

Alcohol and Marijuana Control Office 550 W 7th Avenue, Suite 1600 Anchorage, AK 99501 <u>alcohol.licensing@alaska.gov</u>

https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

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

	No							
Contact Email:	cballad@columbiasussex.com							
Contact Phone:	859-578-1112	Business F	Phone:	859-669-	1505			
Point of Contact:	Chris BALLAD - Vice-President •	f Columbia Properti	es Anchorage Limited	& CP Anchorage G	P, LLC &	CSC Holdings LLC		
nter information for the Indi ust be a licensee who is req	ividual who will be designated as the purification will b	rimary point	of contact regar		-			
City:	Crestview Hills	State: KY ZIP: 41017-56				41017-5434		
Mailing Address:	740 Centre View Blvd.		74544					
Community Council:	Downtown				1			
Local Governing Body:	Municipality of Anchorage							
Premises Address:		820 W. 7th Avenue						
Doing Business As:	Anchorage Marriott Hotel							
License Type:	Beverage Dispensary - Tourism	sm Statute: AS 04.11.				AS 04.11.400(d		
	Columbia Properties Anchorage Limited Partnership				#:	3945		

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	124-117	Section	2 – Authoriz	atlon	eradike.		
Communication with AMCO	staff:					Yes	No
Does any person other AMCO staff?	than a licens	see named in this	application have au	thority to discuss this lid	ense with	~	
If "Yes", disclose the nam Tim Turner @ Bluebor					n		
This section must be complet if more space is needed, plea. The following information mu	ed by any <u>sol</u> se attach a se	le proprietorship eparate sheet wi	th the required info	license renewal, Entitle rmation.	ion es should ski _l	o to Section	n 4.
Name:							
Mailing Address:							
City:			State:		ZIP:		
Email:			,				
Contact Phone:						-	
This Individual Is an: ap	plicant	affiliate					
Malling Address:							
City:			State:		ZIP:	***************************************	
Email:							
Contact Phone:			***************************************			-	
Form AB-17d] (rev 10/16/2017) Icense #3945 DBA Anchorage Ma	rriott Hotel	ALCOHOL MARIJ		NOV 0		Page	2 of 5



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Beverage Dispensary - Tourism License

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Section 4 - Entity Ownership Information

少 新国际的 This subsuction must be completed by any licensee that is a corporation or LLC. Corporations and LLCs are required to be in good standing with the Aleske Division of Corporations, Business & Professional Licensing (CBPL). You may view your entity's status or find your CBPL entity number by vising the following site: https://www.commerce.alaska.gov/cbp/main/search/entitles Partnerships may skip to the second half of this page, Sole proprietorships should skip to Section 5.

Alaska CBPL Entity #:

63196PF

You must ensure that you are able to certify the following statement before signing your initials in the box to the right;

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:	CP Anchorage GP, LLC					
Title(s):	GP	Phone:	859-678-1112	% Owned:		1
Mailing Address:	740 Centre View Blvd					
City:	Crestview Hills	State:	KY	ZIP:	41017-543	

Entity Official Name:	CSC Holdings LLC					
Title(s):	LP	Phone:	859-578-1112	12 % Owner		99
Mailing Address:	740 Centre View Blvd					
City:	Crestview Hills	State:	KY	ZIP:	410	17-5434

Entity Official Name:	Chris Ballas VP affiliate of Columbia Properties Anchorage Limited, CP Anchorage GP, LLC, CSC Holdings LLC						
Title(s):	Affiliate VP	Phone:	859-578-1100	% Owned:		0	
Mailing Address:	740 Centre View Blvd						
City:	Creatview Hills	State:	KY	ZIP:	410)17-5434	

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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	Section 5. License Operation		
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: Walver 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. Read the line below, and then sign your initials in the box to the right of the statement: Initials Lecrtify that all licensees, agents, and employees who sell or serve alcoholic beverages or check identification of a patron nave completed an alcohol server education course approved by the ABC Board and keep current, valid copies of their course completed on the licensed premises during all working hours, as required under AS 04.21.025 and	Check a single box for each calendar year that best describes how this liquor license was operated:	2016	2017
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Bhours each day, during one or both of the calendar years. If this box is checked, a complete copy of Form AB-29: Walver 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 certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check identification of a patron nave completed an alcohol server education course approved by the ABC Board and keep current, valid coples of their course completion cards on the licensed premises during all working hours, as required under AS 04.21.025 and	If this box is checked, a complete copy of Form AB-30: Proof of Minimum Operation Checklist, and all necessary		
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Read each line belo	w, and then sign your	initials in the box to ti	ne right of each staten	nent:	Initials		
I certify that all curr	ent licensees (as defin	ed in AS 04.11.260) an	d affiliates have been	listed on this application	on.		
I certify that in according the licensed busing	dance with AS 04.11.4 ess.	150, no one other than	the licensee(s) has a d	irect or Indirect financi	al interest		
and I have not chang	ed the business name	nal floor plan or reduce or the ownership (incl with the Alcoholic Bev	uding officers, manage	a of the licensed premers, general partners, o	ises,		
I certify on behalf of any other form provi	myself or of the organ ded by AMCO is groun	ized entity that I under ds for rejection or den	stand that providing a ial of this application o	false statement on this revocation of any lice	s form or ense issued.		
I am submitting as pa for review by the Alc	ort of this application a Oholic Beverage Contro	written statement that ol Board.	t meets the attached	Tourism Statement Gu	idelines,		
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 Signature of Notary Public							
Christopher Ballad Notary Public in and for the State of MICHELLE STALLMEYER Notary Public, Kentucky State at Large My Commission Expires Oct. 29, 2019 My commission expires:							
	Subs	scribed and sworn to b	efore me this 9th da	ay of <u>Nervendue</u>	20 /7.		
License Fee:	\$ 2500.00	Application Fee:	\$ 200.00	TOTAL:	\$ 2700.00		
Late Fee of \$500.	00 – if received or p	oostmarked after 01,	/02/2018:				

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GRAND TOTAL (if different than TOTAL):

Miscellaneous Fees:





2,700.00





TO: Alaska ABC

FROM: General Manager of Anchorage Marriott Hotel

820 W 7th Ave., Anchorage, AK 99501

SUBJECT: Letter of Tourism

- This operation is a full-service hotel that caters to tourists and locals. The serving of alcohol beverages is a critical ingredient in attracting customers to stay and execute their events at our property.
- 2. As all hotels it is necessary to constantly keep upgrading and refurbishing the rooms and interior. This keeps a hotel competitive in today's market.
- 3. The restaurant inside the hotel is a full service restaurant managed by the Food and Beverage Manager of the property.
- 4. All 392 rooms are available for overnight stays or longer. No alcohol is available in the rooms unless a room service is ordered. We do not have any kitchens and/or microwaves in guest rooms. Some guest rooms include a mini refrigerator.
- 5. Our restaurant inside the property is a full-service dining facility.
- 6. We have banquet rooms for parties and conferences.

Please review and feel free for any follow up questions.

Sincerely,

RYAN AKKAYA

General Manager

