



## MEMORANDUM

TO: Robert Klein, Chair and  
Members of the Board

FROM: Sarah D. Oates,  
Program Coordinator

DATE: October 18<sup>th</sup> 2016

RE: #1563 Mat-Su Resort

This is an application for an ownership transfer of a Beverage Dispensary – Tourism license that was first issued on August 19, 1980.

AS 04.11.400(d)(1)(G) requires 50 rental rooms if the population is greater than 50,000.

The Matanuska-Susitna Borough has a certified population of 98,063.

The applicant offers 12 rooms for rent and 3 cabins. Each room has microwaves and mini refrigerators, and the applicant offers food service.

Alcoholic Beverage Control Board  
590 West 7<sup>th</sup> Ave. Suite 1600  
Anchorage, AK 99501

## Transfer Liquor License

(907) 269-0350  
Fax: (907) 334-2285  
<http://commerce.state.ak.gov/das/sbc/home.aspx>

License is:  Full Year      OR       Seasonal      List Dates of Operation: \_\_\_\_\_

SECTION A - LICENSE INFORMATION			FEE'S
License Year: 2016/2017	License Type: Beverage Dispensary Tourist	Statute Reference Sec. 04.11.490D	Filing Fee: \$100.00
License #: 1563	Local Governing Body: (City, Borough or Unorganized) Mat-Su Borough	Community Council Name(s) & Mailing Address: N/A	Rest. Desig. Permit Fee: (\$30.00) \$ 50
Name of Applicant (Corp./LLC/PLLP/Individual/Partnership): Mat-Su Resort, LLC	Doing Business As (Business Name): Mat-Su Resort	Business Telephone Number: 907-229-1349	Firepoint: \$49.75 (\$49.75 per person)
Mailing Address: 2501 Blueberry Road City, State, Zip: Anchorage, AK 99503	Street Address or Location of Premises: 1960 Bogard Road Wasilla, AK 99684	Business Telephone Number: 907-229-1349 Fax Number:	TOTAL: \$199.75
Email Address: denise@neeserinc.com			
Is any shareholder related to the current owner? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "yes" please state the relationship: _____			
SECTION B - TRANSFER INFORMATION			
<input checked="" type="checkbox"/> Regular Transfer <input type="checkbox"/> Transfer with security interest: Any instrument executed under AS 04.11.670 for purposes of applying AS 04.11.360(4)(b) in a later involuntary transfer, must be filed with this Application. Real or personal property conveyed with this transfer must be described. Provide security interest documents. <input type="checkbox"/> Involuntary Transfer. Attach documents which evidence default under AS 04.11.670.		Name and Mailing Address of CURRENT Licensee: MSR, Inc. 4603 N. Pittman Road, Wasilla, AK 99684  Business Name (dba) BEFORE transfer: Northshore Ale House  Street Address or Location BEFORE transfer: 1960 Bogard Road Wasilla, AK 99684	
SECTION C - PREMISES TO BE LICENSED			
Distance to closest school grounds: 0.4 Miles	Distance measured under: <input checked="" type="checkbox"/> AS 04.11.410      OR <input type="checkbox"/> Local ordinance No.	<input type="checkbox"/> Premises is GREATER than 50 miles from the boundaries of an incorporated city, borough, or unified municipality. <input checked="" type="checkbox"/> Premises is LESS than 50 miles from the boundaries of an incorporated city, borough, or unified municipality. <input checked="" type="checkbox"/> Not applicable	
Distance to closest church: 0.9 Miles	Distance measured under: <input checked="" type="checkbox"/> AS 04.11.410      OR <input type="checkbox"/> Local ordinance No.		
Premises to be licensed in: N/A <input type="checkbox"/> Proposed building <input checked="" type="checkbox"/> Existing facility <input type="checkbox"/> New building		<input type="checkbox"/> Plans submitted to Fire Marshal (required for new & proposed buildings) <input checked="" type="checkbox"/> Diagram of premises attached	



Alcoholic Beverage Control Board  
 350 West 7<sup>th</sup> Ave. Suite 1600  
 Anchorage, AK 99501

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(907) 259-0350  
 Fax: (907) 334-2283  
<http://commerce.alaska.gov/licensing>

### SECTION D - LICENSEE INFORMATION

1. Does any individual, corporate officer, director, limited liability organization member, manager or partner named in this application have any direct or indirect interest in any other alcoholic beverage business licensed in Alaska or any other state?

