

Alcohol and Marijuana Control Office 550 W 7<sup>th</sup> 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**

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.

License Type: Beverage Dispensary - Tourism Seasonal  Section 2 - Tourism Statement  1. Explain how issuance of a liquor license at your establishment has/will encourage tourism.  The central focus of the business plan for the Burger Shack involves catering to out of town tourists, local and regional gulicensee will continue to run advertising in travel/tourism publications and directories, as well as through electronic method including an online presence via property specific website and other relevant platforms.
1. Explain how issuance of a liquor license at your establishment has/will encourage tourism.  The central focus of the business plan for the Burger Shack involves catering to out of town tourists, local and regional guild licensee will continue to run advertising in travel/tourism publications and directories, as well as through electronic method including an online presence via property specific website and other relevant platforms.
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2. Explain how the facility was/will be constructed or improved as required by AS 04.11.400(d)(1): The Burger Shack has annual upgrades around the grounds with landscaping, outdoor entertainment, and other upgrades to kitchen equipment and smallware/drinkware's.
YES
3 Does the licensee or applicant for this liquor license also operate the tourism facility in which this license is located?
4 If "no" who operates the tourism facility?
4 ii no who operates the tourism racinty:

[Tourism Statement] (rev 9/17/2019)

Page 1 of 2

AMCO Received 3/12/2021



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## Alaska Alcoholic Beverage Control Board

# **Tourism Statement**

			the state of the s
2.5 Do you offer room rentals to the traveling public?		X	NO
If "yes" answer the following questions:			
How many rooms are available?			
One main room for Burger Shack dining			
How many of the available rooms (if any) have kitchen facilities ( with refrigeration and cooking appliance devices, including a mic		food preparation	n along
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 X
If "no" is your facility located within an airport terminal?		YES	NO X
2.6 If your establishment includes a dining facility, please describe that	acility. If it does not please wri	te "none".	
The Burger Shack offers breakfast, lunch, dinner and snacks daily in a co	mfortable setting.		
2.7 If additional amenities are available to your guests through your est guests, other activities that attract tourists), please describe them. If the The Burger Shack does not provide any additional tourist type amenities our website of close by tours, trips and rentals for our guests. The Burger facility. In short, all of those things, which are routinely done by busines	y are not offered, please write to its guests. We do recommen or Shack will continue to operate	"none".  nd tours and have the facility as a	e a list on tourist
by the operators of the facility.			

[Tourism Statement] (rev 9/17/2019)

Page 2 of 2

AMCO Received 3/12/2021

# 2020/2021 Tourism Statement Aramark Sports & Entertainment Services, LLC,

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

The central focus of the business plan for the Burger Shack involves catering to out of town tourists, local, and regional guests. The licensee will continue to run advertising in travel/tourism publications and directories as well as through electronic methods, including an online presence via property specific website and other relevant platforms.

# Explain how the facility was/will be constructed or improved in accordance with this application.

This facility is located at Mile Post 231.1 Parks Hwy. in Denali. As such it is ideal for travelers who want an overnight stay in a beautiful location conveniently located in Denali.

# 2. Who operates the facility for which a liquor license is being applied?

Aramark Sports & Entertainment Services, LLC operates the liquor license. Bruce Fears, Patricia Rapone are Managers of the entity, and Aramark/HMS, LLC is the Member of the entity.

- 3. Do you offer room rentals to the traveling public? Yes.
- 4. If so, how many of these rooms are available? Do any of the rental rooms have kitchen facilities (defined as: a separate sink for food preparation along with refrigeration and cooking appliance devices, including a microwave)? If yes, how many of the rental rooms have kitchen facilities that meet this definition? Do you stock alcoholic beverages in guest rooms?

There are \_\_\_\_\_ rooms for rent at the Burger Shack. None of the rooms are equipped with kitchen facilities. No we do not stock alcoholic beverages in the rooms.

