

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

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 completed and submitted to AMCO's main office before any tourism license application will be reviewed.

	Section 1 – Establishment Inform	mation	
inter information for the b	ousiness seeking to have its license renewed.		
Doing Business As:	Sunrise Inn	License #:	1096
License Type:	Beverage Dispensary - Tourism	redon 911	Contract of
	Section 2 – Tourism Stateme	ent	
.1. Explain how issuance	of a liquor license at your establishment has/will encourage	tourism.	
	e also have beer from local Alaskan breweries y was/will be constructed or improved as required by AS 04		
Since purchase in 2 and decorated with a loors.	015, I have replaced the flooring, replaced a ro Alaskan animal mounts. I have added window	otted wall, painted al trim, painted the floo	l of the walls or and fixed all
	pplicant for this liquor license also operate the ch this license is located?	YES	NO
4 If "no" who operates t	he tourism facility?		



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Tourism Statement

	YES	NO
2.5 Do you offer room rentals to the traveling public?	X	
If "yes" answer the following questions:		
How many rooms are available?		
10 motel rooms and a two bedroom house. Plus 17 RV spots and	5 tents s	paces
How many of the available rooms (if any) have kitchen facilities (defined as: a separate sink fo with refrigeration and cooking appliance devices, including a microwave)?	r food prepara	ation along
Only the house has kitchen facilities	S.	
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 facility. If it does not please v	vrite "none".	
The restaurant has 10 tables and 9 seats at the counter. There is a deck for s tables. There is one main entrance with 4 doors total. We are open 9-8 in the Summer.		
2.7 If additional amenities are available to your guests through your establishment (eg: guided tours guests, other activities that attract tourists), please describe them. If they are not offered, please wri		al equipment for
Gift store and gasoline sales.		

STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD FORM CONTROL

LICENSE NUMBER

XXXX

ISSUED 1/28/2022 ABC BOARD LIQUOR LICENSE 2022 - 2023

1096

LICENSE RENEWAL APPLICATION DUE DECEMBER 31, 2023 (AS 04.11.270(b))

TEMPORARY THIS LICENSE EXPIRES MIDNIGHT FEBRUARY 28, 2024 UNLESS DATED BELOW

TYPE OF LICENSE: Beverage Dispen

LICENSE FEE: \$2,500.00

1106

D/B/A: Sunrise Inn

21849 Sterling Highway (Cook

Mail Address:

Sunrise Holdings, LLC

PO Box 529

Cooper Landing, AK 99572

Outside City Limits CITY / BOROUGH: Kenai Peninsula 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 7/21)

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

STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD FORM CONTROL

LICENSE NUMBER

XXXX

ISSUED

1/28/2022 ABC BOARD LIQUOR LICENSE

2022 - 2023

1096

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ISSUED BY ORDER OF THE ALCOHOLIC BEVERAGE CONTROL BOARD

DIRECTOR

THIS LICENSE MUST BE POSTED IN A VISIBLE PLACE ON THE PREMISES 04-900 (REV 7/21)

D/B/A:

Sunrise Inn

21849 Sterling Highway (Cooper Landing)

Mailing Address:

Sunrise Holdings, LLC

PO Box 529

Cooper Landing, AK 99572



Licensee (Owner):

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

1096

License #:

Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Sunrise Holdings, LLC

Form AB-17: 2022/2023 General Renewal Application

- This form and any required supplemental forms must be completed, signed by the licensee, and postmarked no later than 12/31/2021 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 02/28/2022 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

Establishment Contact Information

 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.

License Type:	Beverage Dispensary -T	ourism					
Doing Business As:	Sunrise Inn						
Premises Address:	21849 Sterling Highway (Cooper Landing)						
Local Governing Body:	Kenai Peninsula Boroug	Kenai Peninsula Borough					
Community Council:	None	None					
your mailing address ha	as changed, write the NEW addre	ss below:					
Mailing Address:	PO Box 529						
City:	Cooper Landing	State:	Alaska	ZIP:	99572		
	Arden Rankins		Contact Phone:	907-529-7985			
ust be listed on CBPL with th	lividual listed below must be listed in he same name and title. ated point of contact regarding this lic				or your entity a		
Contact Licensee:			PLANTAGE STATE OF THE STATE OF	174	00 7005		
Contact Email:	ardenrankins@gmail.com	n	907-529-7965				
	ardomaniano@gmaii.oor						
otional: If you wish for AMCO	staff to communicate with anyone other	than the Con	tact Licensee about your lic	ense, list the	m below:		
Name of Contact:			Contact Phone:		100		
Contact Email:							
Name of Contact:		-	Contact Phone:				
Contact Email:							
Name of Contact:			Contact Phone:				
Contact Email:							
orm AB-17] (rev09/21/2021)	: 19		9	AMCO	Page 1 of 4		



Alaska Alcoholic Beverage Control Board

are also currently and accurately listed with CBPL.