Yes  No If Yes, complete the following. Attach additional sheets if necessary.

Name	Name of Business	Type of License	Business Street Address	State
GERALD E. NEESEZ	PARADISE	BEER, WINE, LIQUOR	3200 N. SPOLANIG	ID
	DE GOLF MANAGEMENT, LLC		ST. POST FALLS, ID	
			83854	

2. Has any individual, corporate officer, director, limited liability organization member, manager or partner named in this application been convicted of a felony, a violation of AS 04, or been convicted as a licensee or manager of licensed premises in another state of the liquor laws of that state?

Yes  No If Yes, attach written explanation.

### SECTION E - OWNERSHIP INFORMATION - CORPORATION

*Corporations, LLCs, LLPs and LPs must be registered with the Dept. of Community and Economic Development.*

Name of Entity (Corporation/LLC/LLP/LP) (or N/A if an individual ownership): Mesa Sun Resort, LLC	Telephone Number: 907-229-1348	Fax Number:
Corporate Mailing Address: 2801 Strawberry Road	City: Anchorage	State: AK
Zip Code: 99508	Date of Incorporation OR Certification with DCED: 3/12/16	State of Incorporation: AK
Name, Mailing Address and Telephone Number of Registered Agent: Ashburn & Mason, 1227 W 9 <sup>th</sup> Ave., Ste 200, Anchorage, AK 99501 907-229-1348		
Is the Entity in "Good Standing" with the Alaska Division of Corporations? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
If no, attach written explanation. Your entity must be in compliance with Title 10 of the Alaska Statutes to be a valid liquor licensee.		

Entity Members (Must include President, Secretary, Treasurer, Vice-President, Manager and Shareholder/Member with at least 10%)					
Name	Title	%	Home Address & Telephone Number	Work Telephone Number	Date of Birth
GERALD E. NEESEZ	MANAGER	0%	340 Oceanview Dr. Anchorage, AK 99515 907-337-7847	907-229-1348	5/29/48
GERALD NEESEZ ROUICABLE TRUST, created 4/2/01	MANAGER	100%	340 OCEANVIEW DR. ANCHORAGE, AK 99515 907-337-7847	907-229-1348	5/29/48

*NOTE: If you need additional space, please attach a separate sheet.*

Transfer Application

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Rev.08/11/15

## Transfer Liquor License

### SECTION F - OWNERSHIP INFORMATION - SOLE PROPRIETORSHIP (INDIVIDUAL OWNER & SPOUSE)

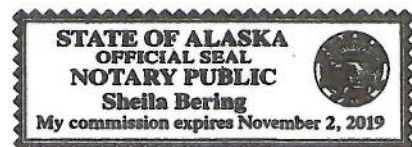
**Individual Licensees/Affiliates** (The ABC Board defines an "Affiliate" as the spouse or significant other of a licensee. Each Affiliate must be listed.)

Name: Address:  Home Phone: Work Phone:	Applicant <input type="checkbox"/> Affiliate <input type="checkbox"/>  Date of Birth:	Name: Address:  Home Phone: Work Phone:	Applicant <input type="checkbox"/> Affiliate <input type="checkbox"/>  Date of Birth:
Name: Address:  Home Phone: Work Phone:	Applicant <input type="checkbox"/> Affiliate <input type="checkbox"/>  Date of Birth:	Name: Address:  Home Phone: Work Phone:	Applicant <input type="checkbox"/> Affiliate <input type="checkbox"/>  Date of Birth:

**Declaration**

- I declare under penalty of perjury that I have examined this application, including the accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete, and this application is not in violation of any security interest or other contracted obligations.
- I hereby certify that there have been no changes in officers or stockholders that have not been reported to the Alcoholic Beverage Control Board. The undersigned certifies on behalf of the organized entity, it is understood that a misrepresentation of fact is cause for rejection of this application or revocation of any license issued.
- I further certify that I have read and am familiar with Title 4 of the Alaska statutes and its regulations, and that in accordance with AS 04.11.450, no person other than the licensee(s) has any direct or indirect financial interest in the licensed business.
- I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application.