AMCO

#### 5. Does your establishment include a dining facility?

Yes. The Burger Shack offers breakfast, lunch, dinner, and snacks daily in a comfortable setting.

6. Are additional amenities available to your guests through your establishment (eg: guided tours or trips, rental equipment for guests, other activities that attract tourists)?

No, the Burger Shack does not provide any additional tourist type amenities to its guests. We do recommend tours, and have a list on our website of close by tours, trips, and rentals, for our guests. The Burger Shack will continue to operate the facility as a tourist facility. In short, all of those things, which are routinely done by businesses in Alaska to encourage tourism, will continue to be done by the operators of the facility.

2

STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD FORM CONTROL

LICENSE NUMBER

5489

XXXX

**ISSUED** 4/07/2021 **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

05/01 - 10/31

TYPE OF LICENSE: Beverage Dispen

LICENSE FEE: \$1,250.00

1103

**Burger Shack** D/B/A:

Mile Post 231.1 Parks Hwy.

Mail Address:

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

CITY / BOROUGH:

**Outside City Limits** Denali Borough

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

04-900 (REV 9/09)

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

STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD FORM CONTROL

LICENSE NUMBER

XXXX

LIQUOR LICENSE **ISSUED** 2021 - 2022 4/07/2021

5489

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

THIS LICENSE EXPIRES MIDNIGHT FEBRUARY 28, 2023 UNLESS DATED BELOW

05/01 - 10/31

TYPE OF LICENSE: Beverage Disper

**ABC BOARD** 

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

[ ] Special restriction - see reverse side

ISSUED BY ORDER OF THE ALCOHOLIC BEVERAGE CONTROL BOARD

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

D/B/A:

**Burger Shack** 

Mile Post 231.1 Parks Hwy.

Mailing Address:

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



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Phone: 907.269.0350

# Alaska Alcoholic Beverage Control Board

# **Master Checklist: Renewal Liquor License Application**

Doing Business As:	Rura	er Shack			License Number:	5489
License Type:			sary - Tourisr	n - Saasona		0400
Examiner:	1	10	,	11 - 06050110	Transaction #:	100012427
Examiner.	Kr	is Caru	U			100012427
Document		Received	Completed	Notes		
AB-17: Renewal Applic	ation	12/15	3-17-21			
App and License Fees		12/15	3-17-21			
Supplemental Docume	ent	Received	Completed	Notes		
Tourism/Rec Site State	ment	12/15	3-17-21			
AB-25: Supplier Cert (V	VS)					
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	written order (pa	ckage stores)?			
Mailing address and co	ntact ir	nformation differ	ent than in databa	ase (if yes, updat	e database)?	
In "Good Standing" wit	h CBPL	(skip this and nex	kt question for so	e proprietor)?		
Officers and stockholde	ers mat	ch CBPL and data	base (if "No", det	ermine if transfe	r necessary)?	
LGB 1 Response:	)ena	li Boroy	gh LGB 2 Res	ponse:	NA	
Waive	Protest	t Lapsed	Wai	ve Prot	est Lapsed	



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**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

