



**Alaska Alcoholic Beverage Control Board
Renewal License Application
Form AB-17c: Recreational Site**

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

What is this form?

This renewal license application form is required for all individuals or entities seeking to apply for renewal of an existing recreational site license that will expire on December 31, 2016. All fields of this form must be complete and correct, or the application will be returned to you in the manner in which it was received, per AS 04.11.270 and 3 AAC 304.105. The Community Council field only needs to be verified/completed by licensees whose establishments are located within the Municipality of Anchorage or outside of city limits within the Matanuska-Susitna Borough.

This form must be completed correctly and submitted to the Alcohol & Marijuana Control Office (AMCO)'s main office, along with all other required documents and fees, before any renewal license application will be considered complete.

Section 1 – Establishment and Contact Information

Enter information for the business seeking to have its license renewed.

Licensee:	SMG of Alaska Inc	License #:	2982
License Type:	Recreational Site	Statute:	AS 04.11.210
Doing Business As:	Carlson Community Center		
Premises Address:	2010 Second Ave		
Local Governing Body:	City of Fairbanks (Fairbanks North Star Borough)		
Community Council:	None		

Mailing Address:	1600 Gambell Street				
City:	Anchorage	State:	AK	ZIP:	99501

Enter information for the licensee who will be designated as the primary point of contact regarding this application and the license.

Designated Licensee:	Joseph Wooden		
Contact Phone:	907-279-0618	Business Phone:	907-279-0618
Contact Email:	woodenj@sullivanarena.com		

Seasonal License? Yes No If "Yes", write your six-month operating period: _____





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Section 2 – Sole Proprietor Ownership Information

This section must be completed by any sole proprietor who is applying for a license. Entities should skip to Section 3.
If more space is needed, please attach a separate sheet with the required information.
The following information must be completed for each licensee and each affiliate (spouse).

This individual is an: applicant affiliate

Name:	N/A				
Address:					
City:		State:		ZIP:	
Email:					
Contact Phone:					

This individual is an: applicant affiliate

Name:					
Address:					
City:		State:		ZIP:	
Email:					
Contact Phone:					

Section 3 – Entity Ownership Information

This subsection must be completed by any licensee that is a corporation or LLC. Corporations and LLCs are required to be in good standing with the Alaska Division of Corporations (DOC). Partnerships may skip to Page 3. Sole proprietors should skip to Section 4.

Alaska DOC Entity #:	27008D
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Alaska Division of Corporations: Yes No

Is your entity in good standing with the Alaska Division of Corporations?





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This subsection must be completed by any entity, including a corporation, limited liability company (LLC), 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 corporation, the following information must be completed for each *stockholder 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 limited liability organization, 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 partnership, 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*.

Entity Official:	Harold Westley			
Title(s):	President	Phone:	610-729-7903	% Owned:
Address:	300 Constohokan Rd Suite 450			
City:	Constohokan	State:	PA	ZIP: 19428

Entity Official:	John Burns			
Title(s):	Sec/Treasurer	Phone:	610-729-7903	% Owned:
Address:	300 Constohokan Rd. Suite 450			
City:	Constohokan	State:	PA	ZIP: 19428

Entity Official:	Joseph Wooden			
Title(s):	Vice President	Phone:	907-229-0618	% Owned:
Address:	1600 Gambell St.			
City:	Anchorage	State:	AK	ZIP: 99501

Entity Official:	MARGEN GINTY			
Title(s):	VICE PRESIDENT	Phone:	610 729 7918	% Owned:
Address:	300 CONSTOHOKAN RD SUITE 450			
City:	CONSTOHOKAN	State:	PA	ZIP: 19428

Entity Official:				
Title(s):		Phone:		% Owned:
Address:				
City:		State:		ZIP:



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Section 4 – Authorization

Communication with AMCO staff:

Yes No

Does any person other than a licensee named in this application have authority to discuss this license with AMCO staff?