<b>Signature of Current Licensee(s)</b> Signature: <i>John E. Emmi</i>  Signature: _____  Name & Title (Please Print): <i>John E. Emmi member</i> Subscribed and sworn to before me this <i>10<sup>th</sup></i> day of <i>April</i> , 2016. Notary Public in and for the State of Alaska _____ My commission expires: <i>June 1, 2018</i>	<b>Signature of Transferee(s)</b> Signature: <i>Gerald E. Neeser</i>  Signature: _____  Name & Title (Please Print): <i>GERALD E. NEESER, MANAGER</i> Subscribed and sworn to before me this <i>17</i> day of <i>June</i> , 2016 Notary Public in and for the State of Alaska <i>Sheila Berings</i> My commission expires: <i>November 2, 2019</i>
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Alcoholic Beverage Control Board  
 330 West 7<sup>th</sup> Ave. Suite 1609  
 Anchorage, AK 99501

### Transfer Liquor License

(907) 269-0330  
 Fax: (907) 334-2883  
<http://www.akabc.gov/submit/forms.aspx>

#### SECTION 7 - OWNERSHIP INFORMATION - SOLE PROPRIETORSHIP (INDIVIDUAL OWNER & SPOUSE)

Individual/Owner/Member of the ABC Board defines an "Affiliate" as the owner or principal owner of a business. Each Affiliate must be listed.			
Name: Address: Home Phone: Work Phone:	Applicant <input type="checkbox"/> Affiliate <input type="checkbox"/> Date of Birth:	Name: Address: Home Phone: Work Phone:	Applicant <input type="checkbox"/> Affiliate <input type="checkbox"/> Date of Birth:
Name: Address: Home Phone: Work Phone:	Applicant <input type="checkbox"/> Affiliate <input type="checkbox"/> Date of Birth:	Name: Address: Home Phone: Work Phone:	Applicant <input type="checkbox"/> Affiliate <input type="checkbox"/> Date of Birth:

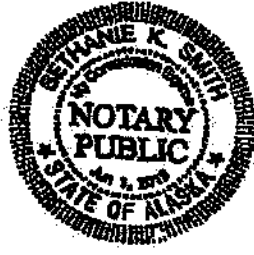
**Warranty**

- I declare under penalty of perjury that I have examined this application, including the accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete, and this application is not in violation of any security interest or other contracted obligations.
- I hereby certify that there have been no changes in officers or stockholders that have not been reported to the Alcoholic Beverage Control Board. The undersigned certifies on behalf of the organized entity, it is understood that a misrepresentation of fact is cause for rejection of this application or revocation of any license issued.
- I further certify that I have read and am familiar with Title 4 of the Alaska statutes and its regulations, and that in accordance with AS 04.11.450, no person other than the licensee(s) has any direct or indirect financial interest in the licensed business.
- I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application.

Signature of General Manager Signature: <i>[Signature]</i>	Signature of ABC Board Signature: <i>[Signature]</i>
Name & Title of General Manager John E. Davis member - Steve Barakos member	Name & Title of ABC Board GERALD E. NEVILL, MANAGER
Subscribed and sworn to before me this 17 <sup>th</sup> day of April, 2016	Subscribed and sworn to before me this 17 <sup>th</sup> day of June, 2016
Notary Public in and for the State of Alaska <i>[Signature]</i>	Notary Public in and for the State of Alaska Sheila Bering
My commission expires 2018	My commission expires November 2, 2019



USPS  
 Postage and Notary Public  
 Pkg USPS ASM  
*[Signature]*



## **2016 Tourism Statement**

### **Mat-Su Resort, LLC**

- 1) Their business plan involves catering to both tourists, local and regional guests. Advertising will continue in the travel/tourism publications such as Alaska Airlines Magazine, the Milepost and others. Relationships with the bus, rail tour and cruise ship industry are being developed. Thus, The applicant will continue to seek out both independent travelers and those who travel on tours.
- 2) This facility has microwaves and mini refrigerators in every room and is located on Lake Wasilla. As such it is ideal for travelers who want an overnight stay in a beautiful location conveniently located between regular tourist destinations such as Valdez, Talkeetna, Anchorage and Denali.
- 3) We have 12 rooms for rent in the resort, and 3 cabins.
- 4) We do offer food service.

