



Alaska Alcoholic Beverage Control Board

Tourism Statement

A new, transfer, or renewal application for a beverage dispensary – tourism or restaurant / eating place – tourism license must be accompanied by a written statement that explains how the establishment encourages tourism and meets the requirements listed under AS 04.11.400(d) and 3 AAC 304.325.

This document must be submitted to AMCO's main office before any tourism license application will be reviewed.

Section 1 – Establishment Information

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

| | | | |
|--------------------|---|------------|------|
| Doing Business As: | Aramark Sports and Entertainment Services, LLC Denali River Cabins | License #: | 3920 |
| License Type: | Beverage Dispensary - Tourism Seasonal | | |

Section 2 – Tourism Statement

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

Denali River Cabins is part of the larger Denali Park Village hotel, with a total of 338 rooms. Denali River Cabins attracts guests as a unique place to stay, located next to the Nanana River and only a few miles from Denali National Park. Miner's Plaza is also home to our Cabin Night Theatre, which attract thousands of guests every year, to see live performances nightly of the history of Denali. Serving alcohol allows us to be competitive with other restaurants and businesses in the area.

2.2. Explain how the facility was/will be constructed or improved as required by AS 04.11.400(d)(1):

Denali Park Village River cabins are annually maintained by small repairs, painting, window upgrades, boardwalk upgrades/repairs, and small room renovations.

2.3 Does the licensee or applicant for this liquor license also operate the tourism facility in which this license is located?

YES

☒

NO

☐

2.4 If "no" who operates the tourism facility?



Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 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

2.5 Do you offer room rentals to the traveling public?

YES

NO

☒☐

If "yes" answer the following questions:

How many rooms are available?

30

How many of the available rooms (if any) have kitchen facilities (defined as: a separate sink for food preparation along with refrigeration and cooking appliance devices, including a microwave)?

We do not have any rooms available to rent with kitchens.

Do you stock or plan to stock alcoholic beverages in guest rooms?

YES

NO

☐☒

If "no" is your facility located within an airport terminal?

YES

NO

☐☒

2.6 If your establishment includes a dining facility, please describe that facility. If it does not please write "none".

The Cabin area has dining at the Cabin Night Theatre, also at our Burger Shack and we have another full service restaurant at Denali Park Village.

2.7 If additional amenities are available to your guests through your establishment (eg: guided tours or trips, rental equipment for guests, other activities that attract tourists), please describe them. If they are not offered, please write "none".

We offer guided hikes in Denali, rafting on the Nanana River and bus tours of Denali National Park.

2020 TOURISM STATEMENT

Aramark Sports and Entertainment Services, LLC

Denali River Cabins – License No. 3920

1. Denali River Cabins is part of the larger Denali Park Village hotel with a total of 338 rooms. Denali River Cabins attracts guests as a unique place to stay located next to the Nanana River and only a few miles from Denali National Park. Miner's Plaza is also home to our Cabin Night Theatre which attract thousands of guests every year to see live performances nightly of the history of Denali. Serving alcohol allows us to be competitive with other restaurants and business in the area.
2. Denali River Cabins has a total of fifty four (54) cabins for rent. We also have our Cabin Night Theatre here along with a general store and a small restaurant featuring grilled burgers. Miner's Plaza also feature nightly music and has some outdoor activities for families like mock gold panning.
3. Aramark
4. Yes again 54 cabins on this site and another 284 hotel rooms on the adjacent property Denali Park Village also owned by Aramark. We do not have any rooms available to rent with kitchens.
5. Yes, the Cabin area had dining at the Cabin Night Theatre, also at our burger shack and we have another full service restaurant at Denali Park Village.
6. Yes, we offer guided hikes in Denali, Rafting on the Nanana river and bus tours of Denali National Park.

