



**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.

<b>Licensee:</b>	MGO, Inc.	<b>License #:</b>	2541
<b>License Type:</b>	Beverage Dispensary - Tourism	<b>Statute:</b>	AS 04.11.400(d)
<b>Doing Business As:</b>	Juneau Airport Travel Lodge		
<b>Premises Address:</b>	9200 Glacier Highway		
<b>Local Governing Body:</b>	City & Borough of Juneau		
<b>Community Council:</b>	None		

<b>Mailing Address:</b>	9200 Glacier Hwy		
<b>City:</b>	Juneau	<b>State:</b>	AK
		<b>ZIP:</b>	99801

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.

<b>Point of Contact:</b>	Lynda Foreman		
<b>Contact Phone:</b>	907-789-9700 <sup>X</sup> 503	<b>Business Phone:</b>	907-789-9700
<b>Contact Email:</b>	gmtravelodge@gci.net		

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 using 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 #:	29013D
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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.

Initials

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 ALLISON				
Title(s):	PRESIDENT	Phone:	907-789-7638	% Owned:	50%
Mailing Address:	P.O. BOX 33817				
City:	JUNEAU	State:	AK	ZIP:	99803

Entity Official Name:	LOURDES OROZCO				
Title(s):	VICE PRESIDENT	Phone:	907-789-3342	% Owned:	50%
Mailing Address:	PO. BOX 32240				
City:	JUNEAU	State:	AK	ZIP:	99803

Entity Official Name:	LYNDA FOREMAN				
Title(s):	DIRECTOR SECT / TREA.	Phone:	907-209-7341	% Owned:	0
Mailing Address:	PO BOX 33817				
City:	JUNEAU	State:	AK	ZIP:	99803





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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. <i>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.</i>	<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. <i>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.</i>	<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:**

	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.	





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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.	<input type="checkbox"/>
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.	<input type="checkbox"/>
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.	<input type="checkbox"/>
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.	<input type="checkbox"/>
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.	<input type="checkbox"/>

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.

Lynda Foreman  
 Signature of licensee  
Lynda Foreman  
 Printed name of licensee

Tori Wheeler  
 Signature of Notary Public  
 Notary Public in and for the State of ALASKA  
 My commission expires: 04/14/2021  
 Subscribed and sworn to before me this 22 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):					





JUNEAU AIRPORT TRAVELODGE • 9200 Glacier Highway, Juneau, AK 99801 • (907) 789-9700 • Fax (907) 789-1969 • Reservations (888) 660-2327  
December 26, 2017

Department of Commerce, Community and Economic Development  
Alcoholic Beverage Control Board  
2400 Viking Drive  
Anchorage, Alaska 99501

**RE: 2018-2019 Renewal License #2541**

The Juneau Airport Travelodge operates a full service 86 room hotel with the Mi Casa Restaurant and Travelodge Lounge on site. There are 3 guest rooms that have a stove top in the guest room. Every room is equipped with a refrigerator and microwave. No guest room has a mini-bar that is operated or ran by the Juneau Airport Travelodge Hotel / Travelodge Lounge. The restaurant does provide room service to the hotel guest rooms. Restaurant and Lounge employees have their Food Workers certification as well as TAMS cards. This facility was constructed to promote and encourage tourism.

This property is a Wyndham Hotel Group franchised hotel that promotes tourism. The property is a member of the Juneau Convention and Visitors Bureau and participates in RFP's for tourism and meeting planners as well as a member of ATIA, American Hotel Association and Juneau Chamber of Commerce.

This property continually makes improvements and within the last two years have purchased two new dishwashers for the Travelodge Lounge as well as reupholstering the furniture and giving the lounge a new look, new carpet in the restaurant and lounge, new roof for the facility and continually doing preventative maintenance on the property. There is two full time maintenance personnel on staff.

My name is Lynda Foreman and I am the General Manager who manages and operates this property. Should you need any further information please do not hesitate to contact me.

Sincerely,

Lynda Foreman,  
Director and General Manager