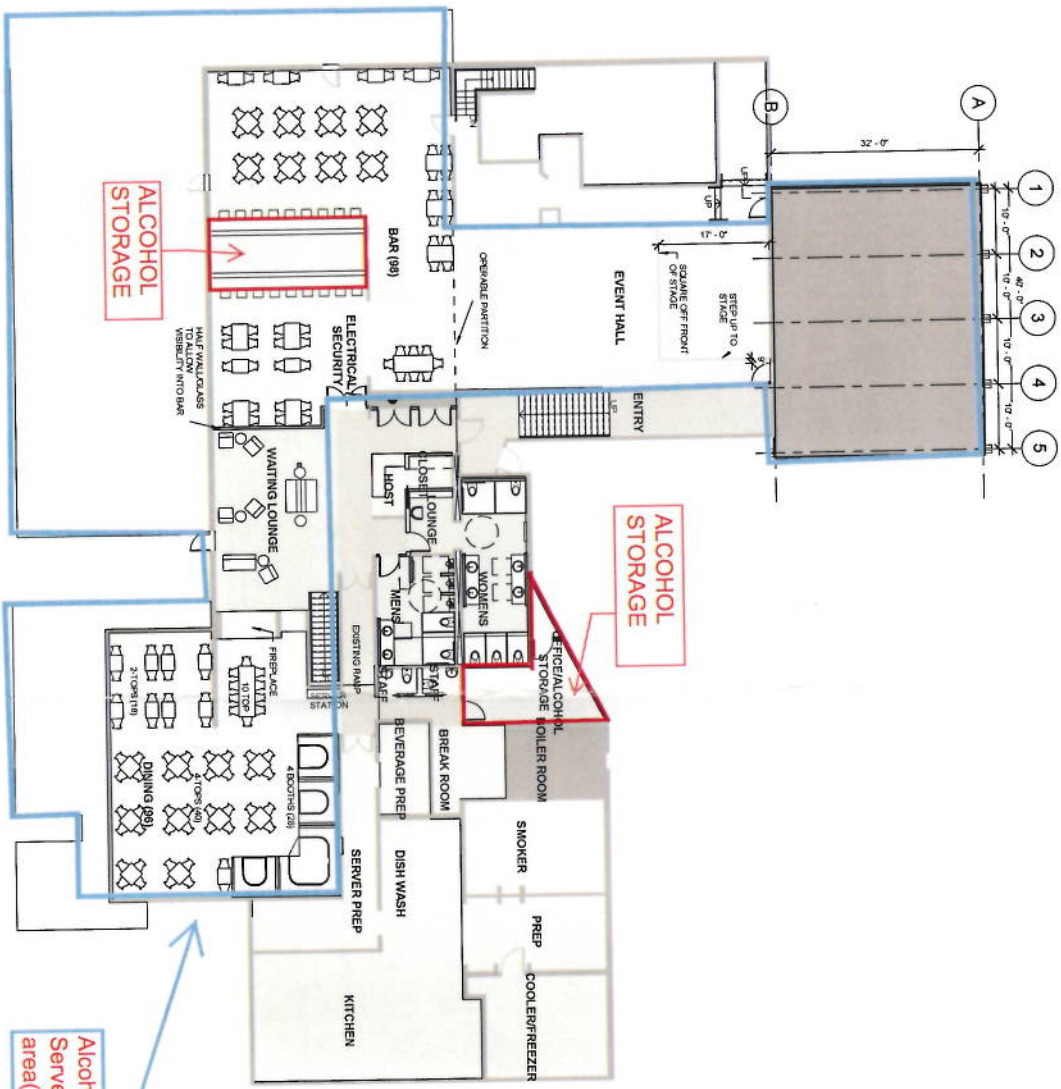
Mat-Su Resort will continue to operate the facility as a tourist facility. In short, all of those things, which are routinely done by hotels in Alaska to encourage tourism, will continue to be done by the new operators of the Resort.



**Matsu Resort  
Wasilla, AK**

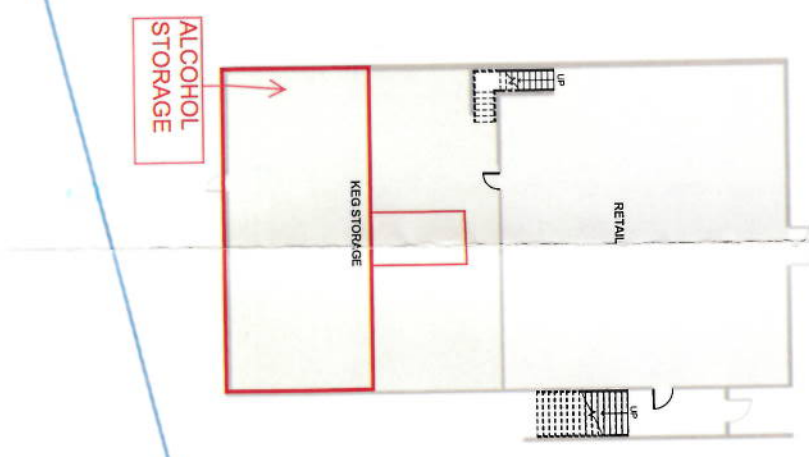
**ABC Board Application**

06.30.2016



**2** ABC - Level 2  
SCALE: 1/8" = 1'-0"

Alcohol to be Served inside blue area(s)