AMCO

DEC 15 2020

STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD

LICENSE NUMBER

FORM CONTROL

XXXX

ISSUED

4/07/2021

ABC BOARD

LIQUOR LICENSE
2021 - 2022

3920

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 Dispenser

05/01 - 10/31

LICENSE FEE: \$1,250.00

1103

CITY / BOROUGH: Outside City Limits
Denali Borough

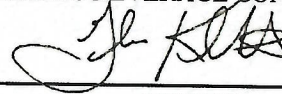
D/B/A: Denali River Cabins
Mile 231.1 Parks Highway

Mail Address:
ARAMARK Sports and Entertainment Services,
Flaherty & Ohara, P.C. 610 Smithfield St Ste
Pittsburgh, PA 15222

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

04-900 (REV 9/09)

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

STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD

LICENSE NUMBER

FORM CONTROL

XXXX

ISSUED

4/07/2021

ABC BOARD

LIQUOR LICENSE
2021 - 2022

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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 Dispenser

05/01 - 10/31

LICENSE FEE: \$1,250.00

CITY / BOROUGH: Outside City Limits
Denali Borough

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

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ISSUED BY ORDER OF THE
ALCOHOLIC BEVERAGE CONTROL BOARD

COPY

DIRECTOR

D/B/A: Denali River Cabins
Mile 231.1 Parks Highway

Mailing Address:
ARAMARK Sports and Entertainment Services,
Flaherty & Ohara, P.C. 610 Smithfield St Ste
Pittsburgh, PA 15222

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

04-900 (REV 9/09)



Alaska Alcoholic Beverage Control Board

Master Checklist: Renewal Liquor License Application

| | | | |
|--------------------|--|-----------------|-----------|
| Doing Business As: | Denali River Cabins | License Number: | 3920 |
| License Type: | Beverage Dispensary - Tourism - Seasonal | | |
| Examiner: | Kristina S. | Transaction #: | 100012433 |

| Document | Received | Completed | Notes |
|----------------------------|----------|-----------|-------|
| AB-17: Renewal Application | 12/15 | 3-17-21 | |
| App and License Fees | 12/15 | 3-17-21 | |

| Supplemental Document | Received | Completed | Notes |
|-----------------------------|----------|-----------|-------|
| Tourism/Rec Site Statement | 12/15 | 3-17-21 | |
| AB-25: Supplier Cert (WS) | | | |
| AB-29: Waiver of Operation | | | |
| AB-30: Minimum Operation | | | |
| AB-33: Restaurant Affidavit | | | |
| COI / COC / 5 Star | | | |
| FP Cards & Fees / AB-08a | | | |
| Late Fee | | | |

| | |
|--------------------|--|
| Names on FP Cards: | |
|--------------------|--|

Yes No

Selling alcohol in response to written order (package stores)?

☐ ☒

Mailing address and contact information different than in database (if yes, update database)?

☒ ☐

In "Good Standing" with CBPL (skip this and next question for sole proprietor)?

☒ ☐

Officers and stockholders match CBPL and database (if "No", determine if transfer necessary)?

☐ ☒

LGB 1 Response: Denali Borough

LGB 2 Response: N/A

☐

Waive

☐

Protest

☐

Lapsed

☐

Waive

☐

Protest

☐

Lapsed



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.

Establishment Contact Information

| | | | |
|------------------------------|--|-------------------|------|
| Licensee (Owner): | Aramark Sports and Entertainment Services, LLC | License #: | 3920 |
| License Type: | Beverage Dispensary - Tourism Seasonal | | |
| Doing Business As: | Denali River Cabins | | |
| Premises Address: | Mile 231.1 Parks Highway | | |
| Local Governing Body: | Denali Borough | | |
| Community Council: | None | | |

If your mailing address has changed, write the NEW address below:

| | | | | | |
|-------------------------|---|---------------|----|-------------|-------|
| Mailing Address: | Flaherty & O'Hara, P.C., 610 Smithfield Street, Suite 300 | | | | |
| City: | Pittsburgh | State: | PA | ZIP: | 15222 |

Section 1 – Licensee Contact Information

Contact Licensee: The individual listed below must be listed in Section 2 or 3 as an Official/Owner/Shareholder of your entity and must be listed on CBPL with the same name and title.

This person will be the designated point of contact regarding this license, unless the Optional contact is completed.

| | | | |
|--------------------------|--|-----------------------|--|
| Contact Licensee: | | Contact Phone: | |
| Contact Email: | | | |

Optional: If you wish for AMCO staff to communicate with anyone other than the Contact Licensee about your license, list them below:

| | | | |
|-------------------------|-------------------------|-----------------------|--------------|
| Name of Contact: | Marc Bodell | Contact Phone: | 412-456-2125 |
| Contact Email: | marc@flaherty-ohara.com | | |

| | | | |
|-------------------------|--|-----------------------|--|
| Name of Contact: | | Contact Phone: | |
| Contact Email: | | | |

| | | | |
|-------------------------|--|-----------------------|--|
| Name of Contact: | | Contact Phone: | |
| Contact Email: | | | |



