

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

Recreational Site Statement Form

- A new, transfer, or renewal application for a <u>Recreational Site License</u> must be accompanied by a written statement that explains how the establishment meets the requirements listed under AS 04.11.210 and be deemed complete by AMCO staff, or your application will be returned.
- You must <u>provide complete responses to all questions</u> 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 what hours your establishment will be serving beer and wine in relation to your event hours.
	PURING AND ONE HOUR BEFORE AND AFTER EVENTS.
2.	Are baseball games, car races, hockey games, sled dog racing events, or curling matches regularly held during a season at your establishment? Yes: No:
	If No , what recreational events are regularly held during a season at your establishment that qualify you for this license under AS 04.11.210?
	THE DAC IS CURRENTLY A HOLDER OF A RECREATIONAL SITE LICENSE. THIS IS USED MOSTLY FOR OUR LIMITED THEATRE SEASON. WE ARE NOT A DISTENSARY, PRESTAURANT, EATING ESTABLICHMENT, NOR ARE USE OPEN EVERY PAY. WE HOLD EVENTS RECILLARLY, BUT SPOKADICALLY, FOR THE MENERAL PUBLIC. THE MAJORITY OF OUR EVENTS ARE THEATRICAL IN NATURE USE HOST MUSIC CONCERTS, DISAMA PRODUCTIONS, MUSICALS VISUAL ARTS RECEPTIONS, AND FILM FESTIVALS OUR EVENTS HAVE A STARTING & ENDING TIME.
3.	Was this license exercised at least once during each of the two preceding calendar years in accordance with AS 04.11.330(d)? Yes: No:
	If the answer is no, you are required to complete an AB-29 (Waiver of Operation Application) for your renewal application to be deemed complete with this office.
	The AB-29 form can be found here if needed: https://www.commerce.alaska.gov/web/Portals/9/pub/ABC/AlcoholLicenseApplicationForms/WaiverApp.pdf
4.	List the seasons of the events on your premises. (example: Baseball May 1-Sept 15, Dog Sled Races Oct 1- March 15)
	YEAR-ROUND.

[Recreational Site Form] (rev 09/23/2020)

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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 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): License #: **License Type: Doing Business As: Premises Address: Local Governing Body: Community Council:** If your mailing address has changed, write the NEW address below: Mailing Address: City: State: ZIP: 99676 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: e gmail Com 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: **Contact Phone: Contact Email:** Name of Contact: **Contact Phone: Contact Email:**

Name of Contact:

Contact Email:

Contact Phone:



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 #:

25285P

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
 - 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:	ELLIOT HUN	KER		***************************************	Plant for the second se
Title(s):	President	Phone:	610-87-0422	% Ow	ned: x)/A
Mailing Address:	Po BOX 399				114614
City:	TALKEETNA	State:	AŁ	ZIP:	99676

Name of Official:	Troy Smile	y			
Title(s):	Vice Prosident	Phone:	907-315-3742	% Own	ed: W/A
Mailing Address:	PO BOX 315				1 20 / 24
City:	Talkeeting	State:	AK	ZIP:	99676

Name of Official:	Meredith Magher		•		
Title(s):	Secretary	Phone:	916-261-5697	% Owr	red: NA
Mailing Address:	Po Box 1222	•			1.7/
City:	Talkeetna	State:	JK	ZIP:	99676

SEP 21 2021

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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.

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: 71P: Email: Section 4 - License Operation Check ONE BOX for EACH CALENDAR YEAR that best describes how this liquor license was operated: The license was regularly operated continuously throughout each year. (Year-round) The license was only operated during a specific season each year. (Seasonal) If your operation dates have changed, list them below: 3. The license was only operated to meet the minimum requirement of 240 total hours each calendar year. A camplete AB-30: Proof of Minimum Operation Checklist, and all documentation must be provided with this form. 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 calendaryears. 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. 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 Yes No 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? 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 Notlees of Violation, contact the office before submitting this form.

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

(SEP 21 202)

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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.

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.

V	OFFICIAL SEALOW Que Company
Signature of licensee	NOTARY PUBLIC STATE STATE OF Notary Public My Comm. Empires January 8, 2022
Printed name of licensee	Notary Public in and for the State of:
, and the meaning of meaning co	My commission expires: Ol/oblzoza
	Subscribed and sworn to before me this b day of December , 20 20

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:	\$ 800,00	Application Fee:	\$ 300.00	Misc. Fee:	\$144075
		Total Fees Due:			\$ 4244.75

