

Department of Commerce, Community, and Economic Development

ALCOHOL AND MARIJUANA CONTROL OFFICE

550 West 7th Ave, Suite 1600 Anchorage, AK 99501 Main: 907.269.0350 Fax: 907.272.9412

MEMORANDUM

TO: Board Chair and

Members of the ABC Board

FROM: Erika McConnell, Director

DATE: August 14, 2018

RE: #5678 Staybridge Suites -

Anchorage

This is an application for a new Beverage Dispensary – Tourism license in the Municipality of Anchorage.

AS 04.11.400(d)(1)(G) requires 50 rental rooms if the population is greater than 50,000. The Municipality of Anchorage has a certified population of 297,483.

The applicant is in the process of constructing the facility, which will include 154 rental rooms – all of which will have full kitchenettes but will not be stocked with alcohol. The establishment will provide daily breakfast, as well as evening socials featuring hors d'oeuvres on Tuesdays – Thursdays.

Tourism Statement for JPK TR Anchorage LLC, dba Staybridge Suites - Anchorage

- 1. The issuance of a Beverage Dispensary A Tourism Liquor License at the Staybridge Suites will encourage tourism by providing extended stay hotel accommodations to people traveling to Anchorage for site-seeing, attending events, tours, fishing, business meetings, and conferences to help them feel at home during a one-night visit or an extended stay in Anchorage. By being able to offer a social with food, beer and wine three nights per week, our guests will feel like they have all their needs being met.
- 2. The facility is being built in compliance with all Municipality of Anchorage and State of Alaska building codes. The facility will include a beverage service area with a beer tap for the evening reception, along with an area for service of wine to our guests. There will be staff working the social area each night and serving the beverages and stocking the food.
- 3. The facility will be operated by TKO Hotels, with operational oversight by Casey Thompson, Regional Manager and will have an on-site General Manager and staff.
- 4. The Staybridge Suites will offer sleeping room rentals to the traveling public.
 - a. There will be 154 rooms (Studio Suites, One-bedroom Suites and Two-Bedroom Suites) available to the traveling public. All 154 rooms will have full kitchenettes in the room. We will not stock alcoholic beverages in the sleeping rooms.
- 5. The Staybridge Suites will offer breakfast dining daily and an evening social featuring hors d'oeuvres 3 nights per week (Tuesday-Thursday).
- 6. Additional amenities included at the Staybridge Suites include an indoor pool and hot tub, large outdoor patio area with grills, fitness center, recreation room, business center with free use of computer, printer and Wi-Fi, complimentary guest laundry and a small conference room. We will not be offering guided tours or trips, or other rental equipment, but we will work with local tour companies, museums and other attractions to be able to recommend their services to our guests for their enjoyment.





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Alaska Alcoholic Beverage Control Board

Form AB-00: New License Application

What is this form?

This new license application form is required for all individuals or entities seeking to apply for a new liquor license. Applicants should review **Title 04** of **Alaska Statutes** and **Chapter 304** of the **Alaska Administrative Code**. All fields of this form must be completed, per AS 04.11.260 and 3 AAC 304.105.

This form must be completed and submitted to AMCO's main office, along with all other required forms and documents, before any license application will be considered complete.

Section 1 - Establishment and Contact Information

Enter information for the business seeking to be licensed. Licensee: JPK TR Anchorage, LLC License Type: **Statutory Reference: Beverage Dispensary-Tourism** AS 04.11.400(d) **Doing Business As:** Staybridge Suites - Anchorage **Premises Address:** 200 Calais Dr. City: Anchorage State: AK ZIP: 99503 **Local Governing Body:** Municipality of Anchorage **Community Council:** Midtown **Mailing Address:** PO Box 15 City: State: ZIP: Aberdeen SD 57402-0015 **Designated Licensee:** James P. Koehler **Contact Phone: Business Phone:** 605-229-0030 605-229-0030 **Contact Email:** jimk@tkohotels.com Yes No Seasonal License? If "Yes", write your six-month operating period: OFFICE USE ONLY Complete Date: License #: License Years: 5678

Transaction #:

BRE:

[Form AB-00] (rev 10/10/2016)

Board Meeting Date:

Issue Date:



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Form AB-00: New License Application