Alaska Alcoholic Beverage Control Board

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 #: | 40869F |
|-----------------------|--------|

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:
 - All shareholders who own 10% or more stock in the corporation
 - Each President, Vice-President, Secretary, and Managing Officer regardless of percentage owned
- Limited Liability Corporations, of any type must list ONLY the following:
 - All Members with an ownership interest of 10% or more
 - All Managers (of the LLC, not the DBA) regardless of percentage owned
- Partnerships of any type, including Limited Partnerships must list ONLY the following:
 - Each Partner with an interest of 10% or more
 - 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: | Bruce Fears | | | | |
| Title(s): | Manager | Phone: | 800-999-8989 | % Owned: | 0% |
| Mailing Address: | 439 245th Avenue, S.E. | | | | |
| City: | Sammamish | State: | WA | ZIP: | 98074 |

| | | | | | |
|-------------------|----------------------|--------|--------------|----------|-------|
| Name of Official: | Patricia Rapone | | | | |
| Title(s): | Manager | Phone: | 800-999-8989 | % Owned: | 0% |
| Mailing Address: | 2341A Wallace Street | | | | |
| City: | Philadelphia | State: | PA | ZIP: | 19130 |

| | | | | | |
|-------------------|--------------------|--------|--------------|----------|-------|
| Name of Official: | Aramark/HMS, LLC | | | | |
| Title(s): | Member | Phone: | 800-999-8989 | % Owned: | 100% |
| Mailing Address: | 2400 Market Street | | | | |
| City: | Philadelphia | State: | PA | ZIP: | 19103 |



Alaska Alcoholic Beverage Control Board

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, attach additional copies of this page. Additional owners not listed on this page will be rejected.

This individual is an: ☐ Applicant ☐ Affiliate

| | | | | | |
|------------------|--|--------|--|----------------|--|
| Name: | | | | Contact Phone: | |
| Mailing Address: | | | | | |
| City: | | State: | | ZIP: | |
| Email: | | | | | |

This individual is an: ☐ Applicant ☐ Affiliate

| | | | | | |
|------------------|--|--------|--|----------------|--|
| Name: | | | | Contact Phone: | |
| Mailing Address: | | | | | |
| City: | | State: | | ZIP: | |
| Email: | | | | | |

Section 4 – License Operation

Check ONE BOX for EACH CALENDAR YEAR that best describes how this liquor license was operated:

- | | 2019 | 2020 |
|---|-------------------------------------|-------------------------------------|
| 1. The license was regularly operated continuously throughout each year. (Year-round) | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The license was only operated during a specific season each year. (Seasonal) <i>If your operation dates have changed, list them below:</i> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| _____ 05/01/2019 _____ to _____ 10/31/2019 _____ | | |
| 3. The license was only operated to meet the minimum requirement of 240 total hours each calendar year. <i>A complete AB-30: Proof of Minimum Operation Checklist, and all documentation must be provided with this form.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. 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 calendar years. <i>A complete 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.</i> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

If you have not met the minimum number of hours of operation in 2020, you are not required to pay the fees, however a complete AB-29 is required with Section 2 marked "OTHER" and COVID is listed as the reason.

Section 5 – Violations and Convictions

Have ANY Notices of Violation been issued for this license OR has ANY person or entity in this application been convicted of a violation of Title 04, 3AAC 304 or a local ordinance adopted under AS 04.21.010 in 2019 or 2020?

Yes ☐ No ☒

If you checked YES, you MUST attach a list of all Notices of Violation and/or Convictions per AS 04.11.270(a)(2)

If you are unsure if you have received any Notices of Violation, contact the office before submitting this form.



Alaska Alcoholic Beverage Control Board

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 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.

By:

Signature of licensee

Patricia Rapone, Vice President

Printed name of licensee

Signature of Notary Public

Notary Public in and for the State of: Pennsylvania

My commission expires: 10/21/22

Subscribed and sworn to before me this 10 day of December, 2020.

