06/2002	Biennial Report	Click to View	

Date Filed	Туре	https://www.commerce.alask	a.gov/cbp/main/Search/Enti
2/02/2004	Biennial Report	Filing	Certificate
1/30/2006	Biennial Report	Click to View	
12/27/2006	Restated (NO AMENDMENT)	Click to View	
1/25/2008	Biennial Report	Click to View	Click to View
2/06/2009	Amendment	Click to View	
2/06/2009	Change of Officials	Click to View	Click to View
2/01/2010	Biennial Report	Click to View	
8/03/2010	Survivor	Click to View	
11/14/2011	Amendment	Click to View	Click to View
1/23/2012	Biennial Report	Click to View	Click to View
3/14/2013	Change of Officials	Click to View	
2/13/2014	Biennial Report	Click to View	
/20/2015	Change of Officials	Click to View	
3/03/2016		Click to View	
5/10/2017	Biennial Report	Click to View	
/14/2017	Agent Change	Click to View	
/02/2018	Change of Officials	Click to View	
1/18/2019	Biennial Report	Click to View	
/26/2020	Restated and Amended Articles	Click to View	Click to View
12012020	Biennial Report	Click to View	

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