



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

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:	Alyeska Resort Management Company	License #:	3445
License Type:	Beverage Dispensary - Tourism	Statute:	AS 04.11.400(d)
Doing Business As:	Hotel Alyeska		
Premises Address:	1000 Arlberg Avenue		
Local Governing Body:	Municipality of Anchorage		
Community Council:	Girdwood		

Mailing Address:	PO Box 249				
City:	Girdwood	State:	AK	ZIP:	99587

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:	Douglas Christensen		
Contact Phone:	(907) 304-9300	Business Phone:	(801) 304-9300
Contact Email:	abc@cirqueproperty.com		

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

[Form AB-17d] (rev 10/16/2017)
 License #3445 DBA Hotel Alyeska





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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:

Jill A. McLeod - Attorney

Section 3 – Sole Proprietor Ownership Information

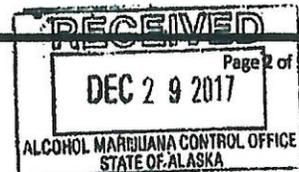
This section must be completed by any sole proprietorship who is applying for license renewal. Entities should skip to Section 4. If more space is needed, please attach a separate sheet with the required information. The following information must be completed for each licensee and each affiliate (spouse).

This individual is an: applicant affiliate

Name:	<u>Jason Parker</u>			
Mailing Address:	<u>PO Box 249</u>			
City:	<u>Gududood</u>	State:	<u>AK</u>	ZIP: <u>99587</u>
Email:	<u>jParker@alyskareport.com</u>			
Contact Phone:	<u>907/382-10573</u>			

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 #:	104617
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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.

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.

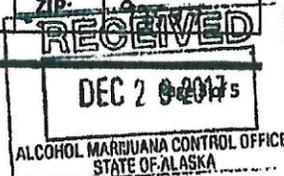
- If the applicant is a corporation, the following information must be completed for each stockholder who owns 10% or more of the stock in the corporation, and for each president, vice-president, secretary, and managing officer.
- If the applicant is a limited liability organization, the following information 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:	Amanda Hawes		
Title(s):	VP	Phone:	907-754-1111 % Owned: 25%
Mailing Address:	PO Box 249		
City:	Girdwood	State:	AK ZIP: 99587

Entity Official Name:	Brian Burnett		
Title(s):	VP	Phone:	907-754-1111 % Owned: 12.5%
Mailing Address:	PO Box 249		
City:	Girdwood	State:	AK ZIP: 99587

Entity Official Name:	Douglas Christensen		
Title(s):	Treasurer/President	Phone:	(907) 304-9300 % Owned: 25%
Mailing Address:	PO Box 249		
City:	Girdwood	State:	AK ZIP: 99587

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- 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:	Eric Eullerton		
Title(s):	Vp	Phone:	907-754-1111
Mailing Address:	PO Box 249		
City:	Girdwood	State:	AK
		ZIP:	99587

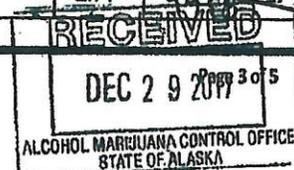
Entity Official Name:	J. Randall Call		
Title(s):	VP / Secretary	Phone:	907-754-1111
Mailing Address:	PO Box 249		
City:	Girdwood	State:	AK
		ZIP:	99587

Entity Official Name:	Jason Porter		
Title(s):	Vp	Phone:	907-754-1111
Mailing Address:	PO Box 249		
City:	Girdwood	State:	AK
		ZIP:	99587

[Form AB-17d] (rev 10/16/2017)

License # [redacted]

3445 DBA Hotel Alyeska





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JBC

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- ~~• 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:	Mark Weakland		
Title(s):	VP	Phone:	907-754-1111 % Owned: 25%
Mailing Address:	Po Box 249		
City:	Girdwood	State:	AK ZIP: 99587

Entity Official Name:	Melissa LaRose		
Title(s):	VP	Phone:	% Owned:
Mailing Address:	Po Box 249		
City:	Girdwood	State:	AK ZIP: 99587

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

[Form AB-17d] (rev 10/16/2017)

License # 3449 DBA Hotel Alyeska

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 FEB 06 2018
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 STATE OF ALASKA

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 Page 3 of 5
 DEC 29 2017
 ALCOHOL MARIJUANA CONTROL OFFICE
 STATE OF ALASKA



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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"/>

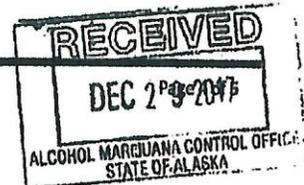
If "Yes" to either of the previous two questions, attach a separate page to this application listing all NOVs and/or convictions.

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:

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

Initials

DBK

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.

DBK

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.

DBK

~~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.~~

~~DBK~~

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.

DBK

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.

DBK
 Signature of licensee

Jessica Womeldorf
 Signature of Notary Public

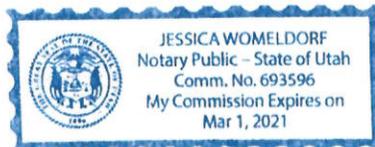
Douglas B. Christensen
 Printed name of licensee



and for the State of Utah
 My commission expires: 03-01-2021

Subscribed and sworn to before me this 5 day of February, 2018

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):					



LICENSE #3445

Alyeska Resort Management Company

Tourism Statement – Alaska ABC Board Liquor License Application

2018/2019

1. Alyeska Resort is a year-round destination resort that offers guests from around the world a true "Alaskan" experience. Throughout the year, the resort also offers special events such as the Winter Carnival, Blueberry Festival, Fiddlehead Festival, and Oktoberfest which bring thousands of guests to the resort.
2. Alyeska Resort is constantly working on improving the facilities and offerings to its guests. Over the last five years, the resort has added two high-speed detachable quad chairlifts, which can be used for downhill skiing and biking operations. In addition, numerous renovations have been made to the Hotel, and various food and beverage outlets, which include a new kitchen in one of the outlets, and a new bar in another.
3. Alyeska Resort Management Company operates the facility for which a liquor license is being applied.
- ~~4. We do offer room rentals to the traveling public.~~
 - a. The resort offers 302 guest rooms. We do not have kitchen facilities in our rooms (microwaves available upon request), nor do we stock alcoholic beverages in there.
 - b. No
5. Yes, our establishment includes a dining facility.
6. Alyeska's summer operations attract families, conference groups, weddings and cruise ship guests for a number of recreational activities. The resort offers biking, hiking, and scenic aerial tram rides. Many guests also stay at the hotel and take advantage of local businesses offering guided glacier hikes, flight seeing adventures, glacier dog-sledding and guided ice climbing. During these summer months, the mountain operates two lifts for downhill mountain biking and the resort rents out bikes for use in town. Alyeska's winter operations attract outdoor enthusiasts from around the world to ski and snowboard. Other activities offered from the resort are Nordic skiing, snowshoeing, dogsledding, heli and snow-cat skiing.

