

KLB, INC.
DBA: Roadside Inn
Laurie J. Magiera
PO Box 875486
Wasilla, AK 99687

State of Alaska
Alcohol and Marijuana Control Office
550 West 7th Ave. Suite 1600
Anchorage, AK. 99501
Re: Roadside Inn 2019/20 Compliance Letter

The Roadside Inn is located at mile 49.5 on the Parks Highway operated by KLB, Inc. with Brad Laybourn-Vice-President of KLB, Inc. as manager.

We have a full service restaurant and bar with beverage service and a separate motel building with 20 rooms. The restaurant and bar serves as the place to go for guests staying at the motel to have a meal and something to drink. There are no rooms that provide separate kitchen amenities.

Our restaurant and bar serves breakfast, lunch and dinner and is open seven days a week to accommodate travelers in need of a great meal with friendly service. Along with the motel with clean rooms at reasonable rates we have an additional area for RVs to park.

We have continued to enlarge and enhance our garden area with rock sculptures for tourists and locals alike to enjoy.

Our restaurant and bar area reflects an Alaska theme with murals on the walls painted by a local artist with the entry way housing tastefully displayed Alaskan animals. Guests love to see the animals displayed that live in Alaska and we have added a few more.

We have R.V.'s and tour buses that stop at our establishment. Tourists enjoy the extended outside eating and garden area. It is a great stop before seeing more of Alaska. We offer information to our guests in our rooms with written material and in the restaurant/bar area for other activities and sights to see.

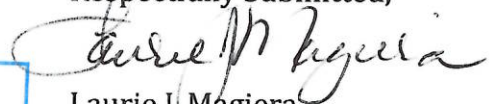
We accommodate and enhance tourism in the Mat-Su Valley by networking with existing fishing guides, flight seeing tours, river tours and other Mat-Su Valley activities like hiking and visiting historic Hatcher's Pass.

We advertise with our local radio stations, Facebook and with local residents bringing family up from the lower 48.

Winter brings interest in the Iron Dog event which we have sponsored, the Iditarod race and Fur Rondy. We remain open to accommodate visitors including a few dog mushers and their teams!

We love Alaska and will continue to enhance and encourage tourism in our great State of Alaska through what we have to offer at the Roadside Inn.

Respectfully Submitted,



Laurie J. Magiera
President KLB, Inc.
DBA: Roadside Inn



11/10/18



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: 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:	KLB, Inc	License #:	2111
License Type:	Beverage Dispensary - Tourism	Statute:	AS 04.11.400(d)
Doing Business As:	Roadside Inn		
Premises Address:	Mile 49.5 Parks Highway		
Local Governing Body:	Matanuska-Susitna Borough		
Community Council:	Meadow Lakes		

Mailing Address:	P.O. Box 875486		
City:	Wasilla	State:	AK
		ZIP:	99687

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:	Laurie J. Magiera	Contact Phone:	907-232-3834
Contact Email:	magierlj@mtaonline.net		

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:			





Alaska Alcoholic Beverage Control Board

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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 #:

87652D

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.

[Signature]

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:	Laurie J. Magiera (Trust) <i>[Signature]</i>			
Title(s):	Director, President, KLB, Inc	Phone:	907-232-3834	% Owned: 50
Mailing Address:	P.O. Box 875486			
City:	Wasilla	State:	AK	ZIP: 99687

Name of Official:	Bradley K Laybourn (Trust) <i>[Signature]</i>			
Title(s):	Director, Vice-President, Secretary, KLB, Inc	Phone:	907-232-1586	% Owned: 50
Mailing Address:	P.O. Box 875486			
City:	Wasilla	State:	AK	ZIP: 99687

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:	N/A		Contact Phone:		
Mailing Address:					
City:		State:		ZIP:	
Email:					

This individual is an: ☐ applicant ☐ affiliate (spouse)

Name:	N/A		Contact Phone:		
Mailing Address:					
City:		State:		ZIP:	
Email:					

Section 4 – 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 set forth in AS 04.21.025 and 3 AAC 304.465.

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.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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The license was regularly operated during a specific season each year.

<input type="checkbox"/>	<input type="checkbox"/>
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The license was only operated to meet the minimum requirement of 240 total hours each calendar year.

<input type="checkbox"/>	<input type="checkbox"/>
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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.

<input type="checkbox"/>	<input type="checkbox"/>
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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?

☐ ☒

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?

☐ ☒

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.

AM

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 (ABC) Board.

AM

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.

AM

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.

AM

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

Laurie J. Magiera
Laurie J. Magiera

Printed name of licensee

Notary Public
JOHN TAYLOR
State of Alaska

My Commission Expires Jan. 1, 2022

Signature of Notary Public

John Taylor
Notary Public in and for the State of Alaska

My commission expires: Jan 1st, 2022

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

Seasonal License? ☐ Yes ☒ No

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

License Fee:	\$ 2500.00	Application Fee:	\$ 300.00	TOTAL:	\$ 2800.00
Miscellaneous Fees:					
GRAND TOTAL (if different than TOTAL):					\$ 2,800.00