Secti	ion 2 – Premises Inf	ormation	
Premises to be licensed is:			
an existing facility a new l	building a propose	ed building	
The next two questions must be completed by <u>k</u>	peverage dispensary (including	tourism) and <u>package store</u>	applicants only:
What is the distance of the shortest pedestri the outer boundaries of the nearest school g	ian route from the public entra grounds? Include the unit of me	nce of the building of your pasurement in your answer.	proposed premises to
1.0 Miles			
What is the distance of the shortest pedestri the public entrance of the nearest church bu	an route from the public entra	nce of the building of your p	proposed premises to
0.4 Miles		, car anomali	
This section must be completed by any sole proposed in the following information must be completed for This individual is an: Name:	e sheet with the required infor	ense. Entities should skip to mation.	
Address:			
City:	State:		ZIP:
This individual is an: applicant	affiliate	1	- 1
Name:			
Address:			
City:	State:		ZIP:

ALCOHOL MARIJUANA CONTROL OFFICE



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Alaska Alcoholic Beverage Control Board

Form AB-00: New License Application

Section 4 - Entity Ownership Information

This section must be completed by any <u>entity</u>, including a corporation, limited liability company (LLC), partnership, or limited partnership, that is applying for a license. Sole proprietors should skip to Section 5.

If more space is needed, please attach a separate sheet with the required information.

- If the applicant is a <u>corporation</u>, 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 <u>limited liability organization</u>, 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 <u>partnership</u>, including a <u>limited partnership</u>, the following information must be completed for each *partner* with an interest of 10% or more, and for each general partner.

Entity Official:	James P Koehler	•				
Title(s):	Member	Phone:	605-229-0030	% Owi	% Owned: 10	
Address:	2011 8th Ave NE					
City:	Aberdeen	State:	SD	ZIP:	574	401
	T					
Entity Official:						
Title(s):		Phone:		% Owr	ned:	
Address:					-	
City:		State:		ZIP:		
		Section Communication				
Entity Official:						
Title(s):		Phone:		% Owr	ned:	
Address:				•		
City:		State:		ZIP:		
						- 50
Entity Official:						
Title(s):		Phone:		% Owr	ed:	
Address:						
City:		State:		ZIP:		





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ALCOHOL MARUUANA CONTROL OFFICE STATE OF ALASKA

Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Form AB-00: New License Application

This subsection must be completed by any applicant that is a corporation or LLC. Corporations and LLCs are required to be in good standing with the Alaska Division of Corporations (DOC) and have a registered agent who is an individual resident of the state of Alaska.

Alaska.							
DOC Entity #:	10033619	AK Formed Date:	11/12/2015	Home State:	SD	***	
Registered Agent:	Daniel G. Bru	ce	Agent's Phone:	(907) 789-3			
Agent's Mailing Address:	PO Box 3281	9		•			
City:	Juneau	State:	AK	ZIP:	9980	3	
Residency of Agent:					Yes	No	
ls your corporation or LL	C's registered agent a	n individual resident of	the state of Alaska?		1		
	Sect	ion 5 – Other L	icenses				
Ownership and financial intere	st in other alcoholic l	peverage businesses:			Yes	No	
any other alcoholic beve If "Yes", disclose which indi	Does any representative or owner named in this application have any direct or indirect financial interest in any other alcoholic beverage business that does business in or is licensed in Alaska? If "Yes", disclose which individual(s) has the financial interest, what the type of business is, and if licensed in Alaska, which license number(s) and license type(s):						
	3ec	tion 6 – Author	ization				
Communication with AMCO sta	aff:				Yes	No	
Does any person other the AMCO staff?	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	of the individual and t	the reason for this auth	orization:				
James (Casey) Thon	npson, Jess Koe	hler, John Koehle	r, Tammy Griffir)		_	
[Form AB-00] (rev 10/10/2016)				REGEIV	Pag	e 4 of 5	



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Alaska Alcoholic Beverage Control Board

Form AB-00: New License Application

Read each line below, and then sign your initials in the box to the right of each statement: Initials I certify that all proposed licensees (as defined in AS 04.11.260) and affiliates have been listed on this application. I certify that all proposed licensees have been listed with the Division of Corporations. I certify 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 certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check the identification of a patron will complete an approved alcohol server education course, if required by AS 04.21.025, and, while selling or serving alcoholic beverages, will carry or have available to show a current course card or a photocopy of the card certifying completion of approved alcohol server education course, if required by 3 AAC 304.465. I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application. As an applicant for a liquor license, 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. Signature of licensee James P. Koehler Notary Public in and for the State of South Printed name of licensee My commission expires: 6.24.2020 ubscribed and sworn to before me this 12+L day of July



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Alaska Alcoholic Beverage Control Board

Form AB-02: Premises Diagram

What is this form?