If "Yes", disclose the name of the individual and the reason for this authorization:

[Empty text box for disclosure]

Section 5 – License Operation

Check the box that best describes your liquor license operations in calendar years 2015 and 2016:

The license was regularly operated continuously throughout each year.

The license was regularly operated during a specific season each year.

The license was only operated to meet the minimum requirement of one time during each calendar year.
If this box is checked, an AMCO employee will contact you after reviewing your application.

The license was not operated at all during one or both of the calendar years.
If this box is checked, an AMCO employee will contact you after reviewing your application.

Section 6 – Convictions

Applicant convictions in calendar years 2015 and 2016:

Yes No

Has any person named in this application been convicted of a violation of Title 04, of 3 AAC 304, or a local ordinance adopted under AS 04.21.010 in the calendar years 2015 or 2016?

If "Yes", list all convictions:

[Empty text box for listing convictions]





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Section 7 – Certifications

Read each line below, and then sign your initials in the box to the right of each statement:

Initials

I certify that all current licensees (as defined in AS 04.11.260) and affiliates have been listed on this application, and if the licensee is an organized entity, that all current entity officials and stakeholders are listed with the Alaska Division of Corporations.

[Handwritten initials]

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.

[Handwritten initials]

I certify 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.

[Handwritten initials]

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 or the ownership (including officers or stakeholders) from what is currently on file with the Alcoholic Beverage Control Board.

[Handwritten initials]

I certify that I have not violated any restrictions pertaining to this particular license type, and that this license has not been operated in violation of a condition or restriction imposed by the Alcoholic Beverage Control Board.

[Handwritten initials]

I have submitted a written statement as part of this application that meets the attached Recreational Site Statement Guidelines.

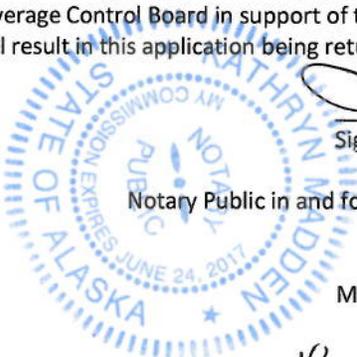
[Handwritten initials]

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, is true, correct, and complete. I agree to provide all information required by the Alcoholic Beverage Control Board 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 to me as incomplete.

[Handwritten signature]
Signature of licensee

[Handwritten signature]
Signature of Notary Public
Notary Public in and for the State of Alaska

Joseph Wooden
Printed name of licensee



My commission expires: June 24, 2017

Subscribed and sworn to before me this 18 day of November, 2016.

License Fee:	\$ 800.00	Filing Fee:	\$ 200.00	TOTAL:	\$ 1000.00
Late Fee of \$500.00 – if received or postmarked after 01/03/2017:					
Miscellaneous Fees:					
GRAND TOTAL (if different than TOTAL):					



CARLSON CENTER

Sports • Conventions • Events

2010 2ND AVENUE | FAIRBANKS, AK 99701 | PH. 907.451.7800 | FAX 907.451.1195
www.carlson-center.com

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To Whom It May Concern,

Please accept this letter as the written statement that explains how SMG of Alaska, Inc. meets the requirements listed under AS 04.11.210.

The John A. Carlson Community Activity Center (Carlson Center) is the home of the University of Alaska-Fairbanks Nanooks (UAF) of the NCAA Western Collegiate Hockey Association. The Carlson Center hosts approximately fifteen to twenty hockey games per competitive season, which runs October-March each contiguous year.

Beer and wine are sold at each UAF hockey game. We begin serving approximately one hour prior to the starting time of the game. We stop serving approximately one hour prior to the expected ending time of the game. Alcohol is only served in designated areas of the premises (Maps showing the designated areas are enclosed).

Feel free to contact me directly with any questions or should you require any additional information.

Sincerely,

Joe Wooden
Regional General Manager
SMG of Alaska, Inc.



WORLDWIDE ENTERTAINMENT AND CONVENTION VENUE MANAGEMENT