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: | \$ 1,250.00 | Application Fee: | \$ 300.00 | Misc. Fee: | \$ |
| Total Fees Due: | | | | | \$ 1,550.00 |

Details

ENTITY DETAILS

Name(s)

| Type | Name |
|---------------------|---|
| Legal Name | ARAMARK SPORTS AND ENTERTAINMENT SERVICES, LLC |
| Previous Legal Name | ARAMARK LEISURE SERVICES, INC. |
| Previous Legal Name | ARAMARK SPORTS AND ENTERTAINMENT SERVICES, INC. |

Entity Type: Limited Liability Company**Entity #:** 40869F**Status:** Good Standing**AK Formed Date:** 9/18/1987**Duration/Expiration:** Perpetual**Home State:** DELAWARE**Next Biennial Report Due:** 1/2/2023**Entity Mailing Address:** 5880 NOLENSVILLE PIKE, NASHVILLE, TN 37211**Entity Physical Address:** 5880 NOLENSVILLE PIKE, NASHVILLE, TN 37211

Registered Agent

Agent Name: C T Corporation System**Registered Mailing Address:** 9360 Glacier Hwy Ste 202, JUNEAU, AK 99801**Registered Physical Address:** 9360 Glacier Hwy Ste 202, JUNEAU, AK 99801

Officials

☐ Show Former

| AK Entity # | Name | Titles | Owned |
|-------------|------------------------|--------|--------|
| 4771F | Aramark Services, Inc. | Member | 100.00 |

Filed Documents

| Date Filed | Type | Filing | Certificate |
|------------|-----------------|-------------------------------|-------------|
| 9/18/1987 | Creation Filing | Click to View | |
| 1/30/1989 | Biennial Report | | |
| 1/22/1991 | Biennial Report | | |
| 2/29/1992 | Biennial Report | | |
| 1/04/1993 | Biennial Report | Click to View | |
| 2/08/1994 | Agent Change | Click to View | |
| 10/28/1994 | Amendment | Click to View | |
| 1/03/1995 | Biennial Report | Click to View | |
| 12/16/1996 | Amendment | Click to View | |
| 1/06/1997 | Biennial Report | Click to View | |
| 4/24/2007 | Biennial Report | Click to View | |
| 4/24/2007 | Biennial Report | Click to View | |

| Date Filed | Type | Filing | Certificate |
|------------|---------------------|-------------------------------|-------------------------------|
| 4/24/2007 | Biennial Report | Click to View | |
| 4/24/2007 | Biennial Report | Click to View | |
| 4/24/2007 | Biennial Report | Click to View | |
| 4/24/2007 | Conversion | Click to View | Click to View |
| 1/12/2009 | Biennial Report | Click to View | |
| 1/02/2011 | Biennial Report | Click to View | |
| 12/31/2012 | Biennial Report | Click to View | |
| 10/28/2014 | Biennial Report | Click to View | |
| 11/16/2016 | Biennial Report | Click to View | |
| 11/15/2017 | Change of Officials | Click to View | |
| 6/03/2019 | Biennial Report | Click to View | |
| 1/05/2021 | Biennial Report | Click to View | |

[Close Details](#)[Print Friendly Version](#)

EXHIBIT A

**Aramark Sports and Entertainment Services, LLC
FEIN No. 23-1664232
Principal Officers**

President

Bruce Fears
439 245th Avenue, S.E.
Sammamish, WA 98074
Phone: 800-999-8989
Ownership: 0%

Vice President

Patricia Rapone
2341A Wallace Street
Philadelphia, PA 19130
Phone: 800-999-8989
Ownership: 0%



Marc Bodell
Direct Dial: 412-456-2125
E-Mail Address: marc@flaherty-ohara.com

Pittsburgh Office:
610 Smithfield Street 412-456-2001
Suite 300 FAX: 412-456-2019
Pittsburgh, PA 15222 www.flaherty-ohara.com

Toll Free: 1-866-4BEVLAW
File No.: 80202.R1248 - SR

December 14, 2020

VIA: FEDERAL EXPRESS

Alaska Alcoholic Beverage Control Board
550 West 7th Avenue, Suite 1600
Anchorage, AK 99501
ATTENTION: CARRIE CRAIG, LICENSE RENEWALS

**RE: Aramark Sports and Entertainment Services, LLC
Denali River Cabins
Denali Park, AK 99743
2020-2021 State Liquor License Renewals No. 3920 & 5489**

Dear Carrie:

Enclosed please find the following regarding the state license renewals for the above-referenced location:

- 1. Liquor License Renewals and related documents; and**
- 2. Two (2) checks in the amount of \$1,550.00 each payable to "Alaska Alcoholic Beverage Control Board" for the fees specified on the forms.**

Please send the renewed licenses to my attention upon issuance

Thanks very much and please feel free to contact me directly if you have any questions or require anything further. Happy Holidays!