Form AB-17d: 2020/2021 Tourism Renewal License Application

Section 2 - Entity or Community Ownership Information

Licensees who directly hold a license as an individual or individuals should skip to Section 3. General partnerships and local governments should skip to the second half of this page. All licensees that are <u>corporations</u> or <u>LLCs</u> must complete this section. Corporations and LLCs are required to be in good standing with the Alaska Division of Corporations, Business & Professional Licensing (CBPL). The CBPL Entity # below is <u>neither</u> your EIN/tax ID number, <u>nor</u> your business license number. <u>You may view your entity's</u> status or find your CBPL entity number by vising the following site: https://www.commerce.alaska.gov/cbp/main/search/entities

Alaska CBPL Entity #:	10031353	,
You must ensure that you are	able to certify the following statement before signing your initials in the box to the ri	ght: Initials
I certify that this entity is in go	od standing with CBPL and that all current entity officials and stakeholders (listed belo	w) TPE

This subsection must be completed by any community or entity, including a corporation, limited liability company, partnership, or limited partnership, that is applying for renewal. If, more space is needed, please attach additional completed copies of this page.

- If the applicant is a <u>corporation</u>, the following information must be completed for each *shareholder who owns 10% or more* of the stock in the corporation, and for each *president*, *vice-president*, *secretary*, and *managing officer*.
- If the applicant is a <u>limited liability organization</u>, the following information must be completed for each member with an ownership interest of 10% or more, and for each manager.
- If the applicant is a <u>partnership</u>, including a limited partnership, the following information must be completed for each *partner* with an interest of 10% or more, and for each *general partner*.

Important Note: The information provided in the below fields (including spelling of names, specific titles, and percentages held) must match that which is listed with CBPL. If one individual holds multiple titles mentioned in the bullets above, all titles must be listed for that individual on this application and with CBPL. Failure to list all required titles constitutes an incomplete application. You must list ALL of your qualifying officials, additional copies of this page or a separate sheet of paper may be submitted if necessary.

Name of Official:	Hirden Kankins					
Title(s):	Member/Manager	Phone:	9075297985	% Owned:		100
Mailing Address:	P.O. BOX 529					
City:	Cooper Landing	State:	Alaska	ZIP:	99	1572
Name of Official:						
Title(s):		Phone:		% Own	ed:	
Mailing Address:						
City:		State:		ZIP:		
Name of Official:						
Title(s):		Phone:		% Owned:		
Mailing Address:						
City:		State:		ZIP:		



[Form AB-17] (rev09/21/2021)

Alaska Alcoholic Beverage Control Board

Form AB-17: 2022/2023 License Renewal Application

Section 3 – Sole Proprietor Ownership Information

<u>Corporations, LLC's and Partnerships of ALL kinds should skip this section.</u>

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: ZIP: Email: **Section 4 - License Operation** Check ONE BOX for EACH CALENDAR YEAR that best describes how this liquor license was operated: 1. 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: to 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 and/or 2021, 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 2020 or 2021?

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.

AMCO



Alaska Alcoholic Beverage Control Board

Form AB-17: 2022/2023 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.

provided by Airies is grounds	to rejection of demar of this application of revocation of any needs assuce.
Signature of licensee	Signature of Notary Public
Arden Rankins	Notary Public in and for the State of: Alaska.
Printed name of licensee	My commission expires: with office
Subse	cribed and sworn to before me this \ day of \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

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
Common Carrier applications must include a current safety inspection certificate

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:	\$ 2500	Application Fee:	\$ 300.00	Misc. Fee:	\$	
		Total Fees Due:	and the second s		\$ 2800	

AMCO

DEC - 7 2021