A detailed diagram of the proposed licensed premises is required for all liquor license applications, per AS 04.11.260 and 3 AAC 304.185. Your diagram must include dimensions and must show all entrances and boundaries of the premises, walls, bars, fixtures, and areas of storage, service, consumption, and manufacturing. If your proposed premises is located within a building or building complex that contains multiple businesses and/or tenants, please provide an additional page that clearly shows the location of your proposed premises within the building or building complex, along with the addresses and/or suite numbers of the other businesses and/or tenants within the building or building complex.

The <u>second page</u> of this form is not required. Blueprints, CAD drawings, or other clearly drawn and marked diagrams may be submitted in lieu of the second page of this form. The first page must still be completed, attached to, and submitted with any supplemental diagrams. An AMCO employee may require you to complete the second page of this form if additional documentation for your premises diagram is needed.

This form must be completed and submitted to AMCO's main office before any license application will be considered complete.

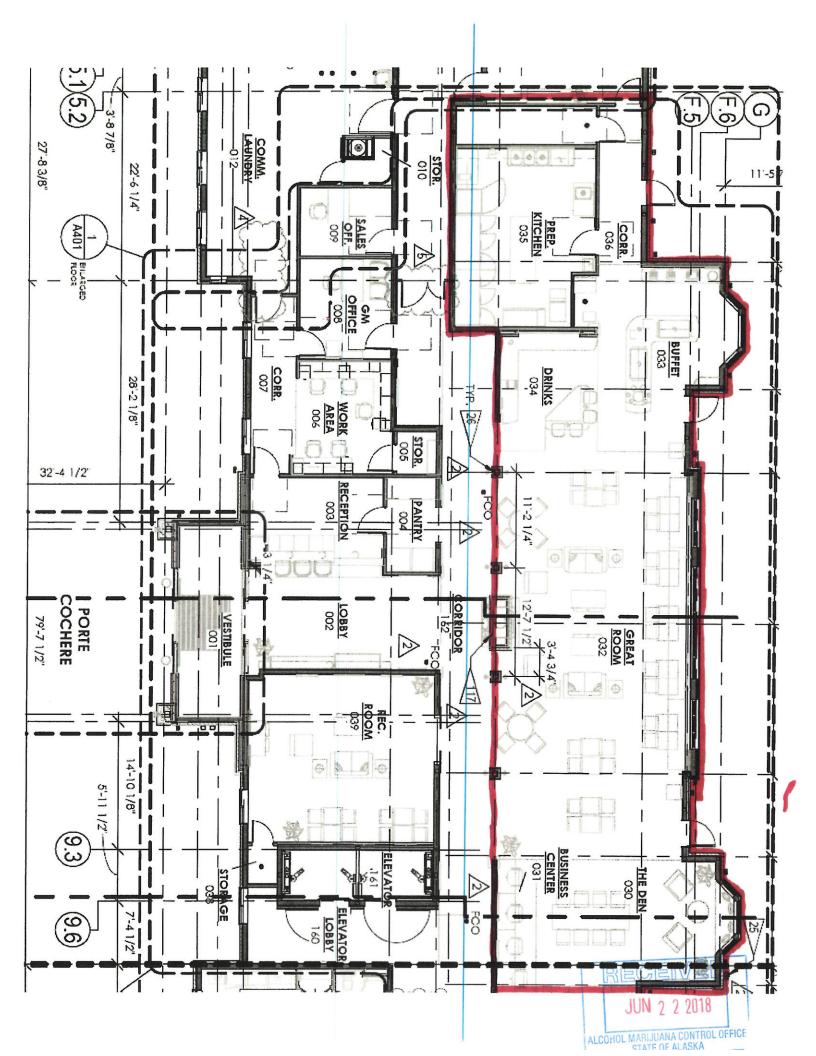
	Yes	No
I have attached blueprints, CAD drawings, or other supporting documents in addition to, or in lieu of, the second page of this form.	✓	

