



Alaska Alcoholic Beverage Control Board
Beverage Dispensary – Tourism License
Form AB-17d: 2019/2020 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, 2018. 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. Receipt and/or processing of renewal payments by AMCO staff neither indicates nor guarantees that an application will be considered complete, or that a license will be renewed.

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:	Clover Pass Investments LLC	License #:	248
License Type:	Beverage Dispensary - Tourism Seasonal	Statute:	AS 04.11.400(d)
Doing Business As:	Clover Pass Resort		
Premises Address:	708 North Point Higgins Road		
Local Governing Body:	Ketchikan Gateway Borough		
Community Council:	None		

Mailing Address:	1600 TONGASS AVE		
City:	KETCHIKAN	State:	AK
ZIP:	99901		

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.

Contact Licensee:	RUSSELL THOMAS	Contact Phone:	907 228 2320
Contact Email:	RUSSELLT@ASERESORTS.COM		

Optional: If you wish for AMCO staff to communicate with individual who is not a licensee named on this form (eg: legal counsel) about this application and other matters pertaining to the license, please provide that person's contact information in the fields below.

Name of Contact:		Contact Phone:	
Contact Email:			





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Section 2 – Entity or Community Ownership Information

This top 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). This number is neither your EIN/tax ID number, nor your business license number. 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>
 General partnerships and local governments should skip to the second half of this page. Licensees who directly hold a license as an individual or individuals should skip to Section 3.

Alaska CBPL Entity #:	80354D
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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*.

Important Note: The information provided in the below fields (including spelling of names, specific titles, and percentages held) must match that which is listed with CBPL. If one individual holds multiple titles mentioned in the bullets above, all titles must be listed for that individual on this application and with CBPL. Failure to list all required titles constitutes an incomplete application.

Name of Official:	Kirk Thomas				
Title(s):	Member	Phone:	907-821-6833	% Owned:	11.11
Mailing Address:	104 Mountain Ash Heights				
City:	Ketchikan	State:	AK	ZIP:	99901

Name of Official:	Russell Thomas				
Title(s):	Member/ LLC Manager	Phone:	907-617-3619	% Owned:	11.11
Mailing Address:	1600 Tongass Ave				
City:	Ketchikan	State:	AK	ZIP:	99901

Name of Official:	Rod Thomas				
Title(s):	Member	Phone:	907-617-3103	% Owned:	11.11
Mailing Address:	350 Icehouse Lane				
City:	Ketchikan	State:	AK	ZIP:	99901





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Name of Official:	Donald Olson				
Title(s):	Member	Phone:	253-381-2701	% Owned:	33.33
Mailing Address:	PO Box 930				
City:	Sumner	State:	WA	ZIP:	98390

Name of Official:	William Ruth				
Title(s):	Member	Phone:	253-631-5315	% Owned:	33.33
Mailing Address:	19400 108th Ave SE				
City:	Kent	State:	WA	ZIP:	98031

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





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Section 3 – Sole Proprietor Ownership Information

This section must be completed by any licensee who directly holds the license as an individual or multiple individuals and is applying for license renewal. If more space is needed, please attach a separate sheet that includes all of the required information. Entities should skip to Section 4. The following information must be completed for each licensee and each affiliate (spouse).

This individual is an: applicant affiliate (spouse)

Name:				Contact Phone:	
Mailing Address:					
City:		State:		ZIP:	
Email:					

This individual is an: applicant affiliate (spouse)

Name:				Contact Phone:	
Mailing Address:					
City:		State:		ZIP:	
Email:					

Section 4 – Alcohol Server Education

This section must be completed only by the holder of a beverage dispensary, club, or pub license or conditional contractor's permit. The holders of all other license types should skip to Section 5.

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 set forth in AS 04.21.025 and 3 AAC 304.465.

RKT

Section 5 – License Operation

Check a single box for each calendar year that best describes how this liquor license was operated: 2017 2018

- The license was regularly operated continuously throughout each year.
- The license was regularly operated during a specific season each year.
- The license was only operated to meet the minimum requirement of 240 total hours each calendar year.
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 240 total hours each year, during one or both of the calendar years.
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, unless a complete copy of the form (including fees) has already been submitted for that year.





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Section 6 – Violations and Convictions

Applicant violations and convictions in calendar years 2017 and 2018:

Yes No

Have any notices of violation (NOVs) been issued to this licensee in the calendar years 2017 or 2018?

Yes No

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 2017 or 2018?

Yes No

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

Section 7 – 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, and 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.

Initials: RKT

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 approved and on file with the Alcoholic Beverage Control Board.

Initials: RKT

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.

Initials: RKT

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 or AMCO staff 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

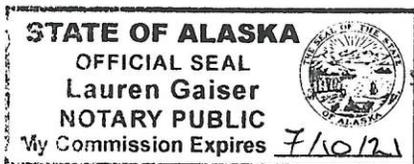
Signature of Notary Public

Russell Thomas
Printed name of licensee

Notary Public in and for the State of Alaska

My commission expires: 7/10/21

Subscribed and sworn to before me this 13th day of November, 2018.



Seasonal License? Yes No

If "Yes", write your six-month operating period: April 15 - October 15

License Fee:	\$ 1250.00	Application Fee:	\$ 300.00	TOTAL:	\$ 1550.00
Miscellaneous Fees:					
GRAND TOTAL (if different than TOTAL):					





November 28, 2018

Alcohol & Marijuana Control Board
550 W 7th Ave Suite 1600
Anchorage, AK 99501

To Whom It May Concern:

The issuance of this license will improve service to our customers by providing customers the ability to purchase alcohol with their meals. This is a subject of inquiry for many of our potential guests. It is our opinion that some guests would choose to go to another establishment if we did not have alcohol available.

Having this license renewed will not improve the facility. However, having the license not be renewed would diminish our services.

Clover Pass Investments, LLC, the company that is applying for this license, owns the facility where it will be used.

Clover Pass Resort does offer room rentals for the traveling public. We have 32 rooms, none of which has a kitchen. We are not located within an airport terminal.

Our establishment does include a dining facility.

Our facility also includes other amenities, including an RV park, boat and skiff rentals, fuel sales, a marina, and fish processing services.

Sincerely,

Russell Thomas
LLC Manager

