

**Zielinski, Anthony J (CED)**

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**From:** Annie Hopper <lodgeatblackrapids@gmail.com>  
**Sent:** Tuesday, April 03, 2018 8:30 AM  
**To:** Alcohol Licensing, CED ABC (CED sponsored)  
**Subject:** request for the reinstatement of Liquor license 4798

**Categories:** TJ

Please consider this a request to reinstate the liquor license for the Lodge at Black Rapids, license number 4798 at your earliest convenience. Ann Hopper

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Annie & Mike Hopper  
The Lodge at Black Rapids  
Mailing: PO Box 81871  
Fairbanks, AK 99708  
(907) 388-8802  
or (877) 823-9413  
[lodgeatblackrapids@gmail.com](mailto:lodgeatblackrapids@gmail.com)  
[www.lodgeatblackrapids.com](http://www.lodgeatblackrapids.com)

What would you attempt to do if you knew you would not fail?





Alcohol and Marijuana Control Office  
 550 W 7<sup>th</sup> Avenue, Suite 1600  
 Anchorage, AK 99501  
[alcohol.licensing@alaska.gov](mailto:alcohol.licensing@alaska.gov)  
<https://www.commerce.alaska.gov/web/amco>  
 Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Restaurant or Eating Place License

**Form AB-17a: 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 restaurant or eating place 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:	The Black Rapids Lodge, LLC	License #:	4798
License Type:	Restaurant/Eating Place - Public Convenience	Statute:	AS 04.11.400(e)
Doing Business As:	The Lodge at Black Rapids		
Premises Address:	227.4 Richardson Highway		
Local Governing Body:	None		
Community Council:	None		

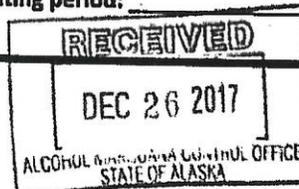
Mailing Address:	Box 81871				
City:	Fairbanks	State:	AK	ZIP:	99708

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:	Ann D. Hopper		
Contact Phone:	907-388-8802	Business Phone:	907-388-8391
Contact Email:	lodgeatblackrapids@gmail.com		

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

[Form AB-17a] (rev 10/16/2017)  
 License #4798 DBA The Lodge at Black Rapids





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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?  Yes  No

If "Yes", disclose the name of the individual and the reason for this authorization: *AK*

**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).

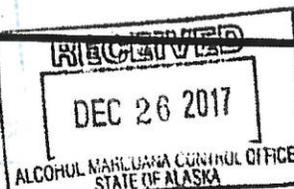
This individual is an:  applicant  affiliate

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 #:	94726
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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.



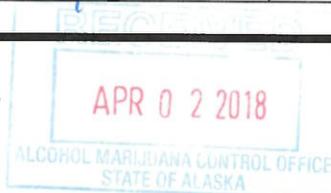
This subsection must be completed by any community or entity, including a corporation, limited liability company, partnership, or limited partnership, that is applying for renewal. If more space is needed, please attach additional completed copies of this page.

- 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:	Ann D. Hopper			
Title(s):	Co-owner Member	Phone:	907-388-8802	% Owned: 51%
Mailing Address:	Box 81871			
City:	Fairbanks	State:	AK	ZIP: 99708

Entity Official Name:	Michael R. Hopper			
Title(s):	Co-owner Member	Phone:	907-388-2358	% Owned: 44%
Mailing Address:	Box - 81871			
City:	Fairbanks	State:	AK	ZIP: 99708

Entity Official Name:	Joan Dombrowski			
Title(s):	Co-owner Member	Phone:	703-606-8397	% Owned: 5%
Mailing Address:	701 S. Barton St.			
City:	Arlington	State:	VA	ZIP: 22204



Handwritten initials and date: JPH 4/2/18



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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"/>

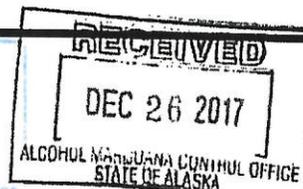
If "Yes" to either of the previous two questions, attach a separate page to this application listing all NOVs and/or convictions.

**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. CKT

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**Section 8 – Gross Receipts**

Enter the dollar amounts of the food and gross (food + alcohol) receipts on the licensed premises, and calculate the percentage of gross receipts that are from food sales on the licensed premises for each calendar year. (Food Receipts + Gross Receipts x 100 = %)

2016 Food Receipts: <u>\$ 29,000</u>	2016 Gross Receipts: \$ 430,414	% From Food: <u>6.7</u> %
2017 Food Receipts: <u>\$ 205,110</u>	2017 Gross Receipts: \$ 400,209	% From Food: <u>51.3</u> %

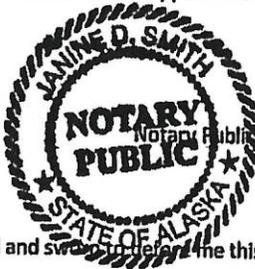
**Section 9 – Certifications**

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
- 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.

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.

Ann D. Hepper  
 Signature of licensee  
Ann D Hepper  
 Printed name of licensee



[Signature]  
 Signature of Notary Public  
 In and for the State of Alaska

My commission expires: 0

Subscribed and sworn to before me this 7 day of December, 2017.

License Fee:	\$ 600.00	Application Fee:	\$ 200.00	TOTAL:	\$ 800.00
Late Fee of \$500.00 – If received or postmarked after 01/02/2018:					
Miscellaneous Fees:					
GRAND TOTAL (if different than TOTAL):					<u>800.00</u>

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