



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:	SJY, Inc.	License #:	5334
License Type:	Beverage Dispensary - Tourism	Statute:	AS 04.11.400(d)
Doing Business As:	Nome Nugget Inn		
Premises Address:	315 Front Street		
Local Governing Body:	City of Nome		
Community Council:	None		

Mailing Address:	Po Box 184/		
City:	Nome	State:	AK
		ZIP:	99762

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:	Gang YI		
Contact Phone:	(907) 204-1726	Business Phone:	(907) 443-4900
Contact Email:	Gang65YI@yahoo.com		

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:

Alfred Burgo (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

Name:	Sang Y YI			
Mailing Address:	Po Box 1841			
City:	Nome	State:	AK	ZIP: 99762
Email:	Sang65YI@Yahoo.com			
Contact Phone:				

This individual is an: applicant affiliate

Name:	Jim J YI			
Mailing Address:	Po Box 1841			
City:	Nome	State:	AK	ZIP: 99762
Email:				
Contact Phone:	(907) 304-1069			





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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 #:	1004799-10020/68
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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.

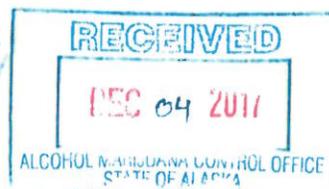
This subsection must be completed by any community or entity, including a corporation, limited liability company, partnership, or limited partnership, that is applying for renewal. If more space is needed, please attach additional completed copies of this page.

- 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:	Sang Y YI		
Title(s):	owner, President	Phone:	(907) 304-1726 % Owned: 50
Mailing Address:	Po Box 1841		
City:	Nome	State:	AK ZIP: 99762

Entity Official Name:	Jin J YI		
Title(s):	Secretary	Phone:	(907) 304-1069 % Owned: 50
Mailing Address:	Po Box 1841		
City:	Nome	State:	AK ZIP: 99762

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





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Section 5 – License Operation

Table with 3 columns: Description of license operation, 2016, 2017. Includes checkboxes for regular operation, seasonal operation, minimum requirement, and non-operation.

Section 6 – Violations and Convictions

Table with 3 columns: Question, Yes, No. Questions about NOVs and convictions in 2016 and 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

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.

Handwritten initials in a box.





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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. 
- 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. 
- 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. 
- 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. 
- 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. 

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.

Sang Y
 Signature of licensee
Sang Y Y
 Printed name of licensee



John A. Smith
 Signature of Notary Public
 Notary Public in and for the State of Alaska

My commission expires: August 25, 2021

Subscribed and sworn to before me this 30 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):					



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Dear Board,

I am writing this letter to address the tourism statement guidelines to be including with the renewal paperwork for SJY Inc. This renewal is for the Gold Dust Saloon, licensed under the name Nome Nugget Inn. The owners of SJY is Sang Yi and Jin Yi are the owners and managers of the establishment.

The Gold Dust Saloon is located in the Golden Nugget Hotel, an historic building here in Nome built in 1967. The Golden Nugget has 47 rooms and one suite available for rental to the public. There are no kitchen facilities in the rooms and we do not offer a stocked bars in any of the rooms. There are microwaves in all the rooms. There is a kitchenette in the one suite. We offer free wifi in all rooms and all public areas.

We see many different tourists through the calendar year at the Golden Nugget. We host miners, cruise ship tours, and bird watching tours in the summer and we are proud to be the building at the Iditarod finish line. We also house the Iditarod Trail Committee every year. We are also the Nome home for the Iron Dog Snowmobile Race. We work hard to be a positive part of our community hosting the monthly meetings of the Rotary Club. We host many special events highlighting local artists, and weekly we have team trivia, and other events that the locals enjoy as much as the tourists. Nome Tours a local company handles tours for the cruise ships and individual tourists and groups.

Along with the hotel there are two bars, The Bering Sea and the Gold Dust Saloon with food service and the Bering Sea Restaurant that all share the same building while operating separately on a daily basis

In the last year, we remolded all 47 hotel rooms and the suite with new floors. Two years ago a gorgeous 12 X 30 foot wooden deck was constructed in back of the Gold Dust Saloon offering outdoor seating and a great view of the Bering Sea.

We have catered events for Kawerak Center, Norton Sound Health Corporation, The Nome Museum, and the City of Nome. We have also partnered with Nana Management Services to cater for Credit Union One, and the Annual Miner's Appreciation Banquet. We are hoping to increase our business in the future by offering more opportunities for locals and tourists to interact. We believe by hosting events we can increase tourism in Nome both in the number of visitors as well as the guest satisfaction.

If there are any further questions please do not hesitate to contact us.

Sincerely,



Sang Yi