Sincerely,

Marc Bodell, Assistant to
KAITLYND KRUGER, ESQUIRE

Enclosures

cc: Ms. Jennifer Shelton (w/encls., via e-mail)
Mr. Anthony Beckerley (w/encls., via e-mail)

AMCO
DEC 15 2020

{F2439779.1}



THE STATE
of **ALASKA**
GOVERNOR MIKE DUNLEAVY

**Department of Commerce,
Community,
and Economic Development**

ALCOHOL & MARIJUANA CONTROL OFFICE

550 West Seventh Avenue, Suite 1600
Anchorage, AK 99501
Main: 907.269.0350

September 9, 2020

Aramark Sports and Entertainment Services, LLC
Flaherty & Ohara, P.C.
610 Smithfield St.
Ste 300
Pittsburgh, PA 15222

Re: Denali River Cabins, License #3920

Dear Aramark Sports and Entertainment Services, LLC:

On November 13, 2017 the Alcoholic Beverage Control Board delegated the authority to approve first and second requests to waive the statutory minimum operating requirements to the Director.

Please consider this notice that I have approved your waiver of operation for the 2020 calendar year.

Please ensure that if you are operating solely to meet minimum operating requirements in the future, you address the items required in 3 AAC 304.170(j) to prove your operations to the board.

Please contact alcohol.licensing@alaska.gov with any questions.

Sincerely,

A handwritten signature in blue ink, appearing to read "Carrie Craig".

Carrie Craig
Records and Licensing Supervisor

cc: License File

AMCO

DEC 15 2020

* * * Communication Result Report (Mar. 11. 2021 5:26PM) * * *

1) carousel childcare
2)

Date/Time: Mar. 11. 2021 4:56PM

| File No. Mode | Destination | Pg(s) | Result | Page Not Sent |
|----------------|-------------|-------|------------------|---------------|
| 6784 Memory TX | 19074652974 | P. 4 | E-1) 1) 1) 1) 2) | P. 3-4 |

Reason for error

E. 1) Hang up or line fail

E. 3) No answer

E. 5) Exceeded max. E-mail size

E. 2) Busy

E. 4) No facsimile connection

E. 6) Destination does not support IP-Fax



THE STATE
of ALASKA
Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing

Corporations Section
State Office Building, 333 Willoughby Avenue, 9th Floor
PO Box 110806, Juneau, AK, 99811-0806
Phone: (907) 465-2530 Fax: (907) 465-7574
Email: corporations@alaska.gov
Website: Corporations.Alaska.gov

COR

Notice of Change of Officials**Foreign Limited Liability Company (AS 10.50)**

- This Notice of Change of Officials form is only for Foreign Limited Liability Companies and is used to report changes between biennial reporting periods for members, managers, and percentage of interest held.
- This Notice of Change of Officials will not be filed if the entity's biennial report is not current. To verify the entity's biennial report due date, go online to www.Corporations.Alaska.gov and select, Search Corporations Database.
- Standard processing time for complete and correct filings submitted to this office is approximately 10-16 business days. All filings are reviewed in the date order they are received.
- The information you submit is a public record and will be posted on the State's website.

| | |
|--|--|
| 1. Important: | AS 10.50.785 |
| <p>Each Foreign Limited Liability Company is required to notify this office when there is a change of officials. — AS 10.50.785</p> <p>Failure to meet this requirement may result in revocation of the entity's authority to transact business in the State of Alaska.</p> <p>The Foreign Limited Liability Company is to keep and make available the records of the official(s) changes. — AS 10.50.859, 870</p> | |
| 2. Fee: | <input checked="" type="checkbox"/> \$25 Nonrefundable Filing Fee (CORF) 3 AAC 18.05(b) Mail this form and the non-refundable \$25 filing fee in U.S. dollars to the following address. Make the check or money order payable to the State of Alaska, or use the attached credit card payment form. |
| 3. Entity Information: | AS 10.50.785 |
| <p>Entity Name: Aramark Sports and Entertainment Services, LLC</p> <p>Alaska Entity Number: 40868F</p> | |