	Establishme	nt Contact In	formation			
Licensee (Owner):	Aramark Sports and Enterta	inment Services, LL	C Li	cense #:	5489	
License Type:	Beverage Dispensary - Tou	rism Seasonal				
Doing Business As:	Burger Shack	Burger Shack				
Premises Address:	Mile Post 231.1 Parks High	nway	2.4			
Local Governing Body:	Denali Borough					
Community Council:	None					
your mailing address ha	s changed, write the NEW	address below:		VII .		
Mailing Address:	Flaherty & O'Hara, P.C., 6	10 Smithfield Street,	Suite 300			
City:	Pittsburgh	State:	PA	ZIP:	15222	
ict ha listed on CRDI with th		ited in Section 2 or 3	as an Omelay Owner,	Silai elloidei C	of your entit	
			,		of your entit	
	ne same name and title.		,		of your entit	
is person will be the designa	ne same name and title.		he Optional contact is		of your entit	
is person will be the designation contact Licensee:  Contact Email:	ne same name and title.	this license, unless t	he Optional contact is  Contact Phone:	completed.		
is person will be the designation contact Licensee:  Contact Email:	ne same name and title. ated point of contact regarding	this license, unless t	he Optional contact is  Contact Phone:	icense, list ther		
is person will be the designation of the designatio	ne same name and title.  ated point of contact regarding  staff to communicate with anyon	this license, unless t	he Optional contact is  Contact Phone:  act Licensee about your	icense, list ther	n below:	
is person will be the designation of Contact Licensee:  Contact Email:  ctional: If you wish for AMCO  Name of Contact:	ne same name and title.  ated point of contact regarding  staff to communicate with anyon  Marc Bodell	this license, unless t	he Optional contact is  Contact Phone:  act Licensee about your	icense, list ther	n below:	
Contact Licensee: Contact Email:  ctional: If you wish for AMCO Name of Contact: Contact Email:	ne same name and title.  ated point of contact regarding  staff to communicate with anyon  Marc Bodell	this license, unless t	he Optional contact is  Contact Phone:  act Licensee about your  Contact Phone:	icense, list ther	n below:	
Contact Licensee: Contact Email: ptional: If you wish for AMCO Name of Contact: Contact Email:	ne same name and title.  ated point of contact regarding  staff to communicate with anyon  Marc Bodell	this license, unless t	he Optional contact is  Contact Phone:  act Licensee about your  Contact Phone:	icense, list ther	n below:	
Contact Licensee:  Contact Email:  ptional: If you wish for AMCO  Name of Contact:  Contact Email:  Name of Contact:	ne same name and title.  ated point of contact regarding  staff to communicate with anyon  Marc Bodell	this license, unless t	he Optional contact is  Contact Phone:  act Licensee about your  Contact Phone:	icense, list ther	n below:	

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

Page 1 of 4



#### **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 #. <a href="https://www.commerce.alaska.gov/cbp/main/search/entities">https://www.commerce.alaska.gov/cbp/main/search/entities</a>

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:
  - 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 any 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:	Bruce Fears				
Title(s):	Manager	Phone:	800-999-8989	% Owr	ned: 0%
Mailing Address:	439 245th Avenue, S.E.				
City:	Sammimish	State:	WA	ZIP:	98074

Name of Official:	Patricia Rapone			***************************************	
Title(s):	Manager	Phone:	800-999-8989	% Owi	ned: 0%
Mailing Address:	2341A Wallace Street			<u> </u>	
City:	Philadelphia	State:	PA	ZIP:	19130

Name of Official:	Aramark/HMS, LLC					
Title(s):	Member	Phone:	800-999-8989	% Owi	ned:	100%
Mailing Address:	2400 Market Street		I	· I		
City:	Philadelphia	State:	PA	ZIP:	19	103

AMCC

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

Page 2 of 4



#### **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: Affiliate Applicant Name: **Contact Phone: Mailing Address:** City: State: ZIP: Email: This individual is an: **Affiliate** Applicant 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) 2. The license was only operated during a specific season each year. (Seasonal) If your operation dates have changed, list them below: 05/01/2019 10/31/2019 3. The license was only operated to meet the minimum requirement of 240 total hours each calendar year. A complete AB-30: Proof of Minimum Operation Checklist, and all documentation must be provided with this form. 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 calendaryears. <u>A complete Form AB-29: Waiver of Operation Application</u> and corresponding fees must be submitted with this application for each calendar year during which the license was not operated. 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 No Yes Have ANY Notices of Violation been issued for this license OR has ANY person or entity in this application been Х convicted of a violation of Title 04, 3AAC 304 or a local ordinance adopted under AS 04.21.010 in 2019 or 2020? 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.

