



THE STATE
of **ALASKA**
GOVERNOR BILL WALKER

**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: April 29, 2019
RE: #941 Swiss Alaska Inn LLC

This is an application to transfer the ownership and renewal of a Beverage Dispensary – Tourism license in the Matanuska-Susitna Borough. This license was first issued in 1962.

AS 04.11.400(d)(2)(A)(ii) requires that for a Beverage Dispensary – Tourism transfer to be approved, the facility must maintain at least the minimum number of rental rooms required at the time of initial licensure. Staff has determined that the license was compliant with the room number requirements when originally issued in 1962.

The applicant offers 21 rental rooms, none of which include kitchenettes. Alcohol is not stocked in the rental rooms, and the establishment has a restaurant. The facility provides brochures to promote local tourist activities.

To whom it may concern;

The Swiss Alaska Inn has a restaurant, bar, and 21 rooms. We are usually filled to capacity in the summer months. In the winter we have many tour groups that come about every couple weeks. We have many Alaskans who enjoy staying with us and using the many trails around Talkeetna for skiing and snow machining. The Swiss Alaska Inn is a family-oriented business owned and managed by Christopher Byrd and his wife, Romy.

We love to have tourists sit in our bar area and talk with each other and us. It is fun to hear all their stories. The atmosphere of our restaurant depends on our liquor license and encourages tourists who are looking for a place to relax and unwind after they have enjoyed one of the many tourist attractions our town has to offer. Our 21 rooms are hotel/motel style that do not have kitchens.

We do not have mini bars in any of our rooms and we do not stock alcohol anywhere on the property except for at the bar. We are not located in an airport terminal. We do not offer any amenities except for lodging, dining, and bar. There are many fun things to do in our town and we have many brochures encouraging tourists to take advantage of all the activities available.

Sincerely,

Christopher Byrd

The Swiss Alaska Inn





Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

What is this form?

This transfer license application form is required for all individuals or entities seeking to apply for the transfer of ownership and/or location of an existing 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, AS 04.11.280, AS 04.11.290, 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 – Transferor Information

Enter information for the **current** licensee and licensed establishment.

| | | | | |
|-----------------------|----------------------------|----------------------|-----------------|------------|
| Licensee: | Christopher Shawn Byrd | License #: | 941 | |
| License Type: | Beverage Dispensary-Tarism | Statutory Reference: | AS 04.11.400(d) | |
| Doing Business As: | Swiss Alaska Inn LLC | | | |
| Premises Address: | 22056 South F Street | | | |
| City: | Talkeetna | State: | AK | ZIP: 99676 |
| Local Governing Body: | Mat-Su Borough | | | |

Transfer Type:

- ☒ Regular transfer
☐ Transfer with security interest
☐ Involuntary retransfer

OFFICE USE ONLY

| | | | |
|---------------------|--|----------------|---------|
| Complete Date: | | Transaction #: | 1038278 |
| Board Meeting Date: | | License Years: | 19/20 |
| Issue Date: | | BRE: | AMCO |



Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 2 – Transferee Information

Enter information for the **new** applicant and/or location seeking to be licensed.

| | | | | | |
|--------------------|-----------------------------|--------|----|------|-------|
| Licensee: | Swiss Alaska Inn LLC | | | | |
| Doing Business As: | Swiss Alaska Inn LLC | | | | |
| Premises Address: | 22056 South F Street | | | | |
| City: | Talkeetna | State: | AK | ZIP: | 99676 |
| Community Council: | Talkeetna Community Council | | | | |

| | | | | | |
|------------------|--------------|--------|----|------|-------|
| Mailing Address: | P.O. Box 565 | | | | |
| City: | Talkeetna | State: | AK | ZIP: | 99676 |

| | | | | |
|----------------------|------------------------|-----------------|--------------|--|
| Designated Licensee: | Christopher Shawn Byrd | | | |
| Contact Phone: | 907 671-2621 | Business Phone: | 907 733 2424 | |
| Contact Email: | Vern@Swissalaska.com | | | |

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

Section 3 – Premises Information

Premises to be licensed is:

☒ an existing facility ☐ a new building ☐ a proposed building

The next two questions must be completed by beverage dispensary (including tourism) and package store applicants only:

What is the distance of the shortest pedestrian route from the public entrance of the building of your proposed premises to the outer boundaries of the nearest school grounds? Include the unit of measurement in your answer.

