



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:	Northern Dogs, Inc.	License #:	536
License Type:	Beverage Dispensary - Tourism	Statute:	AS 04.11.400(d)
Doing Business As:	Howling Dog Saloon		
Premises Address:	11.5 Mile Steese Highway 2160 Old Steese Highway N.		
Local Governing Body:	Fairbanks North Star Borough		
Community Council:	None		

Mailing Address:	P.O. Box 10701		
City:	Fairbanks	State:	Alaska
ZIP:	99710		

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:	RALPH C. GLASGOW		
Contact Phone:	907 322 5846	Business Phone:	907 456 4695
Contact Email:	leaddoghowl@gmail.com		

Seasonal License? Yes No

If "Yes", write your six-month operating period:





Fairbanks North Star Borough
P.O. Box 71267
Fairbanks, Ak 99707-1267

Date: 01/11/2018

TWO DOGS NORTH LLC/Northern Dogs Inc., dba Howling Dog Saloon
PO BOX 10701
FAIRBANKS AK 99710 0701

RE: Physical Addresses (Property Acct# 0227684)

Dear Owners:

The Fairbanks North Star Borough Code (17.08.100) requires all areas of the FNSB to use the borough-wide FNSB street addressing system. The Fairbanks North Star Borough has assigned the following physical address(es) to the existing structure on

TL 7 USMS 1932

as located on the attached site plan.

The assigned address(es) for your property is:

2160 OLD STEESE HWY N

For rapid and accurate dispatch of E-911 emergency aid (fire, police, ambulance), it is imperative that you post your numbers so they are clearly visible from the road.

Check with your phone and other telecommunication providers to insure the proper address appears in the E911 database.

Please post your numbers clearly on the structure, and at the driveway entrance if the building is not visible from OLD STEESE HWY

Reflective house number signs may be available free of charge from:

Steese Area Volunteer Fire Department (907) 457-1508

This letter should provide the necessary legalities for informing all applicable utility, title, mortgage, and insurance companies of the addresses assigned. If you have any questions, please contact me at Fairbanks North Star Borough, Department of Community Planning 459-1264.

Sincerely,

Bill Witte, GIS Tech – Street Addressing/E911
Ph: 907-459-1264 Email: bwitte@fnsb.us
Department of Community Planning





Alaska Alcoholic Beverage Control Board
Beverage Dispensary – Tourism License
Form AB-17d: 2018/2019 Renewal License Application

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:

[Empty text box for disclosure]

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:					





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

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 #:	81308D
-----------------------	--------

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.

RG

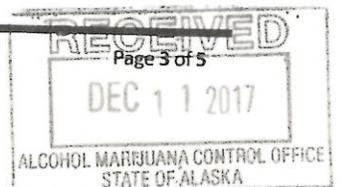
This subsection must be completed by any community or entity, including a corporation, limited liability company, partnership, or limited partnership, that is applying for renewal. If more space is needed, please attach additional completed copies of this page.

- 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:	RALPH C. GLASGOW		
Title(s):	Owner	Phone:	9073225846 % Owned: 100
Mailing Address:	PO Box 73134		
City:	Fairbanks	State:	Alaska ZIP: 99707

Entity Official Name:	RALPH C. GLASGOW		
Title(s):	President Secretary Treasurer	Phone:	9073225846 % Owned: 100
Mailing Address:	PO Box 73134		
City:	Fairbanks	State:	Alaska ZIP: 99707

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





Alaska Alcoholic Beverage Control Board
Beverage Dispensary – Tourism License
Form AB-17d: 2018/2019 Renewal License Application

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.





Alaska Alcoholic Beverage Control Board
Beverage Dispensary – Tourism License
Form AB-17d: 2018/2019 Renewal License Application

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
<div style="border: 1px solid black; padding: 2px; display: inline-block;">RG</div> |
| 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. | <div style="border: 1px solid black; padding: 2px; display: inline-block;">RG</div> |
| 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. | <div style="border: 1px solid black; padding: 2px; display: inline-block;">RG</div> |
| 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. | <div style="border: 1px solid black; padding: 2px; display: inline-block;">RG</div> |
| 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. | <div style="border: 1px solid black; padding: 2px; display: inline-block;">RG</div> |

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.

Ralph C. Glasgow
Signature of licensee
RALPH C. GLASGOW
Printed name of licensee

State of Alaska
NOTARY PUBLIC
Nicole Marshall
Notary Public in and for the State of Alaska
My Commission Expires Jan 9, 2021

Nicole Marshall
Signature of Notary Public
Alaska
State of
My commission expires: Jan 9, 2021

Subscribed and sworn to before me this 7 day of December, 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):					





HOWLING DOG SALOON

ATTN: Sarah
Daulton
Oates

Update: 1-11-2018

I, Ralph C. Glasgow, am the owner and I operate the facility for which the liquor license is being used. We do not stock any alcoholic beverages in the guest rooms. *Ralph C. Glasgow*

Tourism Statement Re License # 536

Howling Dog Saloon partners with RV and Campground business, Lance Mackey Kennels & Tours, along with various Fairbanks attractions to provide activity suggestions for promotion of tourism.

We offer rustic cabin rental for travelers on Motorcycle Trips up the Haul Road to Prudhoe Bay AK.

Our cabins are nightly rentals available to all groups of possible overnight guests.

Our own Howling Dog Café is located in the Bar & providing food.

Additional restaurants & stores are with in walking distance of us.

We offer at this time no kitchenettes in our cabins.

Many tourists just come in to take pictures of the building

And Iconic Outdoor Mural.

We offer sales world wide of souvenirs as such as T shirts & Sweatshirts & novelties

There has been no improvement to the premises in the past two years.



Ralph Glasgow, Owner
Howling Dog Saloon
Po Box 10701
Fairbanks, AK 99710

Note: We have 10 Cabins that our housekeeping lady keeps very clean and fresh. We have many friends around the world who revisit us from time to time using the Saloon as base camp for their Alaskan adventures, We also allow RV's and Tent camping on the property. Thank you *Ralph Glasgow*