08-03 Rev 07/25/17 F-LLC Change of Officials 1 of 2



THE STATE
of **ALASKA**

Department of Commerce, Community and Economic Development
Division of Corporations, Business and Professional Licensing

COR

Corporations Section

State Office Building, 333 Willoughby Avenue, 9th Floor

PO Box 110806, Juneau, AK 99811-0806

Phone: (907) 465-2550 • Fax: (907) 465-2974

Email: corporations@alaska.gov

Website: Corporations.Alaska.Gov

Notice of Change of Officials

Foreign Limited Liability Company (AS 10.50)

- This Notice of Change of Officials form is only for Foreign Limited Liability Companies and is used to report changes between biennial reporting periods in: members, managers, and percentage of interest held.
- This Notice of Change of Officials will not be filed if the entity's biennial report is not current. To verify the entity's biennial report due date, go online to www.Corporations.Alaska.Gov and select, *Search Corporations Database*
- Standard processing time for complete and correct filings submitted to this office is approximately 10-15 business days. All filings are reviewed in the date order they are received.
- The information you submit is a public record and will be posted on the State's website.

| | |
|--|--|
| 1. Important: | AS 10.50.765 |
| <p>Each Foreign Limited Liability Company is required to notify this office when there is a change of officials. — AS 10.50.765</p> <p>Failure to meet this requirement may result in revocation of the entity's authority to transact business in the State of Alaska.</p> <p>The Foreign Limited Liability Company is to keep and make available the records of the official(s) changes. — AS 10.50.860- 870</p> | |
| 2. Fee: | <input checked="" type="checkbox"/> \$25 Nonrefundable Filing Fee (CORF) 3 AAC 16.065(b) |
| <p>Mail this form and the non-refundable \$25 filing fee in U.S. dollars to the letterhead address. Make the check or money order payable to the State of Alaska, or use the attached credit card payment form.</p> | |
| 3. Entity Information: | AS 10.50.765 |
| <p>Entity Name: Aramark Sports and Entertainment Services, LLC</p> <p>Alaska Entity Number: 40869F</p> | |

4. REMOVE from Record: AS 10.50.765(b)

The following officials (members and, if applicable, managers) will be completely removed from the record as a result of this filing

Name: Aramark Services, Inc. Name:

Name: Name:

If an official is not being removed from record, then list them in Item #5 below (with their current information).

5. ALL Current Officials: AS 10.50.765(b)

The following is a complete list of ALL remaining and new officials who will be on record as a result of this filing.


- An LLC must have at least one member who owns a % of the LLC. — AS 10.50.155(b)
- Must provide all members who own 5% or more of the LLC. — AS 10.50.765 (b)
- Members must own a % of the LLC. A member may be a manager if the LLC is manager managed.
- An LLC may be managed by a manager if provided in Registration of Foreign LLC. A manager may be a member if the manager also owns a % of the LLC. — AS 10.50.615(a)(7)
- List ALL officials and their current information to be on record. USE ONLY TITLES PROVIDED
- BOLD** fields are required.

| FULL LEGAL NAME | COMPLETE MAILING ADDRESS | % OWNED | MEMBER | Manager |
|------------------|--|---------|--------|---------|
| Aramark/HMS, LLC | 2400 Market Street, Philadelphia, PA 19103 | 100 | x | x |
| Bruce Fears | 2400 Market Street, Philadelphia, PA 19103 | | | x |
| Patricia Rapone | 2400 Market Street, Philadelphia, PA 19103 | | | x |

→ If necessary use the following supplement page and include all information required above in Item #5.

6. Required Signature: AS 10.50.840

The Notice of Change of Officials must be signed by: a member (AS 10.50.840(a)(2)); or a manager if manager managed (AS 10.50.840(a)(1)); or an attorney-in-fact (AS 10.50.840(c)). Persons who sign documents filed with the commissioner that are known to the person to be false in material respects are guilty of a class A misdemeanor.

