



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

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

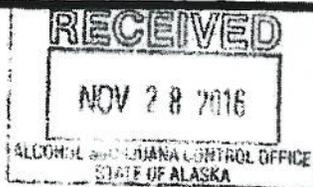
Licensee:	Fairbanks Junior Ice Dogs Inc	License #:	4678
License Type:	Recreational Site	Statute:	AS 04.11.210
Doing Business As:	Fairbanks Junior Ice Dogs		
Premises Address:	1920 Lathrop Street		
Local Governing Body:	City of Fairbanks (Fairbanks North Star Borough)		
Community Council:	None		

Mailing Address:	139 32nd Ave				
City:	Fairbanks	State:	AK	ZIP:	99701

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

Designated Licensee:	Kim Stone		
Contact Phone:	907-460-8216	Business Phone:	907-452-2111
Contact Email:	kim@fairbanksicedogs.com		

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





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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

Form with fields: Name, Address, City, State, ZIP, Email, Contact Phone

This individual is an: [ ] applicant [ ] affiliate

Form with fields: 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 #: 61808 D

Alaska Division of Corporations: Yes No

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





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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.

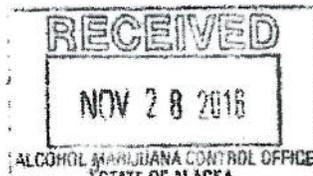
Entity Official:	SAM HALBERT			
Title(s):	VP	Phone:	907 388 1689	% Owned:
Address:	PO BOX 84590			
City:	FBKS	State:	AK	ZIP: 99708

Entity Official:	LISA BOSWELL			
Title(s):	TREASURE	Phone:	907 378 5159	% Owned:
Address:	4430 CONDOR CT			
City:	FBKS	State:	AK	ZIP: 99709

Entity Official:	KIM STONE			
Title(s):	SECRETARY	Phone:	907 460 8216	% Owned:
Address:	3835 DECKER			
City:	N. POLE	State:	AK	ZIP: 99705

Entity Official:	Jack Traxis			
Title(s):	President	Phone:	907 388 5210	% Owned:
Address:	1137 Joyce Dr			
City:	Fairbanks	State:	AK	ZIP: 99701

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?

Checked box for Yes, empty box for No

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

Handwritten: ROB PROFFITT, GENERAL MANAGER

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.

Empty checkbox

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

Checked checkbox

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.

Empty checkbox

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.

Empty checkbox

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?

Empty checkbox for Yes, checked box for No

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.

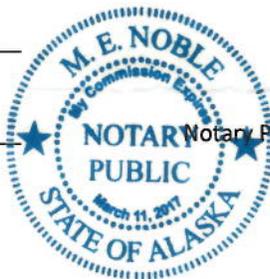
*[Handwritten initials]*

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.

Signature of licensee

*Kim Stone*  
KIM STONE

Printed name of licensee



Signature of Notary Public

*M. E. Noble*  
Notary Public in and for the State of Alaska

My commission expires: 3-11-2017

Subscribed and sworn to before me this 16<sup>th</sup> 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):					



# ICE DOGS HOCKEY

FAIRBANKS, ALASKA



3 TIME ROBERTSON CUP  
CHAMPIONS 2011 2014 2016

11-16-16

Alaska Alcoholic Beverage Control Board

RE: Fairbanks Ice Dogs  
License # 4678

Hours of operation 6pm - 9:30pm  
game nights.

Hockey games are held @ our  
establishment Thursday, Friday  
and Saturday nights.

Season runs from September  
through May

Kim Stone  
KIM STONE  
SECRETARY



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**3** TIME ROBERTSON CUP  
CHAMPIONS 2011 2014 2016

Alaska Alcoholic Beverage Control Board

RE: Fairbanks Jr, Ice Dogs

License #4678

Hours of operation: 6pm - 9:30pm Game nights

Hockey games are held at our establishment Thursday, Friday and Saturday nights

Season runs from September thru May

Kim Stone  
Secretary