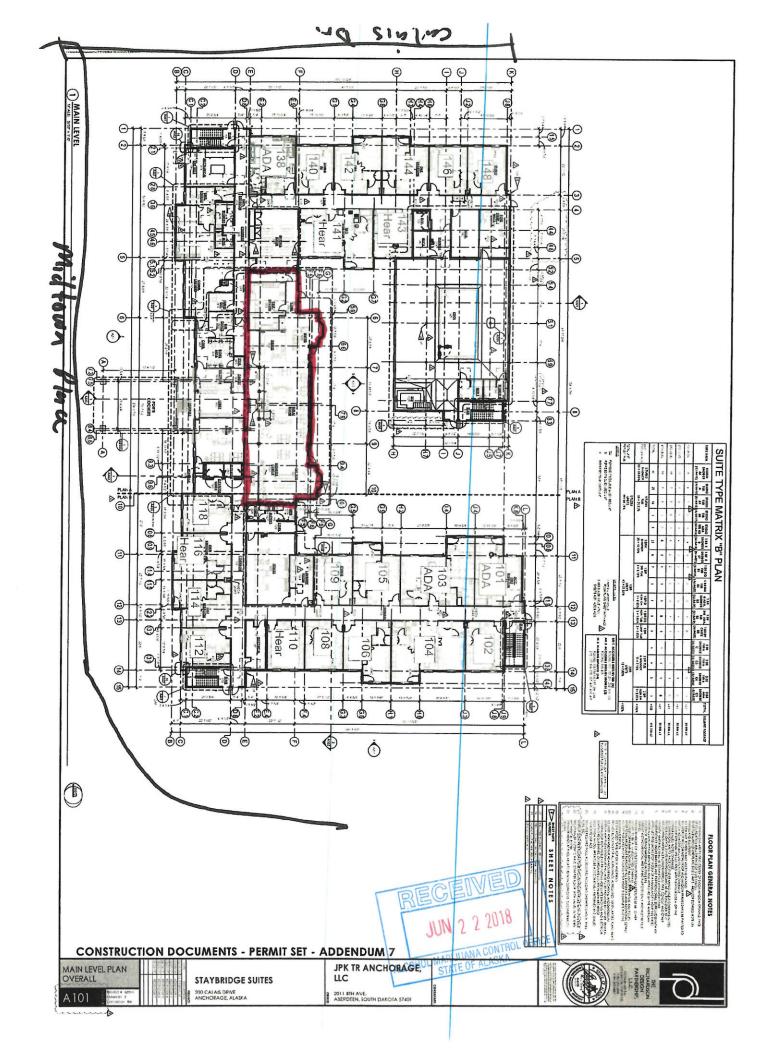
Section 1 - Establishment Information

Enter information for the business seeking to be licensed, as identified on the license application.

Licensee:	JPK TR Anchorage, LLC	License	Number:	:	
License Type:	Beverage Dispensary - Tourism		****		
Doing Business As:	Staybridge Suites - Anchorage	3 10400400			
Premises Address:	200 Calais Dr				11.4
City:	Anchorage	State:	AK	ZIP:	99503









Alaska Alcoholic Beverage Control Board

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Form AB-03: Restaurant Designation Permit Application

What is this form?

A restaurant designation permit application is required for a licensee desiring designation under 3 AAC 304.715 – 3 AAC 304.795 as a bona fide restaurant, hotel, or eating place for purposes of AS 04.16.010(c) or AS 04.16.049. Designation will be granted only to a holder of a beverage dispensary, club, recreational site, golf course, or restaurant or eating place license, and only if the requirements of 3 AAC 304.305, 3 AAC 304.725, and 3 AAC 304.745, as applicable, are met. A **detailed floor plan** of the proposed designated and undesignated areas of the licensed business and a **menu** or expected menu listing the meals to be offered to patrons must accompany this form. Applicants should review AS 04.16.049 – AS 04.16.052 and 3 AAC 304.715 – 3 AAC 304.795. All fields of this form must be completed. The required \$50 permit fee may be made by credit card, check, or money order.

