

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**

## **Recreational Site Statement**

	48 -					
w	/hat	15	this	do	cum	ent?

A new, transfer, or renewal application for a recreational site license must be accompanied by a written statement that explains how the establishment meets the requirements listed under AS 04.11.210.

This form must be completed and submitted to AMCO's main office before any recreational site license application will be reviewed.

reviewed.				
	Section 1 – Establishmen	t Information		
Enter information for the l	business seeking to have its license renewed.			
Doing Business As:	Dimond Bowl		License #:	4674
License Type:	Recreational Site			
	Section 2 – Recreational S	ite Statemen	t	
2.1. Explain what hours yo	ou will be serving beer and wine at your establishn	nent in relation to yo	ur event houi	·s.
	e serving beer and wine are as follows			
Sundays: 12pm - 6p Mondays-Fridays: 1				
Saturdays: 12pm - 9				
				4,000
2.3 Are baseball games, c	car races, hockey games, sled dog racing events, o	•	YES	NO
	arly held during a season at your establishment?			X
f no, what recreational ev ecreational site license ur	vents are regularly held during a season at your est	ablishment that you	believe quali	fy you for a
	ents held at Dimond Bowl include bowl		, fundraise	ers,
bowl-a-thons, inforn	nal bowling leagues, and general bowli	ng.		
				1900000000
2.4 What is the season(s) o	of your recreational events?	With		
The season is year-	-round.			
		TOTAL CONTRACTOR OF THE CONTRA	2.11(3).12	

STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD

LICENSE NUMBER

FORM CONTROL

XXXX

**ISSUED** 05/27/2022 ABC BOARD LIQUOR LICENSE 2022 - 2023

4674

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: Recreational Site

LICENSE FEE: \$800.00

1192

Dimond Bowl D/B/A:

800 E Dimond Blvd #3-023

Mail Address:

Dimond Center, LLC 800 E Dimond Blvd #3-500 Anchorage, AK 99515

CITY / BOROUGH: Anchorage, Muni. of

Anchorage

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 5/9/22)

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** 05/27/2022 LIQUOR LICENSE 2022 - 2023

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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 5/9/22)

800 E Dimond Blvd #3-500

ABC BOARD

D/B/A:

**Dimond Bowl** 

800 E Dimond Blvd #3-023

Mailing Address:

Dimond Center, LLC

Anchorage, AK 99515



Alcohol and Marijuana Control Office 550 W 7<sup>th</sup> Avenue, Suite 1600 Anchorage, AK 99501 <u>alcohol.licensing@alaska.gov</u> 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.

	Latavilanine	nt Contact I	nformation			
Licensee (Owner):	Dimond Center, LLC	C	Lic	ense #: 4674		
License Type:	Recreational Site					
Doing Business As:	Dimond Bowl					
Premises Address:	800 E. Dimond Blvd	Ste 3-023,	Anchorage, AK	995115		
Local Governing Body:	Muni. of Anchorage					
Community Council:	Taku/Campbell	Faku/Campbell				
vour mailing address h	as changed, write the NEW a	ddress below:				
Mailing Address:	800 E. Dimond Blvd					
City:	Anchorage	State:	AK	ZIP: 99515		
ust be listed on CBPL with t his person will be the design				hareholder of your entity a completed.		
	he same name and title.					
nis person will be the design	he same name and title. nated point of contact regarding	this license, unless	s the Optional contact is	completed.		
is person will be the design Contact Licensee: Contact Email:	he same name and title. nated point of contact regarding Gene Ashlock gashlock@dimondc	this license, unless	contact Phone:	907-344-2581		
ois person will be the design Contact Licensee: Contact Email:	he same name and title. nated point of contact regarding Gene Ashlock	this license, unless	contact Phone:	907-344-2581		
is person will be the design  Contact Licensee:  Contact Email:  otlonal: If you wish for AMCC	he same name and title. nated point of contact regarding Gene Ashlock gashlock@dimondc	this license, unless enter.com e other than the Cor	Contact Phone:  ntact Licensee about your li	907-344-2581		
is person will be the design Contact Licensee; Contact Email: otlonal: If you wish for AMCC Name of Contact:	he same name and title. nated point of contact regarding Gene Ashlock gashlock@dimondc  staff to communicate with anyone Sarah Weideman	this license, unless enter.com e other than the Cor	Contact Phone:  ntact Licensee about your li	907-344-2581		
contact Licensee: Contact Email:  ctional: If you wish for AMCC Name of Contact: Contact Email:	he same name and title. nated point of contact regarding Gene Ashlock gashlock@dimondc  staff to communicate with anyone Sarah Weideman sweideman@dimon	enter.com e other than the Con	Contact Phone:  ntact Licensee about your li  Contact Phone:	907-344-2581 cense, list them below:		
contact Licensee: Contact Email: ptional: If you wish for AMCC Name of Contact: Contact Email:	he same name and title. nated point of contact regarding Gene Ashlock gashlock@dimondc  staff to communicate with anyone Sarah Weideman sweideman@dimon  Travis Kreh	enter.com e other than the Con	Contact Phone:  ntact Licensee about your li  Contact Phone:	907-344-2581 cense, list them below:		