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

AMCC

Page 3 of 4



#### 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.

	intity 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: Ray Ray Signature of licensee	Signature of Notary Public
Patricia Rapone, Vice President	Notary Public in and for the State of: Pennsylvania
Printed name of licensee	My commission expires: \c/21/20
Subscribe	d and sworn to before me this <u>v</u> day of <u>December</u> 20 <u>20</u> .
Recreational Site applicati Tourism applicati	Commonwealth of Pennsylvania - Notary Seal Steven W. Everett, Notary Public Steven W. Everett, Notary Public Ons must include a completed Recreational Site Commission expires October 21, 2022 Commission number 1194054 ons must include a completed Tourism Statement Member, Pennsylvania Association of Notaries must include a completed AB-25: Supplier Certification
All renewal	and supplemental forms are available online

#### FOR OFFICE USE ONLY

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

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.

AMCO

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

Page 4 of 4

Details

# **ENTITY DETAILS**

# Name(s)

Туре	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**

		∟Sho	
AK Entity #	Name	Titles	Owned
4771F	Aramark Services, Inc.	Member	100.00

#### **Filed Documents**

Date Filed	Туре	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	Туре	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 439 245<sup>th</sup> Avenue, S.E. Sammamish, WA 98074 Phone: 800-999-8989

Ownershp: 0%

#### **Vice President**

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

Ownership: 0%

{F1543889.1} F0051518.1



## 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: Burger Shack, License #5489

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 <u>alcohol.licensing@alaska.gov</u> with any questions.

Sincerely,

Carrie Craig

Records and Licensing Supervisor

cc:

License File

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

1) carousel childcare

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

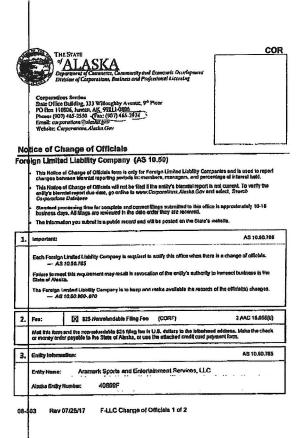
File No. Mode	Destination	Pg(s)	Result	Page Not Sent
6784 Memory	TX 19074652974	P. 4	E-1) 1) 1) 1) 2)	P. 3-4

Reas on for error

E. 1) Hang up or line fail

E. 2) Busy
E. 3) No answer
E. 5) Exceeded max. E-mail size

E. 6) Destination does not support IP-Fax



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	Official	S
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# 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
	Each Foreign Limited Liability Company is required to notify this office when there is a change of officials.  — AS 10.50.765  Failure to meet this requirement may result in revocation of the entity's authority to transact business in the State of Alaska.  The Foreign Limited Liability Company is to keep and make available the records of the official(s) changes.  — AS 10.50.860-870			ty's authority to transact business in the
	2.	Fee:	X \$25 Nonrefundable Filing Fee (CORF)	3 AAC 16.065(b)
	-•	Mail this form	and the non-refundable \$25 filing fee in U.S. dollars to er payable to the State of Alaska, or use the attached	o the letterhead address. Make the check
	3.	Entity Informa	ation:	AS 10.50.765
		Entity Name: Aramark Sports and Entertainment Services, LLC		
		Alaska Entity Number: 40869F		
Ч	-			<u> </u>