Signature By:  Date: 03/11/2021

Printed Name: Patricia Rapone

Title of Authorized Signer: ☐ Member ☒ Manager ☐ Attorney-in-fact

if signing on behalf of a member or manager which is an entity, then identify the signer's relationship and signing authority with the member entity. For example John Smith, President of XYZ Inc. the sole member of ABC LLC



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Email: corporations@alaska.gov
Website: Corporations.Alaska.Gov

Contact Information

- Return this form with your filing
- This information may be used by the Division to assist with processing your attached filings
- This form will not be filed for record, or appear online

| Entity Information | | Enter your entity information as it appears on this filing |
|--------------------|--|--|
| Entity Name: | Aramark Sports and Entertainment Services, LLC | |
| AK Entity #: | 40869F | |

| Contact Person | | Whom may we contact with any questions or problems with this filing? | |
|------------------|--|--|-------|
| Company: | Aramark | | |
| Contact: | Vickie Potter | | |
| Mailing Address: | 5880 Nolensville Pike | | |
| | Nashville | TN | 37211 |
| Phone: | 615-761-0332 | | |
| Email: | potter-vickie@aramark.com | | |

| Document Return Address | | Provide an address for the return of your filed documents | |
|-------------------------------------|--|---|-------|
| <input checked="" type="checkbox"/> | Return my filings to the address provided ABOVE | | |
| <input type="checkbox"/> | Return my filings to this address provided BELOW | | |
| Company: | | | |
| Contact: | | | |
| Mailing Address: | 5880 Nolensville Pike | | |
| | Nashville | TN | 37211 |

From: [Amanda Shawcross](#)
To: [Marc Bodell](#)
Cc: [Alcohol Licensing, CED ABC \(CED sponsored\)](#); [Kaitlynd Kruger](#); [Chris OHara](#); [Sherman Ernouf](#)
Subject: Re: Aramark/Denali River Cabins, McKinley Village Lodge, Glacier Bay Lodge - AK - State Renewal
Date: Friday, March 12, 2021 10:18:47 AM
Attachments: [IMG_20210312_0002.pdf](#)
Importance: High

Good Morning Carrie,

Per Marc's email below attached is the courier slip stamped by Corporations and signed by an individual with Corporations to confirm the filing of the Change of Officials form.

Let me know if you need anything else or have any questions and or concerns relating to this.

Thank you
Amanda

Amanda Shawcross
Office Manager & Book Keeper
Law Offices of Ernouf & Coffey, P.C.
PO Box 212314
Anchorage, Alaska 99521-2314
Phone: (907) 274-3385
Fax: (907) 274-4258
ashawcross@eclawfirm.org

This electronic message and any attachment contain information from The Law Offices of Ernouf & Coffey, P.C. that may be privileged and confidential. The information is intended for the use of the addressee (s) only. If you are not the intended addressee, note that any disclosure, copying, distribution, or use of the contents of this message or any attachment is prohibited. If you have received this message in error, please contact me at ashawcross@eclawfirm.org or by calling (907) 274-3385.

On Mar 12, 2021, at 9:22 AM, Marc Bodell <marc@flaherty-ohara.com> wrote:

Good Morning Carrie,

Attached please find copies of the revised Aramark renewal applications and Tourism Statements, as you requested.

Also attached are copies of the Notice of Change of Officials, that Amanda Shawcross, with our local counsel's office, has been trying to fax for the past 24 hours. As she has been unsuccessful, she is arranging for a courier deliver the forms to the ABC today. She will provide us with a receipt, so you will have evidence that the package was



Elite Courier Services

907-569-4440

CHARGE TO:
Ernouf & Coffey, P.C.

190608

| | |
|--|-----------------------|
| PICKUP AT Ernouf & Coffey, P.C. | CONTACT Amanda |
| ADDRESS 1542 northview drive | PHONE 907-274-3385 |
| CITY Anchorage | ZIP CODE 99504 |
| DELIVER TO corporation section | CONTACT |
| ADDRESS 550 w 7th ave 1500 | PHONE |
| CITY anchorage | ZIP CODE 99501 |
| SIGNATURE (PLEASE PRINT) X <i>Marie Dagen</i> | |

| | |
|---|------------------------|
| DATE 3/12/21 | # PIECES 1 |
| SPECIAL INSTRUCTIONS Please return a stamped courier slip confirming filing asap. Thank you! | |
| ROUND TRIP Yes | TOTAL WEIGHT 1 lbs. |
| READY TIME 3/12/21 9:17 AM | |
| SERVICE TYPE Rush | PACKAGE TYPE Filing |
| DRIVER # PICK / 9563/12P | REFERENCE Aramark |

RECEIVED
Anchorage
MAR 12 2021
CBPL