## 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 CBPL Entity #: 66699D

**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
  - 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:	Hugh A Ashlock Exempt Family Trust			
Title(s):	Member	Phone:	% Owned:	8.5
Mailing Address:	800 E. Dimond Blv	/d STE 3-500		
City:	Anchorage	State: AK	ZIP: 99	515

Name of Official:	Joe Ashlock Decendant Trust				
Title(s):	Member	Phone:		% Owned: 19	
Mailing Address:	800 E. Dimond Blv	d STE 3-500			
City:	Anchorage	State:	AK	ZIP: 99515	

Name of Official:	Ashlock Family Lir	nited Partners	hip		
Title(s):	Member	Phone:		% Owned	30
Mailing Address:	800 E. Dimond Bly	/d STE 3-500			
City:	Anchorage	State:	Ak	ZIP: 99	9515



## Form AB-17: 2022/2023 License Renewal Application

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Alaska CBPL Entity #: 66699D

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  - o All shareholders who own 10% or more stock in the corporation
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  - 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

Member

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.

Phone:

Phone:

State:

Carol Ashlock Exempt Family Trust

Mailing Address:	800 E. Dimond Blv	vd STE 3-500		
City:	Anchorage	State:	AK	ZIP: 99515
Name of Official:				
Title(s):		Phone:		% Owned:
Mailing Address:				
City:		State:		ZIP:

**Mailing Address:** 

Name of Official:

Title(s):

Title(s):

City:

ZIP:

% Owned:

% Owned:

6.5



## 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, a	ttach additio	onal copies of this page	e. Additional owi	ners not listed on this pag	e will be r	ejected.	
This individual is	an:	\pplicant	Affiliate					
Name:					Contact Phone:			
Mailing Addr	ess:							
City:				State:		ZIP:		
Email:		e e						
This individual is	an: A	pplicant	Affiliate					
Name:					Contact Phone:			
Mailing Addr	ess:			***************************************				
City:				State:		ZIP:		
Email:		1		***************************************	-1	<u> </u>	A	
			Section 4 -	License O	peration			
1. The license was	regularly of	perated continuo	AR that best describes ously throughout each year. ficseason each year. (Season tem below:	(Year-round)	cense was operated:		2020	2021
•			to					
			Inimum requirement of 240 t tion Checklist, and all docum		•			
hours each year, and corresponding	, during one ng fees mus	or both calenda t be submitted w		-29: Waiver of Operati calendar year during v	ion Application which the license was not operate			
			or nours or operation in 20 marked "OTHER" and COVI		are not required to pay the feeson.	, nowever a	ļ	
A CONTRACTOR		Se	ction 5 - Viola	tions and C	Convictions			
					entity in this application be AS 04.21.010 in 2020 or 2		Yes	No
<u>If you</u>	checked	YES, you MU	ST attach a list of all N	lotices of Violatic	on and/or Convictions per	AS 04.11.	270(a)(2	l
If you	ı are unsu	ire if you hav	e received any Notice.	s of Violation, co	ntact the office before sul	mitting t	his form.	

