



Alaska Alcoholic Beverage Control Board

Beverage Dispensary – Tourism License

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

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 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.

Table with 4 columns: Field Name, Value, License #, Statute. Includes fields for Licensee (Schilling Alaska, Inc.), License Type (Beverage Dispensary - Tourism Duplicate), Doing Business As (Uptown Motel/Back Door Lounge), Premises Address (18021 Kenai Spur Hwy), Local Governing Body (City of Kenai), and Community Council (None).

Table with 6 columns: Field Name, Value, State, ZIP. Includes Mailing Address (47 Spur View Dr), City (Kenai), State (AK), and ZIP (99611).

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.

Table with 4 columns: Field Name, Value, Business Phone, Contact Email. Includes Point of Contact (Duane Bannock), Contact Phone (907 283 3660), Business Phone (907 283 3660), and Contact Email (duane@uptownmotel.com).

Seasonal License? Yes [] No [X] 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?

Yes: [checked box] No: [empty box]

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

Duane Bannock, Manager

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

Form for individual information: Name, Mailing Address, City, State, ZIP, Email, Contact Phone

This individual is an: [] applicant [] affiliate

Form for individual information: 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 #:	39992D
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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.

DS

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:	David Schilling			
Title(s):	President	Phone:	907 283 3660	% Owned: 100
Mailing Address:	47 Spar View Dr			
City:	Kenai	State:	AK	ZIP: 99611

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

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:

Table with 2 columns (2016, 2017) and 4 rows of license operation descriptions. Includes checkboxes and handwritten marks.

Section 6 – Violations and Convictions

Amended 6-8-18

Applicant violations and convictions in calendar years 2016 and 2017:

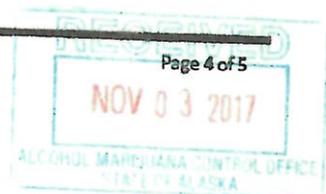
Table with 2 columns (Yes, No) and 2 rows of violation questions. Includes checkboxes and handwritten initials 'JEB'.

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:

Statement: 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... Includes a box for initials with handwritten initials 'JEB'.



Louie's Restaurant

47 Spur View Drive

Kenai, AK 99611

907 283 3660

January 4, 2017

Cynthia Franklin, Director
Alcohol & Marijuana Control Office
550 West 7th Ave, Suite 1600
Anchorage, AK 99501

Re: Notice of Violation; number AB16-0740 License Number 1859

Dear Director Franklin,

On the morning of Thursday, December 29, 2016 Investigator Joe Hamilton visited Louie's Restaurant. We concur with the violation(s) as described in the subject Notice.

Please accept this letter as our response to the violation(s) to explain what actions we have taken to prevent a reoccurrence of these violations.

The correct, mandatory signage provided by Mr Hamilton (thank you) has been posted in the agreed-on areas in both Louie's Restaurant and The Back Door Bar.

The two servers working at Louie's with expired TAP cards were immediately removed from selling or serving alcohol. This was done by bringing an additional server with a current TAP card to work earlier than scheduled that day. She was on-shift approximately 45 minutes after we were made aware of the violation. At no time since has Louie's Restaurant offered, sold or served alcohol to any customer by a server without a current TAP card.

Proactive measures taken since 12/29/16:

Louie's Restaurant immediately conducted a review of all servers required have a TAP card; this review led to a scheduling of a TAP class that was subsequently held on Tuesday, January 3, 2016. As of this letter, ALL servers have current TAP cards

A tickler file has been created to 'remind' servers in advance of the expiration date of their TAP card. All servers at Louie's Restaurant are aware and understand that without a current TAP card, they will not be available to be scheduled



While Louie's Restaurant fully understands the need to remain compliant and up-to-date at all times, we respectfully ask the director to view our long-term record and recognize that we've taken action immediately to return to full compliance.

Sincerely,

Duane Bannock





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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:

I certify that all current licensees (as defined in AS 04.11.260) and affiliates have been listed on this application.

Initials

DS

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.

DS

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.

DS

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.

DS

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.

DS

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.

David Schilling
 Signature of licensee

Brenda M. Geib
 Signature of Notary Public

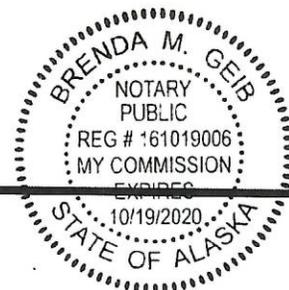
David Schilling
 Printed name of licensee

Notary Public in and for the State of Alaska

My commission expires: 10-19-2020

Subscribed and sworn to before me this 2nd day of November, 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):					\$2700



Uptown Motel
Back Door Lounge
47 Spur View Drive
Kenai, AK 99611
907 283 3660

November 2, 2017

Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
Anchorage, AK 99501

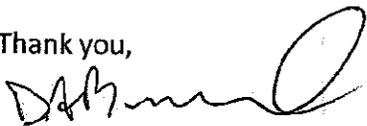
Re: 2018/2019 Renewal – License #2237

To Whom It May Concern:

Please accept this written statement that explains how this establishment encourages tourism and meets the requirements listed under AS 04.11.400(d) and 3 AAC 304.325.

1. The Back Door Lounge is advertised as a local establishment featuring not only local breweries and spirits, but also local sports teams i.e. Kenai River Brown Bears hockey and Kenai Peninsula Oilers Baseball
2. The Back Door Lounge was built to be a part of the Uptown Motel and features an Alaskan décor including many trophy animal mounts
3. The Back Door Lounge is operated only by employees of the Uptown Motel and Schilling Alaska, Inc
4. The Uptown Motel has 49 rooms available for rent that approach the minimum definition for kitchen facilities (no separate sink). There is no alcoholic beverages stocked in the rooms
5. The Uptown Motel is also home to Louie's Restaurant, a full-service dining room featuring breakfast, lunch and dinner menus
6. The Front Desk of the Uptown Motel serves as a 'hub' for recreational activities including, but not limited to, guided hunting and fishing excursions, fly-in trip and other packages for the benefit of our visitors

Thank you,



Duane Bannock