Section 1 - Establishment Information

		OCCL	1911 1 -	Latan	monnient in	IIOIIIIAL			
Enter informatio	n for licens	ed establishmen				,			* MUNICON 1111 11 11
Licensee:		JPK TR A	nchor	age, LL	.C				
License Type: Beverage Disp				nsary-	Tourism	License	Number:		
Doing Busine	ss As:	Staybridg	e Suit	es Anc	horage				
Premises Add	iress:	200 Calai	s Dr.			300 00 00 00 00 00 00 00 00 00 00 00 00			
City:		Anchorag	e			State:	AK	ZIP:	99503
Contact Nam	e:	Tammy G	riffin			Contact	Phone:	907-0	544-6000
AS 04.16.010(c)	or AS 04.	e request of des	ignation the req	as a bone uest of th		t, hotel, or	eating pla		
X Dini	ng by per	sons under the	age of 1	6 years, a ars of age ermit is no	ccompanied by : AS 04.16.049(contraction to en)			S 04.16.049(a)(3)
Issue Date:	Γ	7	Transaci		E USE ONLY	Т	BRE:		
	<u> </u>		Transact		112765		DAL.	CDC	
Form AB-03] (rev 1	.0/10/2016)					10	CEIV L 06 2		Page 1 of 5



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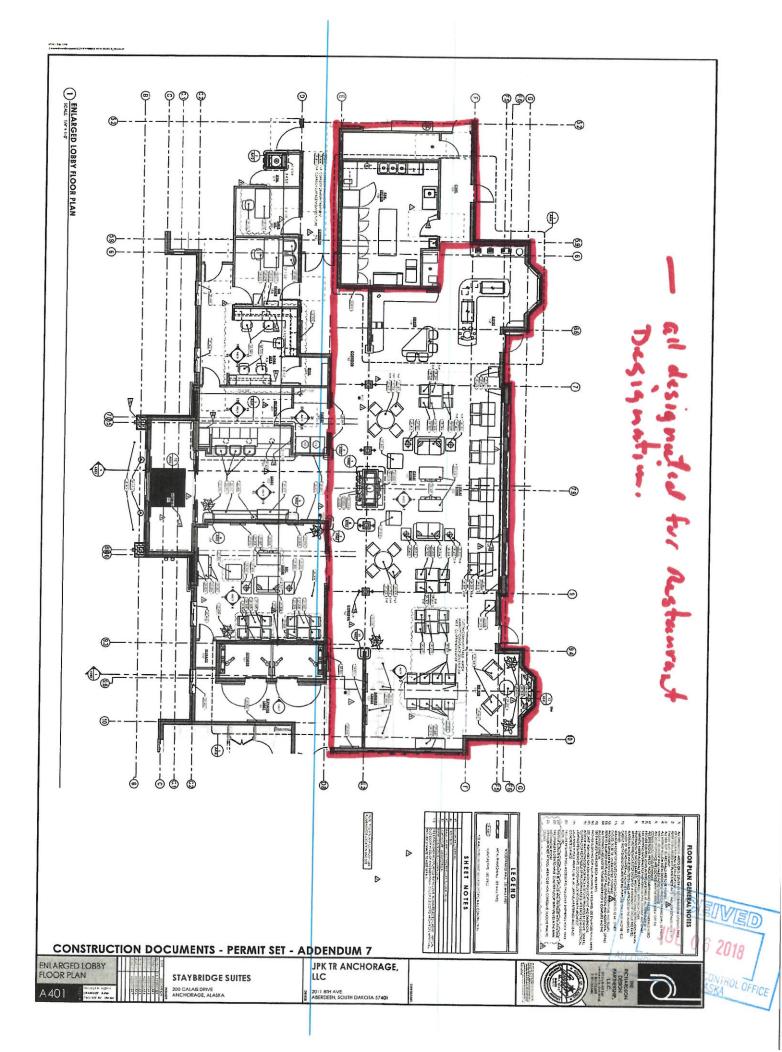
https://www.commerce.alaska.gov/web/amco Phone; 907.269.0350

