



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.

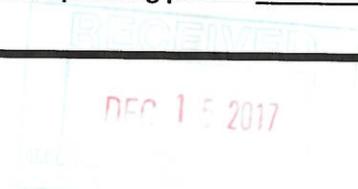
Licensee:	Ivory Manufacturing Corp of AK	License #:	402
License Type:	Beverage Dispensary - Tourism	Statute:	AS 04.11.400(d)
Doing Business As:	Flight Deck Bar/Arctic Inn		
Premises Address:	834 W Intl Airport Road		
Local Governing Body:	Municipality of Anchorage		
Community Council:	Taku/Campbell		

Mailing Address:	842 W. Intl Airport Road			
City:	Anchorage	State:	Alaska	ZIP: 99518

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:	MARLEEN G. MEYER		
Contact Phone:	907-561-1328	Business Phone:	907-561-1328
Contact Email:	N/A		

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:

Dona Hillstrom manager/bookkeeper

Section 3 – Sole Proprietor Ownership Information

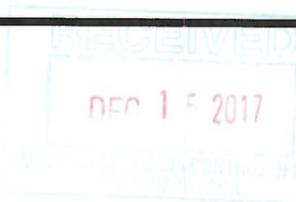
This section must be completed by any sole proprietorship who is applying for license renewal. Entities should skip to Section 4. If more space is needed, please attach a separate sheet with the required information. The following information must be completed for each licensee and each affiliate (spouse).

This individual is an: applicant affiliate

Name:	<u>Ivory Manufacturing Corp of AK</u>			
Mailing Address:	<u>842 W. Intl. Airport Rd</u>			
City:	<u>Anchorage</u>	State:	<u>Alaska</u>	ZIP: <u>99518</u>
Email:				
Contact Phone:	<u>907-561-1328</u>			

This individual is an: applicant affiliate

Name:	<u>Marlene G. Meyer</u>			
Mailing Address:	<u>842 W. Intl. Airport Rd</u>			
City:	<u>Anchorage</u>	State:	<u>Alaska</u>	ZIP: <u>99518</u>
Email:				
Contact Phone:	<u>907-561-1328</u>			





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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 #:	402-97-61118535-38572D
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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.

mm

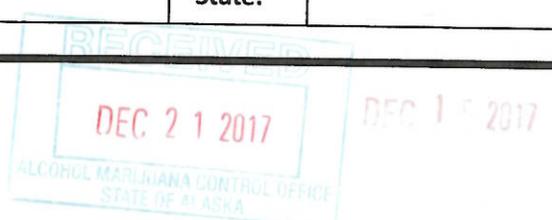
This subsection must be completed by any community or entity, including a corporation, limited liability company, partnership, or limited partnership, that is applying for renewal. If more space is needed, please attach additional completed copies of this page.

- 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:	Marlene G. Meyer) Ivory Manufacturing Corp of AK				
Title(s):	Owner/President	Phone:	907-561-1329	% Owned:	100%
Mailing Address:	842 W. Int'l Airport Rd				
City:	Anchorage,	State:	AK	ZIP:	99518

Entity Official Name:	Marlene G Meyer				
Title(s):	OWNER	Phone:	907-561-1329	% Owned:	100%
Mailing Address:	842 W Int'l Airport Rd				
City:	Anchorage	State:	Alaska	ZIP:	99518

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.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
The license was regularly operated during a specific season each year, for 8 or more hours each day.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>

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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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:

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.

Initials





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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.

mm

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.

mm

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.

mm

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.

mm

* 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.

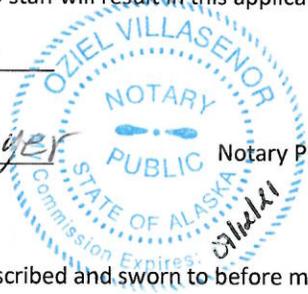
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As an applicant for a liquor license renewal, I declare under penalty of perjury that I have read and am familiar with AS 04 and 3 AAC 304, and that this application, including all accompanying schedules and statements, is true, correct, and complete. 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.

Maxlene G. Meyer
 Signature of licensee

[Signature]
 Signature of Notary Public

Maxlene Grace Meyer
 Printed name of licensee

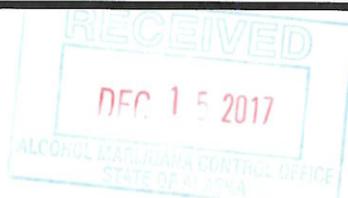


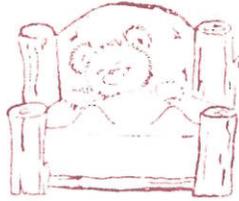
Notary Public in and for the State of Alaska

My commission expires: 07/10/2021

Subscribed and sworn to before me this 18 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):					





ARCTIC INN MOTEL

842 W. INTERNATIONAL AIRPORT ROAD
ANCHORAGE, ALASKA 99518
(907) 561-1328

11-17-2017

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

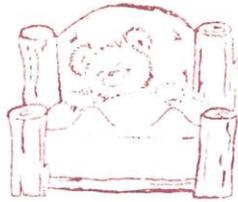
Re: Tourism Statement for the Alaska
Alcoholic Control Board

I, Marlene D. Meyer, president/owner is applying to renew my liquor license. I have been operating this business, Flight Deck Bar and the Arctic Inn Motel since 1990.

The Flight Deck Bar offers food and drinks. The bar has an attached restaurant that offers a diversified menu that includes hot meals, sandwiches, pizza, salads and desserts.

The bar/Motel is conveniently located to the airport which is about 5 minutes away. We are constantly keeping up to code to make it a safe environment for the customers. A maintenance man lives at the motel and if a problem arises, he is quickly there to attend to it.





(2)

ARCTIC INN MOTEL

842 W. INTERNATIONAL AIRPORT ROAD
ANCHORAGE, ALASKA 99518
(907) 561-1328

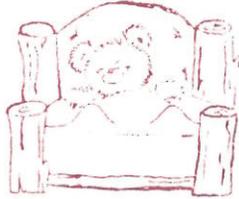
There are 24 rooms for rent. Each room has a refrigerator and a microwave. Tourist have a clean restaurant & motel to stay.

The price of the rooms are very reasonable and are rented out daily, weekly or monthly.

If the customer wants an alcoholic beverage or food, they don't need to drive. Alcoholic beverages are not served to the rooms because there might be underage people in the room. The Flight Deck bar is next door for their convenience and we are able to check their ID.

There are activities for the guest, such as; pool tables, dart boards, dance floor, juke box. In the summertime there are 24 hanging baskets of flowers from Bella nursery for the guest enjoyment. I hear





3

ARCTIC INN MOTEL

842 W. INTERNATIONAL AIRPORT ROAD
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a lot of nice comments about the flower baskets.

I hope I have covered all the information you have requested.

Sincerely,

Marlene G. Meyer
842 W. Int'l. Airport Road
Anchorage, AK 99518
907-561-1328

