



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

Alaska Alcoholic Beverage Control Board

**Beverage Dispensary – Tourism License**

**Form AB-17d: 2018/2019 Renewal License Application**

**What is this form?**

This renewal license application form is required for all individuals or entities seeking to apply for renewal of an existing beverage dispensary – tourism liquor license that will expire on December 31, 2017. 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 should 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. If any populated information is incorrect, please contact AMCO.

Licensee:	Glacier Bear Lodge Inc	License #:	442
License Type:	Beverage Dispensary - Tourism	Statute:	AS 04.11.400(d)
Doing Business As:	Glacier Bear Lodge		
Premises Address:	812 Glacier Bear Road		
Local Governing Body:	City & Borough of Yakutat		
Community Council:	None		

Mailing Address:	PO Box 303				
City:	Yakutat	State:	AK	ZIP:	99689

Enter information for the individual who will be designated as the primary point of contact regarding this application. This individual must be a licensee who is required to be listed in and authorized to sign this application.

Point of Contact:	Peter Eades		
Contact Phone:	907-784-3202	Business Phone:	907-784-3202
Contact Email:	info@glacierbearlodge.com		

Seasonal License?  Yes  No

if "Yes", write your six-month operating period: \_\_\_\_\_





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**Section 2 – 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:

**Section 3 – Sole Proprietor Ownership Information**

This section must be completed by any sole proprietorship who is applying for license renewal. Entities should skip to Section 4. 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:				
Mailing Address:				
City:		State:		ZIP:
Email:				
Contact Phone:				

This individual is an:  applicant  affiliate

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





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**Section 4 – 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, Business & Professional Licensing (CBPL). You may view your entity's status or find your CBPL entity number by visiting the following site: <https://www.commerce.alaska.gov/cbp/main/search/entities> Partnerships may skip to the second half of this page. Sole proprietorships should skip to Section 5.

Alaska CBPL Entity #:	275490
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You must ensure that you are able to certify the following statement before signing your initials in the box to the right: Initials

I certify that this entity is in good standing with CBPL and that all current entity officials and stakeholders (listed below) are also currently and accurately listed with CBPL.

PE

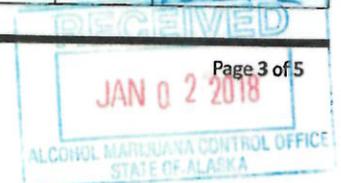
This subsection must be completed by any community or entity, including a corporation, limited liability company, partnership, or limited partnership, that is applying for renewal. If more space is needed, please attach additional completed copies of this page.

- 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 Name:	Peter Eades				
Title(s):	President	Phone:	907-784-3000	% Owned:	0
Mailing Address:	PO Box 303				
City:	Yakutat	State:	AK	ZIP:	99689

Entity Official Name:	Marc Dumars, shareholder				
Title(s):	26410 Director	Phone:	253-906-1006	% Owned:	14.3
Mailing Address:	26110 142nd St. East				
City:	Buckley	State:	WA	ZIP:	98321

Entity Official Name:	William Trzaskos				
Title(s):	Shareholder	Phone:	360-794-8081	% Owned:	14.3
Mailing Address:	14900 232nd Pl SE				
City:	Monroe	State:	WA	ZIP:	98272





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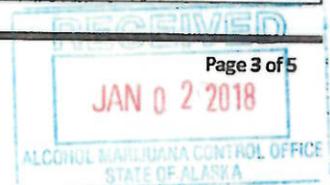
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Entity Official Name:	Richard Outzen				
Title(s):	Secretary / Shareholder	Phone:	603-230-6000	% Owned:	14.3
Mailing Address:	9973 W. Cameo Dr				
City:	Sun City	State:	AZ	ZIP:	85351

Entity Official Name:	William Bannerman				
Title(s):	Shareholder	Phone:	425-339-9496	% Owned:	14.3
Mailing Address:	723 41st Place				
City:	Everett	State:	WA	ZIP:	98201

Entity Official Name:	William Demars				
Title(s):	Shareholder	Phone:	360-802-6776	% Owned:	14.3
Mailing Address:	1037 Lafromboise St.				
City:	Enumclaw	State:	WA	ZIP:	98022





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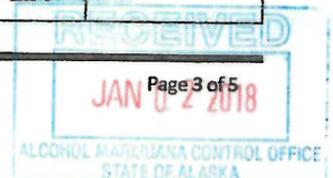
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Entity Official Name:	William Justus				
Title(s):	Shareholder	Phone:	714-746-3200	% Owned:	14.3
Mailing Address:	11938 Bayla St.				
City:	Northwalk	State:	CA	ZIP:	910650

Entity Official Name:	John Montgomery				
Title(s):	Shareholder	Phone:	253-880-7891	% Owned:	14.3
Mailing Address:	174 South 294 <sup>th</sup> Place				
City:	Redondo	State:	WA	ZIP:	98003

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





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**Section 5 – License Operation**

Check a single box for each calendar year that best describes how this liquor license was operated: 2016    2017

The license was regularly operated continuously throughout each year, for 8 or more hours each day.    

The license was regularly operated during a specific season each year, for 8 or more hours each day.    

The license was only operated to meet the minimum requirement of 30 days each year, 8 hours each day.  
*If this box is checked, a complete copy of Form AB-30: Proof of Minimum Operation Checklist, and all necessary documentation must be provided with this application.*    

~~The license was not operated at all or was not operated for at least the minimum requirement of 30 days each year, 8 hours each day, during one or both of the calendar years.~~       
~~*If this box is checked, a complete copy of Form AB-29: Waiver of Operation Application and corresponding fees must be submitted with this application for each calendar year during which the license was not operated for at least the minimum requirement.*~~

**Section 6 – Violations and Convictions**

Applicant violations and convictions in calendar years 2016 and 2017: Yes    No

Have any notices of violation (NOVs) been issued to this licensee in the calendar years 2016 or 2017?    