F-LLC Change of Officials 1 of 2 08-503 Rev 07/25/17

$\pm \pm$		AC 10	50 766/h	1			
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, Ir	nc. Name:					
	Name:	Name					
	If an official is not being removed fro	om record, then list them in Item #5 below (with their current inf	formation)	١.			
5.	ALL Current Officials:	AS 10.	.50.765(b	)			
The following is a complete list of <u>ALL</u> remaining and new officials who will be on record as a rest this filing.							
		ne member who owns a % of the LLC. — AS 10.50.155(b)					
		no own 5% or more of the LLC. — AS 10.50 765 (b)					
	<ul> <li>Members <u>must</u> own a % of th</li> </ul>	ie LLC. A member may be a manager if the LLC is manager m	anaged.				
	<ul> <li>An LLC may be managed by may be a member if the man</li> </ul>	a manager if provided in Registration of Foreign LLC. A managager also owns a % of the LLC. — AS 10.50.615(a)(7)	ger				
	<ul> <li>List ALL officials and their</li> </ul>	current information to be on record. USE ONLY TITLES PROVIDED					
	BOLD fields are required.		ED	E .			
	FULL LEGAL NAME	COMPLETE MAILING ADDRESS	% owned	MEMBER			
	Aramark/HMS, LLC	2400 Market Street, Philadelphia, PA 19103	100	××			
	Bruce Fears	2400 Market Street, Philadelphia, PA 19103		×			
	Patricia Rapone	2400 Market Street, Philadelphia, PA 19103		×			
	If aggregate use the following sun	plement page and include all information required above in Itel	m #5				
If necessary use the following supplement page and include all information required about			10.50.84	.0			
The Notice of Change of Officials must be signed by: a member (AS 10.50 840(a)(2)): or a manager in 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 a of a class A misdememory.  Signature By:  Date: 03/11/2021  Printed Name: Patricia Rapone							
				ity			
	Title of Authorized Signer:						
	if signing on behalf of a member or manager member entity. For example, John Smith, P	which is an entity, then identify the signer's relationship and signing authority resident of XYZ inc. the sole member of ABC LLC	with the	<del></del>			

F-LLC Change of Officials 2 of 2

	STORE COL			COR	
The World	THE STAI	ASKA  nt of Commerce, Community of Corporations, Business and 1	and Economic Development Professional Licensing		
	PO Box 110806, Jur	g, 333 Willoughby Avenuc, S neau, AK 99811-0806 550 • Fax: (907) 465-2974 a alaska gov	<sup>yts</sup> Floor		
C	ontact Informa	tion			
		ith your filing ay be used by the Division to be filed for record, or appear o	assist with processing your at	ttached filings	
Γ	Entity Information		Enter your entity informat	tion as it appears on this filing	
	Entity Name:	Aramark Sports and	Entertainment Services, L	LC	
	AK Entity #:	40869F			
П	Contact Person	Whom ma	y we contact with any question	ns or problems with this filing?	
	Company:	Aramark			
	Contact.	Vickie Potter			
		5880 Nolens	sville Pike		
	Mailing Address.	Nashville		TN 37211	
	Phone:		615-761-0332		
	Email: potter-vickie@aramark.com				
П	Document Return Add	ress	Provide an address for the r	return of your filed documents.	
	Return my filings to	the address provided ABOV	/E		
Ш		this address provided BELC			
	Company				
	Contact:				
		5880 Nolens	sville Pike		

Mailing Address:

08-561 Rev 7/14/16

Contact Information

Nashville

37211

TN

From:

**Amanda Shawcross** 

To:

Marc Bodell

Cc: Subject: Alcohol Licensing, CED ABC (CED sponsored); Kaitlynd Kruger; Chris OHara; Sherman Ernouf 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

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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

A District was		Rusiya
Elite Courier Se 907-569-4440	CHARGE TO: Ernouf & Coffey, P.C.	190608 DATE #PIECES 3/12/21 1
PICKUP AT Ernouf & Coffey, P.C.  ADDRESS 1542 northylew drive	CONTACT Amanda PHONE	SPECIAL INSTRUCTIONS  Please return a samped courier slip confirming filing usap. Thank you!
CITY Anchorage  DELIVER TO	907-274-3385 ZIP CODE 99504 CONTACT	ROUND TRIP TOTAL WEIGHT YES 1 lbs.
corporation section  ADDRESS 550 w 7th ave 1500	PHONE ZIP CODE	READY TIME 3/12/27 9:17 AM  SERVICE TYPE Rush  PACKAGE TYPE Filing
SIGNATURE (PLEASE PRINT)	Marie Dagan	TORIVER # PICK / Aramark  156 3/12 P REFERENCE  Aramark

RECEIVED Anchorage MAR 1 2 2021 CBPL