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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	nation	
Enter information for the bus	siness seeking to have its license renewed.		
Doing Business As:	INDIAN HOUSE	License #:	553
License Type:	BEVERAGE DISPENSARY - TOURISM	1	
	Section 2 – Tourism Stateme	ent	
2.1. Explain how issuance of	a liquor license at your establishment has/will encourage	tourism.	
valley (where Sunrise Commur mountain behind the building. I because it did not lead to the N century. We are extremely pro In addition, Anchorage area res they just want to get out of town century. The inside is quite pic	e view includes the community of Hope in the Resurrection Creek vity once existed). We provide binoculars for guests to see Hope, the view described is on north shore of the Kenai Peninsula, and it orthwest Passage. Also the area was rich with tales of gold mining out of our view. The house and the view is designed to be family fristdents bring their visiting guests to experience this scenic, historic n. Besides the view, the House has historic photos, some artifacts turesque and Museum like. In general, people take pictures outside was/will be constructed or improved as required by AS 04.	the whales, and the doll she where Captain Cook, in a g and railroad construction gendly. This attracts both to part of Alaska, or use it as, and coin collections left be from the deck and of the	neep that have on the 1776 turned back in the turn of the last purists and Alaskans. is a destination when by tourists in the last
The Indian House building area of the building is co- century. A wall divides to available in both areas which includes a handical	ng is sided with rustic logs from the Turnagain area. Instructed with wooden slats and boards milled in the lounge and restaurant so that the restaurant are so. Also, the front of the building has a very large deap restroom. There are eight picture windows in the passenger car windows. There is also a small, alco	The ceiling and wa be Bird Creek Sawmi a can be more family ck. The facility has the restaurant/lounge a	Il in the last oriented. Dining ree restrooms, area that are
2.3 Does the licensee or applicant for this liquor license also operate the tourism facility in which this license is located? 2.4 If "no" who operates the tourism facility?			

I OPERATE THE FACILITY WITH A MANAGER



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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?		· · · · · · · · · · · · · · · · · · ·
10		
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)?	food prepara	ation along
0		
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 with	rite "none".	
The Indian House is basically a family style restaurant with a lounge. Our restaurant revenue producer during our busy periods.	aurant is ge	enerally our
2.7 If additional amenities are available to your guests through your establishment (eg: guided tours oguests, other activities that attract tourists), please describe them. If they are not offered, please write	or trips, rental e "none".	equipment for
Adjacent to the restaurant is a gift shop. In the gift shop we provide items made by Alaskans in the ne from Seward to Hope and even Anchorage on a commission basis. Some Alaskan art, and brochures available. Also we have maps available for the Seward Highway area and Kenai Peninsula. The stat different areas on the Kenai Peninsula and stories of the area, like the name of the mountains and other contents.	of tourist's a	ctivity are also

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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
- 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 Co	ntact In	rormation		
Licensee (Owner):	MARK A SOLLENBERGE	MARK A SOLLENBERGER			553
License Type:	BEVERAGE DISPENSAF	RY - TOL	IRISM LICE	NSE	
Doing Business As:	INDIAN HOUSE				
Premises Address:	27655 SEWARD HIGHW	AY			
Local Governing Body:	MUNICIPALITY OF ANC	HORAGE	=		
Community Council:	TURNAGAIN ARM COM	MUNITY	COUNCIL		
your mailing address ha	as changed, write the NEW address	s below:			
Mailing Address:	3902 GREENLAND DRIV				
City:	ANCHORAGE	State:	ALASKA	ZIF	P: 99517
ust be listed on CBPL with t is person will be the design	nated point of contact regarding this lice	Section 2 or 3	as an Official/Ow	vner/Shareholo	ed.
ust be listed on CBPL with t	lividual listed below must be listed in S he same name and title.	Section 2 or 3 ense, unless t ER	as an Official/Ow	vner/Shareholo	
ust be listed on CBPL with this person will be the design Contact Licensee: Contact Email:	lividual listed below must be listed in She same name and title. The same point of contact regarding this lice. MARK A SOLLENBERGI	ense, unless tER than the Cont	as an Official/Ow the Optional conta Contact Phon	your license, lis	ed. 7-569-3902
ust be listed on CBPL with this person will be the design Contact Licensee: Contact Email: ptional: If you wish for AMCC	lividual listed below must be listed in She same name and title. lated point of contact regarding this lice. MARK A SOLLENBERGI markallenhere@gmail.co	ense, unless tER than the Cont	as an Official/Ow the Optional conta Contact Phon act Licensee about	your license, lis	ed. 7-569-3902 t them below:
ust be listed on CBPL with this person will be the design Contact Licensee: Contact Email: ptional: If you wish for AMCCONAME of Contact:	dividual listed below must be listed in She same name and title. The same name name and title. The same name name and title. The same name name name and title. The same name name name name name name name n	ense, unless tER than the Cont	as an Official/Ow the Optional conta Contact Phon act Licensee about	your license, lis	ed. 7-569-3902 t them below:
ust be listed on CBPL with this person will be the design Contact Licensee: Contact Email: ptional: If you wish for AMCC Name of Contact: Contact Email:	dividual listed below must be listed in She same name and title. The same name name and title. The same name name and title. The same name name name and title. The same name name name name name name name n	ense, unless tER than the Cont	as an Official/Ow the Optional conta Contact Phos act Licensee about Contact Phos	your license, lis	ed. 7-569-3902 t them below:
ust be listed on CBPL with this person will be the design Contact Licensee: Contact Email: ptional: If you wish for AMCO Name of Contact: Contact Email: Name of Contact: Contact Email:	dividual listed below must be listed in She same name and title. The same name name and title. The same name name and title. The same name name name and title. The same name name name name name name name n	ense, unless tER than the Cont	as an Official/Ow the Optional contact Contact Phon act Licensee about Contact Phon Contact Phon	your license, lis	ed. 7-569-3902 t them below:
ust be listed on CBPL with this person will be the design Contact Licensee: Contact Email: ptional: If you wish for AMCC Name of Contact: Contact Email: Name of Contact:	dividual listed below must be listed in She same name and title. The same name name and title. The same name name and title. The same name name name and title. The same name name name name name name name n	ense, unless tER than the Cont	as an Official/Ow the Optional conta Contact Phos act Licensee about Contact Phos	your license, lis	ed. 7-569-3902 t 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