**1** ABC - Level 1  
SCALE: 1/8" = 1'-0"

- Department Legend**
- Assembly
  - Circulation
  - Mech/Elec
  - Staff
  - Support

**STATE OF ALASKA  
ALCOHOLIC BEVERAGE CONTROL BOARD  
APPLICATION FOR RESTAURANT DESIGNATION PERMIT  
AS 04.16.049 & 3 AAC 304.715 - 794**

The granting of this permit allows access of persons under 21 years of age to designated licensed premises for purposes of dining, and persons between the ages of 16 - 20 for employment. If for employment, please indicate in detail what the employment duties will be in question #3.

License Number: 1563 Type: Beverage Dispensary Tourism

This application is for designation of premises where:

- 1.  Bona fide restaurant pursuant to 3 AAC 304.305 & 3 AAC 304.715-794.
- 2.  Persons 16 - 20 years of age may dine unaccompanied.
- 3.  Persons under 16 may dine accompanied by a person 21 years of age or older.
- 4.  Persons between 16 - 20 years of age may be employed.

Licensee's Name: Mat-su Resort, LLC

Name of Business: Mat-su Resort

Business Address: 1850 Bogard Rd. City: Wasilla

1. Hours of operation See attached Telephone Number: 907-229-1348

2. Have police been called to your premises for any reason?  Yes  No  
(If you answered yes, please explain below).

3. Duties of employment: server, host, kitchen staff, cleaning staff

4. Are video games available to the public on your premises?  Yes  No

5. Do you provide live entertainment, such as live music, pool tables, karaoke, dancing, sports or pin-ball?  
 Yes  No

6. How is food served?  Table Service  Buffet Service  Counter Service  Other \_\_\_\_\_

7. Is an owner, manager or supervisor 21 years of age or older always present during business hours?  Yes  No

\*\*\* A MENU AND DETAILED PREMISES DIAGRAM MUST ACCOMPANY THIS APPLICATION \*\*\*

\*Employees 16 and 17 years of age must have a valid work permit and a letter maintained in your files from a parent or guardian authorizing employment at your establishment.

\*\*Please attach additional sheets of paper if more space is needed to describe food service, entertainment, etc.

\_\_\_\_\_  
Licensee Signature

Susan Lee  
Local Governing Body Approval

Subscribed and sworn to before me this 29 day of June

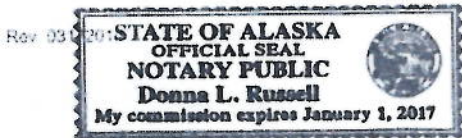
8/1/2016  
Date

Donna L. Russell  
Notary Public in and for Alaska

My Commission expires: 1-1-2017

\_\_\_\_\_  
Director, ABC Board

\_\_\_\_\_  
Date





## Mat-Su Resort Hours:

- Lunch: 11am - 4pm Tuesday through Saturday
- Weekend Brunch: 10:00 am - 3:00 pm Saturday and Sunday
- Dinner: 4pm to 11 pm Tuesday through Saturday
- Bar: Open 1 hour later than dining room each evening

Closed Sunday and Monday with the exception of special events.



# Mat-Su Resort Menu

## Lunch/Dinner

### Appetizers:

- Calamari
- Salmon Dip
- Crab Cakes
- Chicken Wings
- Beef tips

### Salads:

- Caesar
- Grilled Romaine
- Chef Salad

### Soup:

- Daily fresh soup
- Seafood chowder
- Tomato basil

### Sandwiches:

- Chicken sandwich
- Beef Burger
- Salmon club sandwich
- Cheesesteak
- BLT

### Wood Grilled

- Rotisserie chicken
- Grilled steak(s)
- Baby back ribs
- Pulled pork

### Pasta

- Alaskan seafood fettuccine
- Fettuccine Alfredo

### Seafood:

- Salmon
- Halibut
- Ahi Tuna
- Fish and Chips
- Crab Legs
- Scallops

