

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.

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

	Section 1 – Establishment Information	ation	
nter information for the bu	siness seeking to have its license renewed.		
Doing Business As:	River's Edge Resort & Chena's Alaskan Grill	License #:	3849
License Type:	Beverage Dispensary- Tourism Seasonal		
	Section 2 – Tourism Statemen	t	
.1. Explain how issuance of	a liquor license at your establishment has/will encourage to	urism.	
The facility has not change	was/will be constructed or improved as required by AS 04.11 d from its physical structure as originally developed many years ago. rovements are made as part of a preventive maintenance program, e	We do however	nvironment.
.3 Does the licensee or app tourism facility in which	plicant for this liquor license also operate the name that	YES	NO
.4 If "no" who operates the	e tourism facility?		
no mno operates the	V		
operates the			



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### **Tourism Statement**

2.5 Do you offer room rentals to the traveling public?	X	NO
If "yes" answer the following questions:		
How many rooms are available?		
94		
How many of the available rooms (if any) have kitchen facilities (defined as: a separate sink for with refrigeration and cooking appliance devices, including a microwave)?	r food prepar	ation along
No .		
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	X
2.6 If your establishment includes a dining facility, please describe that facility. If it does not please we Chena's Alaskan Grill-Modern Alaskan Cuisine. Located on the gentle banks of the Chena River, we proudly features the combined culinary passion and his talented culinary team, to create one of the finest restaurant experiences in the 49th state.		ur Executive Chef
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 writ		l equipment for
We offer city tours and also sell third party tours including Alaska Salmon Bake, Gold Dredge and Riverboat I	Discovery.	

Page 2 of 2

STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD

LICENSE NUMBER

FORM CONTROL

XXXX

**ISSUED** 2/3/2022 ABC BOARD LIQUOR LICENSE 2022 - 2023

**TEMPORARY** 

3849

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

THIS LICENSE EXPIRES MIDNIGHT FEBRUARY 28, 2024 UNLESS DATED BELOW

05/01 - 09/30

TYPE OF LICENSE: Beverage Dispen

LICENSE FEE: \$1,250.00

1103

Rivers Edge Resort & Chen. D/B/A:

4200 Boat Street

Mail Address:

River's Edge Hotels, LLC 1355 S International Parkway Suite 2471

Fairbanks, AK 99709

CITY / BOROUGH: Outside City Limits

Fairbanks North Star 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

LICENSE NUMBER

FORM CONTROL

XXXX

**ISSUED** 2/3/2022 ABC BOARD LIQUOR LICENSE

2022 - 2023

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ISSUED BY ORDER OF THE ALCOHOLIC BEVERAGE CONTROL BOARD

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

04-900 (REV 7/21)

D/B/A:

Rivers Edge Resort & Chena's Alaskan Grill 4200 Boat Street

Mailing Address:

River's Edge Hotels, LLC

1355 S International Parkway Suite 2471

Fairbanks, AK 99709



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alcohol.licensing@alaska.gov https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

#### Alaska Alcoholic Beverage Control Board

# 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
- 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.

	Establishine	ent Contact li	ntormation		
Licensee (Owner):	River's Edge Hotel	s LLC	Li	cense #:	3849
License Type:	Beverage Dispensary-	Tourism Season	al		
Doing Business As:	River's Edge Resort &	Chena's Alaskan (			
Premises Address:	4200 Boat St Fairbanl	ks, AK 99709			U
Local Governing Body:	Fairbanks North Star	Borough			
Community Council:	None		•		
your mailing address has	s changed, write the NEW	address below:			
Mailing Address:	1355 S. International P	arkway STE 2471			
City:	Lake Mary	State:	Florida	ZIP:	32746
oust be listed on CBPL with the					er of your entit I.
oust be listed on CBPL with the	e same name and title.			completed	•
ust be listed on CBPL with the nis person will be the designa	e same name and title. Ited point of contact regardin	ng this license, unless	the Optional contact is	completed	l.
nust be listed on CBPL with the his person will be the designation Contact Licensee:  Contact Email:	e same name and title. Ited point of contact regardin Leonard Hyde	ng this license, unless	the Optional contact is Contact Phone:	s completed 90	)7-279-8068
nust be listed on CBPL with the his person will be the designation Contact Licensee:  Contact Email:	e same name and title.  Ited point of contact regardir  Leonard Hyde  Lhyde@jlproperties.cc	ng this license, unless	the Optional contact is Contact Phone:	s completed 90 license, list t	)7-279-8068
ust be listed on CBPL with the his person will be the designa Contact Licensee:  Contact Email:  ptional: If you wish for AMCO	e same name and title. Ited point of contact regardin Leonard Hyde Lhyde@jlproperties.co	om  one other than the Conf	the Optional contact is  Contact Phone:	s completed 90 license, list t	1. 07-279-8068 them below:
ust be listed on CBPL with the his person will be the designal Contact Licensee:  Contact Email:  ptional: If you wish for AMCO Name of Contact:	e same name and title. Ited point of contact regardin Leonard Hyde Lhyde@jlproperties.co  staff to communicate with anyone Stuart Newmark	om  one other than the Conf	the Optional contact is  Contact Phone:	s completed 90 license, list t	1. 07-279-8068 them below:
ust be listed on CBPL with the his person will be the designal Contact Licensee:  Contact Email:  ptional: If you wish for AMCO Name of Contact:  Contact Email:	e same name and title. Ited point of contact regardin Leonard Hyde Lhyde@jlproperties.co  staff to communicate with anyone Stuart Newmark	om  one other than the Conf	Contact Phone: tact Licensee about your Contact Phone:	s completed 90 license, list t	1. 07-279-8068 them below:
nust be listed on CBPL with the his person will be the designate Contact Licensee:  Contact Email:  ptional: If you wish for AMCO: Name of Contact:  Contact Email:  Name of Contact:	e same name and title. Ited point of contact regardin Leonard Hyde Lhyde@jlproperties.co  staff to communicate with anyone Stuart Newmark	om  one other than the Conf	Contact Phone: tact Licensee about your Contact Phone:	s completed 90 license, list t	1. 07-279-8068 them below:



# Alaska Alcoholic Beverage Control Board

# Form AB-17: 2022/2023 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

	nttps://www.commerce.org		
Alaska CBPL Entity #:	10034675	Managers Cornorate Office	ers, Board of

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 <u>any</u> 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

each official of your entity page. Additional informat	tion not on this page will be reject	ed.			
Name of Official:	Leonard Hyde			T Oursell	E00/
Title(s):	Member	Phone:	907-279-8068	% Owned:	50%
Mailing Address:	P.O. Box 202845			710.	99520
City:	Anchorage	State:	AK	ZIP:	99320

Name of Official:	Jonathan B Rubini					
Title(s):	Member	Phone:	907-279-8068	% Owr	ned:	50%
Mailing Address:	P.O. Box 202845			710.	Loor	20
		State:	AK	ZIP:	995	20

Name of Official:		
	Phone:	% Owned:
Title(s):		
Mailing Address:		
MAIII NE AUGI 633.		
IVIAITING Address.	State:	ZIP:

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

Page 2 of4

DEC - 9 2021



#### **Alaska Alcoholic Beverage Control Board**

# Form AB-17: 2022/2023 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:			V ( 35,116)_11	Contact Phone:		
Mailing Address:						
City:			State:		ZIP:	
Email:	4					
		Section 4 – L	icense O	peration		
<ol> <li>The license was regular</li> <li>The license was only op If your operation dates</li> <li>The license was only op A complete AB-30: Production</li> <li>The license was not open hours each year, during and corresponding fees</li> <li>If you have not met the</li> </ol>	perated during a species have changed, list to be	to inimum requirement of 240 to ition Checklist, and all document of operated for at least the mini aryears. A complete Form AB-2 with this application for each co	tal hours each caler ntation must be pro mum requirement 19: Waiver of Opera plendar year during D and/or 2021, you	ndar year. ovided with this form. of 240 total ation Application which the license was not operated. ware not required to pay the fees, h	2020  X  owever a	X X
	Se	ection 5 - Violat	tions and	Convictions		
convicted of a violation	of Title 04, 3AA	C 304 or a local ordinanc	e adopted unde	r entity in this application beer er AS 04.21.010 in 2020 or 202 ion and/or Convictions per AS	21?	No X

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: 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.

If or of the organized entity that I understand that providing a false statement on this form or any other form

provided by AMCO is g	grounds for rejection or denial of this application o	
Signature of licerse	Sig	gnature of Notary Public
Leonard lyde	JOHN Policy Public in and fo	or the State of:
Printed name of licensee	MINISTER OTARY OF THE MAN	y commission expires: 01.06 · 2025
	Subscribed and sworn to be oceane this 300	ay of <b>December</b> , 20 21.
	1110 Sies 01.06 65	

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

I certify on behalf

License Fee:	Ś	Application Fee:	\$ 300.00	Misc. Fee:	\$
		Total Fees Due:			\$

AMCO

Details

# **ENTITY DETAILS**

## Name(s)

Type Name

Legal Name River's Edge Hotels, LLC

**Entity Type:** Limited Liability Company

Entity #: 10034675

Status: Good Standing

AK Formed Date: 1/6/2016

**Duration/Expiration:** Perpetual

Home State: ALASKA

Next Biennial Report Due: 1/2/2024

Entity Mailing Address: P.O. BOX 202845, ANCHORAGE, AK 99520-2845

Entity Physical Address: 813 D STREET, SUITE 200, ANCHORAGE, AK 99501

## **Registered Agent**

Agent Name: Leonard Hyde

Registered Mailing Address: P.O. BOX 202845, ANCHORAGE, AK 99520-2845

Registered Physical Address: 813 D STREET, SUITE 200, ANCHORAGE, AK 99501

## **Officials**

			☐Show Former
AK Entity #	Name	Titles	Owned
	Jonathan Rubini	Member	50.00
	Leonard Hyde	Member	50.00

## **Filed Documents**

Date Filed	Туре	Filing	Certificate
1/06/2016	Creation Filing	Click to View	Click to View
5/04/2016	Initial Report	Click to View	
12/20/2017	Biennial Report	Click to View	
11/05/2019	Biennial Report	Click to View	
11/03/2021	Biennial Report	Click to View	

 License Detail

# LICENSE DETAILS

License #: 1030353 Print Business License

Business Name: RIVER'S EDGE HOTELS, LLC

Status: Active

Issue Date: 01/06/2016

Expiration Date: 12/31/2023

Mailing Address: P.O. BOX 202845

ANCHORAGE, AK 99520-2845

Physical Address: 813 D Street, Suite 200

9072798093

Anchorage, AK 99501

#### **Owners**

RIVER'S EDGE HOTELS, LLC

### **Activities**

Line of Business NAICS Professional License #

53 - Real Estate, Rental and Leasing 531390 - OTHER ACTIVITIES RELATED TO REAL ESTATE

#### **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.

Close License Detail Print Friendly Version