Alaska		F-4:4 44.	1
i Alaska	CBPLI	Entity #:	l,

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

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

- 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
 - o All General Partners regardless of percentage owned

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: Phone: % Owned: Title(s): **Mailing Address:** ZIP: City: State: Name of Official: Phone: % Owned: Title(s): **Mailing Address:** ZIP: City: State: Name of Official: % Owned: Title(s): Phone: **Mailing Address:** ZIP: City: State:

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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 must list full legal names, pl		-					.05. You
If more space is needed, at				•			
	plicant	Affiliate	dicional own	iers not listed on this page	: Will De I	ejecteu.	
Name:	MARK	A SOLLENBERG	ΞR	Contact Phone:	907-5	69-390)2
Mailing Address:	3902 G	REENLAND DRIV	/E				
City:	ANCHO	ANCHORAGE State: ALASKA ZIP: 99517				7	
Email:	markall	lenhere@gmail.co	m				
This individual is an: Ap	plicant	Affiliate					
Name:				Contact Phone:			
Mailing Address:							
City:		,	State:		ZIP:		
Email:							
2. The license was only operated If your operation dates have of EROM JANUARY 3. The license was only operated	rated continuo during a specif changed, list the 2020 to meet the min	fic season each year. (Year- fic season each year. (Seasonal) to CLOSE OF F nimum requirement of 240 total h	this liquor lice round) ACILITY Books ours each calence	ense was operated: Y COVID Daryear.		2020	2021
The license was not operated a hours each year, during one o and corresponding fees must be lif you have not met the mini	at all or was not r both calendar be submitted wi mum number o	toperated for at least the minimum ryears. A complete Form AB-29: Vith this application for each calent of hours of operation in 2020 and marked "OTHER" and COVID is like	m requirement o Vaiver of Operati dar year during v d/or 2021, you	f 240 total ion Application which the license was not operated are not required to pay the fees,	_	A	✓
Majora de Primo de po	Se	ction 5 – Violatio	ns and (Convictions			
Have ANY Notices of Violatio convicted of a violation of Ti						Yes	No V
If you checked YES, you MUST attach a list of all Notices of Violation and/or Convictions per AS 04.11.270(a)(2)							

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



Alaska Alcoholic Beverage Control Board

Form AB-17: 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.

MARN SOLIE	Signature of Notary Public
Signature of licensee MARK A SOLLENBERGER	PUBL' Sich'
Printed name of licensee	Notary Public in and for the State of: ALASEA My commission expires: 8-30-2029
	Subscribed and sworn to before me this 3 day of TANUARY 2022.

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:	\$2800
		Total Fees Due:			\$2800

AMCO

PRESS FIRMLY TO SEAL









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urance does not cover certain items. For details regarding claims exclusions see the nestic Mail Manual at http://pe.usps.com.

ee International Mail Manual at http://pe.usps.com for availability and limitations of coverage.

INDIAN HOUSE Mark A Sollenberger 3902 Greenland Drive Anchorage, AK. 99517

> Alcohol & Marijuana Control Office 550 W 7th AVE, STE 1600 Anchorage, AK 99501

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LICENSE DETAILS

License #: 1061595

Print Business License

Business Name: INDIAN HOUSE INN

Status: Active

Issue Date: 10/27/2017

Expiration Date: 12/31/2023

Mailing Address: 3902 GREENLAND DR

ANCHORAGE, AK 99517

Physical Address: 27655 SEWARD HWY

INDIAN, AK 99540

Owners

MARK A SOLLENBERGER

Activities

Line of Business	NAICS	Professional License #
72 - Accommodation and Food Services	721110 - HOTELS (EXCEPT CASINO HOTELS) AND MOTELS	

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

LICENSE DETAILS

License #: 968641

Print Business License

Business Name: INDIAN HOUSE EATING PLACE

Status: Active

Issue Date: 01/27/2012

Expiration Date: 12/31/2022

Mailing Address: 3902 GREENLAND DR

ANCHORAGE, AK 99517

Physical Address: 27655 SEWARD HWY

9075693902

INDIAN, AK 99540-9902

Owners

MARK A SOLLENBERGER

Activities

Line of Business	NAICS	Professional License #
72 - Accommodation and Food Services	722110 - FULL-SERVICE RESTAURANTS	

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.

Start Date	End Date
1/1/2019	1/6/2019
1/1/2021	1/27/2021

Close License Detail

Print Friendly Version