Alaska Alcoholic Beverage Control Board

Form AB-03: Restaurant Designation Permit Application

Section 3 - Additional Information

Section .	3 – Additional Information
	open. Include variances in weekend/weekday hours, and indicate am/pm:
Monday, Tuesday and Wedneso	ay from 5:30pm to 7:30 pm
Are any forms of entertainment offered or available	Yes No within the licensed business or on the proposed designated
portions of the premises?	X
16 "Voc" describe the entertainment of	
If "Yes", describe the entertainment offered or availa	able:
	,
Food and beverage service offered or anticipated is:	
table service X buffet service	counter service other
If "other", describe the manner of food and beverage	service offered or anticipated:
	Van Na
Is an owner, manager, or assistant manager 21 years	of age or older always present on the premises during X No
business hours?	
Blueprints, CAD drawings, or other clearly drawn and	marked diagrams may be submitted in lieu of the third page of this form.
I have attached blueprints. CAD drawings or other sur	Yes No pporting documents in addition to, or in lieu of, the third
page of this form that meet the requirements of this f	form.
	RECEIVED
[Form AB-03] (rev 10/10/2016)	Page 2 of 5
	JUL 06 2018
	ALCOHOL MARIJUANA CONTROL OFFICE
	STATE OF ALASKA





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Alaska Alcoholic Beverage Control Board

Form AB-03: Restaurant Designation Permit Application

Section 5 - Certifications and Approvals

Read each line below, and then sign your initials in	the box to the right of each statement:	Initials
I have included with this form a detailed floor plan obusiness for purposes of this application. I understand	of the proposed designated and undesignated areas of the licensed and that this diagram is different than my licensed premises diagram.	MA
I have included with this form a menu, or an expecte	ed menu, listing the meals to be offered to patrons.	JIK
I certify that the license for which I am requesting do golf course, or restaurant or eating place license.	esignation is either a beverage dispensary, club, recreational site,	gith
Signature of licensee James P. Koehler Printed name of licensee Substitute of articles of licensee	Notary Public in and for the State of My commission expires: PUBLICATION AND	ta .
Local Government Review (to be completed by an ap	propriate local government official): Approved Dis	approved
Signature of local government official	Date	
Printed name of local government official	Title	
	RECEIV	(ED)
[Form AB-03] (rev 10/10/2016)	ALCOHOL MARIJUANA CUE STATE OF ALAS	age 4 of 5 VIRUL OFFICE KA



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Form AB-03: Restaurant Designation Permit Application

AMCO Enforcement Review:				
ANICO Enforcement Review:				
Signature of AMCO Enforcement C				
Signature of AMCO Enforcement Supervisor	Printed name of AMCO En	forcement Supervisor		
Enforcement Recommendations:				
				ĺ
				1
				Î
AMCO Director Review:			Approved	Disapproved
		W 05		
Signature of AMCO Director	Printed name of AMCO Dire	ector		
Date				
Limitations:				
			Steel Level	
¥				
			REG	EIVED
				AND THE PERSON NAMED IN
Form AB-03] (rev 10/10/2016)			JUL 0	Page 5 of 5
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		_	STATE OF	IA CGIVITAGE OFFICE ALASKA

9 Week Menu Rotation - The Social

For the initial launch, please prepare your calendars per this rotation schedule. You may choose a menu from any of the weeks noted here. You may create your own menus from the recipe cards at the conclusion of this rotation.

New hotels should comply with this rotation schedule for the first nine (9) weeks after opening.