1196.50

AMCO

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 DENALI ARTS COUNCIL

Entity Type: Nonprofit Corporation

Entity #: 25285D

Status: Good Standing

AK Formed Date: 10/26/1981

Duration/Expiration: Perpetual

Home State: ALASKA

Next Biennial Report Due: 7/2/2023

Entity Mailing Address: PO BOX 404, TALKEETNA, AK 99676

Entity Physical Address: 22249 S D ST, TALKEETNA, AK 99676

Registered Agent

Agent Name: JOE PAGE

Registered Mailing Address: PO Box 404, Talkeetna, AK 99676

Registered Physical Address: 22249 S. D STREET, TALKEETNA, AK 99676

Officials

			☐Show Former
AK Entity #	Name	Titles	Owned
	Bekah Mathiesen	Secretary	
	Butchy Fuego	Director	
	Elliot Hunker	President	

AK Entity #	Name	Titles	Owned
	Jamie Panariello	Director	
	Kathy Ernst	Treasurer	
	Mary Farina	Director	
	Melissa Brazeau	Director	
	Serena Berkowitz	Director	
	Troy Smiley	Vice President	

Filed Documents

Date Filed	Туре	Filing	Certificate
10/26/1981	Creation Filing	Click to View	
7/09/1987	Biennial Report		
7/03/1989	Biennial Report		
7/22/1991	Biennial Report		
3/16/1994	Biennial Report		
10/02/1995	Biennial Report		
6/17/1997	Biennial Report	Click to View	
7/28/1999	Biennial Report	Click to View	
7/05/2001	Biennial Report	Click to View	
7/01/2003	Biennial Report	Click to View	
7/10/2006	Biennial Report	Click to View	
11/23/2010	Biennial Report	Click to View	
11/23/2010	Biennial Report	Click to View	
3/16/2011	Biennial Report	Click to View	
2/17/2012	Agent Change	Click to View	
8/11/2013	Biennial Report	Click to View	
1/20/2015	Biennial Report	Click to View	
/05/2017	Change of Officials	Click to View	
8/26/2017	Biennial Report	Click to View	
/22/2019	Change of Officials	Click to View	
3/24/2019	Biennial Report	Click to View	
/15/2021	Biennial Report	Click to View	

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State of Alaska / Commerce / Corporations, Business, and Professional Licensing / Search & Database Download / Business License / License #906335

LICENSE DETAILS

License #: 906335

Print Business License

Business Name: DENALI ARTS COUNCIL

Status: Active

Issue Date: 08/24/2007

Expiration Date: 12/31/2021

Mailing Address: PO BOX 404

TALKEETNA, AK 99676

Physical Address: 22249 S D ST

TALKEETNA, AK 99676

Owners

DENALI ARTS COUNCIL

Activities

Line of Business	NAICS	Professional License #
71 - Arts, Entertainment and	711110 - THEATER COMPANIES AND DINNER	
Recreation	THEATERS	

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.

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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) 465-2550 • Fax: (907) 465-2974

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

Notice of Change of Officials

Domestic Non-Profit Corporation (AS 10.20)

- This Notice of Change of Officials form is only for Domestic Non-Profit Corporations and is used to report changes in officers and directors information between biennial reporting periods.
- 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 10.20.631

Each Domestic Non-Profit Corporation is required to notify this office when there is a change of officials.

— AS 10.20.631

Failure to meet this requirement may result in involuntary dissolution of the entity's authority to transact business in the State of Alaska.

- AS 10.20.325(7)

The Domestic Non-Profit Corporation is to keep and make available the records of the official(s) changes.

- AS 10.20.131

2. Fee:

(CORF)

3 AAC 16.050(c)

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.

3. Entity Information:

AS 10.20.631

Entity Name:

Denali Arts Council

AMCO

Alaska Entity Number:

25285D

(SEP 21 202)