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



# 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.

Signature of licensee

Gene Ashlock

Printed name of licensee

Notary Public in and for the State of:

My commission expires:

My commission expires:

Subscribed and sworn to before me this day of 177 non 20 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
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:	\$	Application Fee:	\$ 300.00	Misc. Fee:	\$
Total Fees Due:					\$

License Detail

## LICENSE DETAILS

License #: 280916

Print Business License

Business Name: DIMOND BOWL

Status: Active

Issue Date: 01/11/2001

Expiration Date: 12/31/2022

Mailing Address: 800 EAST DIMOND BLVD STE 3-500

ANCHORAGE, AK 99515-2044

Physical Address: 800 E. Dimond Boulevard

Suite 3-500

ANCHORAGE, AK 99508-2044

### **Owners**

DIMOND CENTER, LLC

### **Activities**

Line of Business NAICS Professional License #

71 - Arts, Entertainment and Recreation 713990 - ALL OTHER AMUSEMENT AND RECREATION INDUSTRIES

### **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** 

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)

Туре	Name
Legal Name	DIMOND CENTER, LLC.

Entity Type: Limited Liability Company

Entity #: 66699D

Status: Good Standing

AK Formed Date: 5/20/1999

**Duration/Expiration:** Perpetual

Home State: ALASKA

Next Biennial Report Due: 1/2/2023

Entity Mailing Address: 800 E DIMOND BLVD STE 3-500, ANCHORAGE, AK 99515

Entity Physical Address: 800 E. DIMOND BOULEVARD, SUITE 3-500, ANCHORAGE, AK 99515

## **Registered Agent**

Agent Name: Hugh Ashlock

Registered Mailing Address: 800 E DIMOND BLVD STE 3-500, ANCHORAGE, AK 99515

Registered Physical Address: 800 E DIMOND BLVD STE 3-500, ANCHORAGE, AK 99515

## **Officials**

☐Show Former

AK Entity #	Name	Titles	Owned
	Apex Investments	Member	1.00
	Ashlock Family Limited Partnership	Member	30.00
	C Ashlock Family Trust C Ashlock Family Trust	Member	6.50

AK Entity #	Name	Titles	Owned
	Elisha Martin	Member	1.00
	Elizabeth Ashlock Trust	Member	2.50
	Emily Kathleen Ashlock Trust	Member	2.50
	Gene Ashlock	Member	2.50
	H Ashlock Family Trust H Ashlock Family Trust	Member, Manager	8.50
	Jalasko North LLC	Member	7.00
	Joe Ashlock Descendants Trust	Member	19.00
	John Martin	Member	2.50
	Kerry Cole Maddox	Member	0.50
	Laura Ashlock	Member	6.50
	Sarah Hernandez	Member	4.50
	Sarah Hernandez LP	Member	5.00
	Sue Lynn Romo	Member	0.50

# **Filed Documents**

Date Filed	Туре	Filing	Certificate
5/20/1999	Creation Filing	Click to View	
11/24/1999	Biennial Report	Click to View	
11/30/2000	Biennial Report		
1/09/2003	Biennial Report	Click to View	
3/06/2003	Agent Change	Click to View	
1/10/2005	Biennial Report	Click to View	
11/03/2006	Biennial Report	Click to View	
9/28/2009	Biennial Report	Click to View	
/23/2010	Biennial Report	Click to View	
2/06/2013	Biennial Report	Click to View	
2/17/2015	Biennial Report	Click to View	
l/19/2017	Biennial Report	Click to View	
/06/2019	Biennial Report	Click to View	
11/20/2020	Biennial Report	Click to View	

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