	tory Menu Ro	SALAD	ENTRÉE I	ENTRÉE 2
Week I	Tue	Hummus and Vegetables	BBQ Chicken Flatbread Pizza	ENIREL
	Wed	Antipasto Salad	Burgers Burgers	Bratwurst
	Thu	Garden Salad	Baked Potato Bar	bratwurst
Week 2	Tue	Southwest Salad	Nacho Bar	
	Wed	Garden Salad	Burgers	Hat Daga
	Thu	Cobb Salad	Pork Sliders	Hot Dogs
Week 3	Tue	Caesar Salad	Meatball Sliders	
	Wed	Chef Salad	Burgers	Bratwurst
	Thu	Antipasto Salad	Baked Potato Bar	bratwurst
Week 4	Tue	Caesar Salad	Buffalo Chicken Quesadilla	
	Wed	Garden Salad	Burgers	U-+ D
	Thu	Greek Salad	Soup	Hot Dogs Sandwiches
Neek 5	Tue	Southwest Salad	Taco Bar	Sandwiches
	Wed	Antipasto Salad	Burgers	Bratwurst
	Thu	Chef Salad	Chicken Sliders	bratwurst
Neek 6	Tue	Caesar Salad	11	Sandwiches
T CON C	Wed	Hummus and Vegetables	Soup	
	Thu	Greek Salad	Burgers Asian Pork Flatbread Pizza	Hot Dogs
Week 7	Tue	Garden Salad		
VCCK /	Wed	Cobb Salad	Wing Bar	
	Thu	Chef Salad	Burgers Enlite Pon	Bratwurst
Veek 8	Tue	Antipasto Salad	Fajita Bar BBQ Chicken Quesadilla	
reak o	Wed	Southwest Salad		Uat Dama
	Thu	Caesar Salad	Burgers Meatball Sliders	Hot Dogs
Veek 9	Tue	Cobb Salad		
veek 7	Wed	Greek Salad	Roasted Tomato Flatbread Pizza	
	Thurs	Garden Salad	Burgers	Bratwurst
	rnurs	Garden Satad	Soup	Sandwiches



THE SOCIAL MENU

The best place to be after work. Join us Monday through Wednesday from 5:30-7:30pm for lots of food, drink and great conversation.



March 2018

SUN		TUESDAY	WEDNESDAY	THU	FRI	SAT
Interne t Code 5122		BBQ pulled chicken & Salad Bar	Soup & Sandwiches w/ Salad Bar	8	9	10
11 Interne t Code 1895	12 Spaghetti & Meatballs w/ Salad Bar	13 Brats w/Salad Bar	14 Soup & Sandwiches w/ Salad Bar	15	16	17
18 Interne t Code 7853	19 Chili w/ Salad Bar	Baked Potatoe Bar w/ Salad Bar	21 Soup & Sandwiches w/ Salad Bar	22	23	24
25 Interne t Code 4520	26 Wings and Salad Bar	Taco Bar w/ Salad Bar	28 Soup & Sandwiches w/ Salad Bar	29	30	31
		Are you earning points towards a f the front desk to enroll in the IHG	ree night for this stay? If not, mak Rewards Club!!	e sure t	to stop	by

COMPLIMENTARY HOT BREAKFAST BUFFET

Every day a hot breakfast buffet gets you going, featuring a variety of your fresh favorites and some pretty good coffee, too. Weekday mornings from 6:30 to 9:30am and weekends from 7:30 to 10:30am.



PANTRY

24/7 convenience store with snacks, beverages, easy-to-prepare meals, toiletries and anything else you may have forgotten to pack. Located just around the corner from the Great Room.



The best place to be after work. Join us Monday through Wednesday from 5:30-7:30pm for lots of food, drink and great conversation.



February 2018

SUN	MON	TUESDAY	WEDNESDAY	THU	FRI	SAT
28 Interne t Code 1592		Spaghetti & Meatballs w/ Greek Salad	Soup & Sandwich w/ Fresh Garden Salad	1	2	3
4 Interne t Code 9957	Nacho Bar w/ Chef Salad	Taco Bar w/ Cobb Salad	7 Soup & Sandwich w/ Fresh Garden Salad	8	9	10
11 Interne t Code 5960	12 Chicken Fajitas w/ Caesar Salad	13 Wings w/ Cobb Salad	14 Soup & Sandwich w/ Fresh Garden Salad	15	16	17
nterne Code 1108	Baked Potato Bar w/Chef Salad	20 Pulled Chicken Slider Bar w/ Greek Salad	21 Soup & Sandwich w/ Fresh Garden Salad	22	23	24
25 Interne t Code 7463	26 Southwest Chicken Quesadillas w/ Greek Salad	27 Catering by Ruby Tuesday	28 Soup & Sandwich w/ Fresh Garden Salad	1	2	3
4		Are you earning points towards a l desk to enroll in our IHG rewards (Free night stay? If not, make sui Club!	re to stop	by the	front

COMPLIMENTARY HOT BREAKFAST BUFFET

Every day a hot breakfast buffet gets you going, featuring a variety of your fresh favorites and some pretty good coffee, too. Weekday mornings from 6:30 to 9:30am and weekends from 7:30 to 10:30am.



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