4.	REMOVE from Record: AS 10.20.631(b)								
	The following officials (officers filing:	and directors) will be completely removed from	n the	recor	d as a	a resi	ult of	this	
	Name: Bekah Mathies	en Name: Jamie P	anari	ello	a dansa sussa manna dan	P BEFFE WANTE (PART 4 PA	na milah milah najara da	Sin halfon, Pragon riv	
	Name: Serena Berkow	itz Name:							
	If an official is not being remo	ved from record, then list them in Item #5 below	(with	their	curre	nt inf	orma	tion).	l
5.	ALL Current Officials:			ı	AS 10) and 0.705	
	The following is a complete lis	t of ALL remaining and new officials who will be	on re	cord	as a	resul	t of th	is fili	ng.
	Directors. Two or more offices	have a President, Vice-President, Secretary, Tr may be held by the same person, except the o son. — AS 10.20.086 and AS 10.20.121	easur ffices	er, ar of Pr	nd at l eside	east nt an	three d Se	: (3) cretar	У
	List <u>ALL</u> officials and their current information to be on record. BOLD fields are required.			AICE-PRESIDENT	SECRETARY	FREASURER	DIRECTOR (3)	Assistant Secretary	Assistant Treasurer
	FULL LEGAL NAME	COMPLETE MAILING ADDRESS	PRESIDENT	VICE-F	SECRI	TREA	DIREC	Assista	Assista
	Butchy Fuego	PO Box 1185 Talkeetna AK 99676					ж		
	Elliot Hunker	PO Box 399 Talkeetna AK 99676	×						
	Kathy Ernst	PO Box 13172 Trapper Creek AK 99683				ж			
	Mary Farina	PO Box 335 Talkeetna AK 99767					×		
	Troy Smiley	PO Box 315 Talkeetna AK 99676		×					
->	If necessary, use the followin	g supplement page and include all information r	equire	d ab	ove ir	Item	ı #5.		
6.	Required Signature:			Α	S 10		31(b) 10.20		
	an authorized signer. Persons	als must be signed by an officer of the non-prof who sign documents filed with the commissioned are guilty of a class A misdemeanor.	it corp er that	orational are	on. A knowr	Direct to the	tor is	not rson	
	Signature:	Date:	8/	161	21	ana tria dia fini	s come spins when com-	i man som som som som	
	Printed Name: Eccion	HUNKER	**************************************			Acres (Acres (CII	w water From Sides for	to Main Face come or	
	Title of Authorized Signer:	PRESIDENT BEADD OF TO	D'IRE director	ECT is not	o p s an a <mark>vi</mark>	harlas	d s i gn	er.)	

Notice of Change of Officials SUPPLEMENT

If used, this supplement must be returned with Form 08-446

	Entity Name: Denali Ar	THE THE STREET AND	na titi na vire tre	s code at this editor con	o come esse vesta so	age ballone politice, consists, he	ets sincisc surpsis August 28	na nom nam situ t	ann agus
	Alaska Entity Number: 25	285D		A. 10 A.	~~ ~~ ~~		e arcs seek seek des	12 ma 225 ma 5	= cm
4.	REMOVE from Record (cont	tinued from Page 2):			ļ	AS 10	.20.6	31(b)	
	The following officials (officers and directors) will be <u>completely removed from the record</u> as a result of this filing:								
	Name:	Name:	hija riisko aujita kisika dassa	and they even and	a other bear with the	ود الدور المعالمة المعالمة المعالمة	ت جلت دستا سات	al rest, com by	
	Name:	Name:	up and coa sole are	Out of the total	التو د نسبه شلبته الدياد ا	h kusa katu wan eu	N. ISSUE COME TOWN AND	an cond with an	
	If an official is not being remo	ved from record, then list them in Item #5 below	(with	their	curre	nt inf	forma	tion).	
5.	AS 10.20.631(b) a ALL Current Officials (continued from Page 2): AS 10.20.631(b) a AS 10.20.7								
	The following is a <u>complete list of ALL remaining and new officials</u> who will be on record as a result of this filing. Non-Profit Corporations <u>must</u> have a President, Vice-President, Secretary, Treasurer, and at least three (3) Directors. Two or more offices may be held by the same person, except the offices of President and Secretary which cannot be the same person. — <i>AS 10.20.086 and AS 10.20.121</i>								
	List ALL officials and their current information to be on record. BOLD fields are required.			VICE-PRESIDENT	SECRETARY	REASURER	DIRECTOR (3)	Assistant Secretary	Assistant Treasurer
	FULL LEGAL NAME	COMPLETE MAILING ADDRESS	PRESIDENT	VICE-I	SECR	TREA	DIREC	Assist	Assist
	Melissa Brazeau	PO Box 1048 Talkeetna AK 99676					×		
	Meredith Magher	PO Box 1222 Talkeetna AK 99676	And the state of t	and the second s	×		and the same of th		
			A A A A A A A A A A A A A A A A A A A	a before parent to live a sale.			Total and the second se		
						the contract of the contract o			

If necessary to complete Items #4 and #5, make copies of this SUPPLEMENT page.

AMCO

SEP 21 2021

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

FOR DA	ISION L	ISE ONLY	

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:	Denali Arts Council				
AK Entity #:	25285D				
Contact Person	Whom may we conta	ct with any questions or pro	blems with this filing?		
Company:	Denali Arts Council				
Contact:	Michelle Crow				
NA-III A-III	Address: PO Box 404				
Mailing Address:	City: Talkeetna	State: ak	ZIP: 99676		
Phone:	907-733-7929				
Email:	info@denaliartscouncil.org				
Document Return Addr	ress Provide a	an address for the return of y	our filed documents.		

Document Return Address		Provide an ad	Provide an address for the return of your filed documents.					
	o the address provided ABC o this address provided BEL							
Company:								
Contact:								
Maillian Addusan	Address. PO Box 40	4.		marks in National and the Account of the Community of the				
Mailing Address:	City: Talkeetna		State:	AMCO	99676			