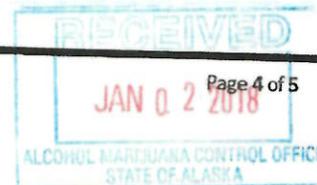
Has any person or entity named in this application been convicted of a violation of Title 04, of 3 AAC 304, or a local ordinance adopted under AS 04.21.010 in the calendar years 2016 or 2017?    

If "Yes" to either of the previous two questions, attach a separate page to this application listing all NOVs and/or convictions.

**Section 7 – Alcohol Server Education**

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

I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check identification of a patron 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, as required under AS 04.21.025 and 3 AAC 304.465.



# Notice of Violation

(3AAC 304.525)

This form, all information provided and responses are public documents per Alaska Public Records ACT AS 40.25

Date: 06/08/2017

License #/Type: 442 / Bev. Disp. Tourism AS04.11.4C

Licensee: Glacier Bear Lodge Inc.

Address: 812 Glacier Bear Road

DBA: Glacier Bear Lodge

AMCO Case #: AB17000247

This is a notice to you as licensee that an alleged violation has occurred. If the Alcoholic Beverage Control Board decides to act against your license, under the provisions of AS 44.62.330 - AS 44.62.630 (Administrative Procedures Act) you will receive an Accusation and Notice of your right to an Administrative Hearing.

Note: This is not an accusation or a criminal complaint.

A flier posted around town advertising the following: "Come party @ Glacier Bear Lodge, Win this NEW "to you" Toyota 1992 \*Her name is REDBULL\* \*it Runs\* For every drink you buy you get a ticket for the drawing starting at 6pm. drawing is at midnight must be present to win. Friday, June 9th, Free shuttle starting at 8pm"

This is a violation of pricing and marketing...see below.

Sec. 04.16.015. Pricing and marketing of alcoholic beverages.

(a) On premises where alcoholic beverages are sold by the drink, a licensee or a licensee's agent or employee may not

(6) encourage or permit an organized game or contest on the licensed premises that involves drinking or the awarding of alcoholic beverages as prizes.

**You are directed to respond in writing to this Notice of Violation within 10 days of receipt to explain what action you have taken to prevent a re-occurrence of this violation. FAILURE TO RESPOND TO THIS NOTICE OF VIOLATION WITHIN 10 DAYS WILL RESULT IN YOUR APPEARANCE, EITHER IN PERSON OR TELEPHONICALLY, BEFORE THE ABC BOARD AT THEIR NEXT REGULARLY SCHEDULED BOARD MEETING.**

**\*Please send your response to the address below and include your alcohol license number in your response.**

3 AAC 304.525 (B) provides that upon receipt of a Notice of Violation, a licensee may request to appear before the Director and be heard regarding the Notice of Violation. The request must be made within ten days after receipt of the Notice and the Director must grant an appearance within ten days after receipt of a request. A Licensee shall respond, either orally or in writing, to the Notice.

Alcohol & Marijuana Control Office

ATTN: Enforcement

550 W. 7<sup>th</sup> Ave, Suite 1600

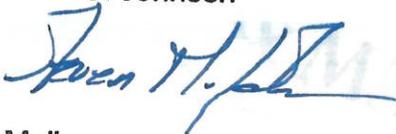
Anchorage, Alaska 99501

[amco.enforcement@alaska.gov](mailto:amco.enforcement@alaska.gov)

Issuing Investigator: S. Johnson

Received by:

SIGNATURE:



SIGNATURE:

Delivered VIA: Mail

Date:





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**Section 8 – 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.

PE

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.

PE

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, managers, general partners, or stakeholders) from what is currently on file with the Alcoholic Beverage Control Board.

PE

~~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.~~

~~PE~~

I am submitting as part of this application a written statement that meets the attached Tourism Statement Guidelines, for review by the Alcoholic Beverage Control Board.

PE

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

Peter Eades

Printed name of licensee

Kathy S Chavez

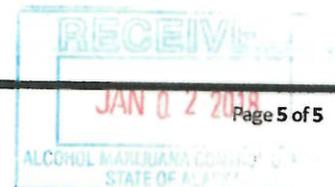
Signature of Notary Public

Notary Public in and for the State of Wisconsin

My commission expires: 10-02-2020

Subscribed and sworn to before me this 27 day of December, 2017.

License Fee:	\$ 2500.00	Application Fee:	\$ 200.00	TOTAL:	\$ 2700.00
Late Fee of \$500.00 – if received or postmarked after 01/02/2018:					
Miscellaneous Fees:					
GRAND TOTAL (if different than TOTAL):					



**2018 Tourism Statement for Glacier Bear Lodge Alcohol License Renewal  
#442**

The renewal of Glacier Bear's license is vital to our business and the tourism industry in Yakutat, AK. We are a full service lodge which caters to mostly sports fishermen and eco-tourists. We have a 31 room motel with basic rooms. They have 2 double beds and private beds. They do not have kitchenettes. We offer ocean charters, guided river trips, rental of river boats and general sight seeing activities.

We have a large dining facility for our clients. It seats approximately 75 people. In the past couple of years we have upgraded our kitchen facilities and gave our bar/restaurant a face lift with new carpet and paint.

Our restaurant and motel facilities are open on a seasonal basis but the bar is open year round for local patrons and the occasional winter tourist.

I (Pete Eades) am the General Manager and operate all facilities at GBL. I have an assistant manager who assists.

Thank you,

Pete Eades



GM

Glacier Bear Lodge

907-784-3202

[www.glacierbearlodge.com](http://www.glacierbearlodge.com)