3,444 feet or 1,148 yards

What is the distance of the shortest pedestrian route from the public entrance of the building of your proposed premises to the public entrance of the nearest church building? Include the unit of measurement in your answer.

732 feet or 244 yards

AMCO



Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 4 – Sole Proprietor Ownership Information

This section must be completed by any sole proprietor who is applying for a license. Entities should skip to Section 5.

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: | | | | | |
| Address: | | | | | |
| City: | | State: | | ZIP: | |

This individual is an: ☐ applicant ☐ affiliate

| | | | | | |
|----------|--|--------|--|------|--|
| Name: | | | | | |
| Address: | | | | | |
| City: | | State: | | ZIP: | |

Section 5 – Entity Ownership Information

This section must be completed by any entity, including a corporation, limited liability company (LLC), partnership, or limited partnership, that is applying for a license. Sole proprietors should skip to Section 6.

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

- 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: | Christopher Shawn Byrd | | | | |
| Title(s): | Owner Member | Phone: | 907 733-2424 | % Owned: | 100% |
| Address: | P.O. Box 565 | | | | |
| City: | Talkeetna | State: | AK | ZIP: | 99676 |



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

Form AB-01: Transfer License Application

| | | | | | |
|------------------|--|--------|--|----------|--|
| Entity Official: | | | | | |
| Title(s): | | Phone: | | % Owned: | |
| Address: | | | | | |
| City: | | State: | | ZIP: | |

| | | | | | |
|------------------|--|--------|--|----------|--|
| Entity Official: | | | | | |
| Title(s): | | Phone: | | % Owned: | |
| Address: | | | | | |
| City: | | State: | | ZIP: | |

| | | | | | |
|------------------|--|--------|--|----------|--|
| Entity Official: | | | | | |
| Title(s): | | Phone: | | % Owned: | |
| Address: | | | | | |
| City: | | State: | | ZIP: | |

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.

| | | | | | |
|--------------------------|------------------|-----------------|--------------|-------------|-------|
| DOC Entity #: | 10049579 | AK Formed Date: | 01/19/17 | Home State: | AK |
| Registered Agent: | Christopher Byrd | Agent's Phone: | 907 733-2424 | | |
| Agent's Mailing Address: | P.O. Box 565 | | | | |
| City: | Talkeetna | State: | AK | ZIP: | 99676 |

Residency of Agent:

Yes No

Is your corporation or LLC's registered agent an individual resident of the state of Alaska?

☒ ☐



Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 6 – Other Licenses

Ownership and financial interest in other alcoholic beverage businesses:

Yes



Does any representative or owner named as a transferee 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):

Section 7 – 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:

Romy Byrd - owners wife is Authorized to talk about the license.
Vern Ravcken skin - Previous owner of license. 907-538-1450



Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 8 – Transferor Certifications

Additional copies of this page may be attached, as needed, for the controlling interest of the current licensee to be represented.

I declare under penalty of perjury that the undersigned represents a **controlling interest** of the current licensee. I additionally certify that I, as the current licensee (either the sole proprietor or the controlling interest of the currently licensed entity) have examined this application, approve of the transfer of this license, and find the information on this application to be true, correct, and complete.

Signature of transferor

Christopher Byrd

Printed name of transferor

Subscribed and sworn to before me this 31 day of January, 2019.

Signature of Notary Public



OFFICIAL SEAL
Geraldine Denkwalter
NOTARY PUBLIC-STATE OF ALASKA
My Comm. Expires January 7, 2022

Notary Public in and for the State of Alaska.

My commission expires: Jan 7, 2022

Signature of transferor

Printed name of transferor

Subscribed and sworn to before me this ____ day of _____, 20____.

Signature of Notary Public

Notary Public in and for the State of _____.

My commission expires: _____



Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 9 – Transferee Certifications

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.

CSB

I certify that all proposed licensees have been listed with the Division of Corporations.

CSB

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.

CSB

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.

CSB

I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application.

CSB

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.

CSB

Signature of transferee

Christopher Byrd

Printed name

Subscribed and sworn to before me this 31 day of January, 2019.



OFFICIAL SEAL
Geraldine Denkwalter
NOTARY PUBLIC-STATE OF ALASKA
My Comm. Expires January 7, 2022

Geraldine Denkwalter
Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: Jan 7, 2022 ga.



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 second page 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

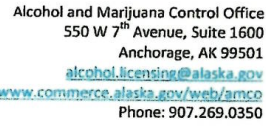
I have attached blueprints, CAD drawings, or other supporting documents in addition to, or in lieu of, the second page of this form.

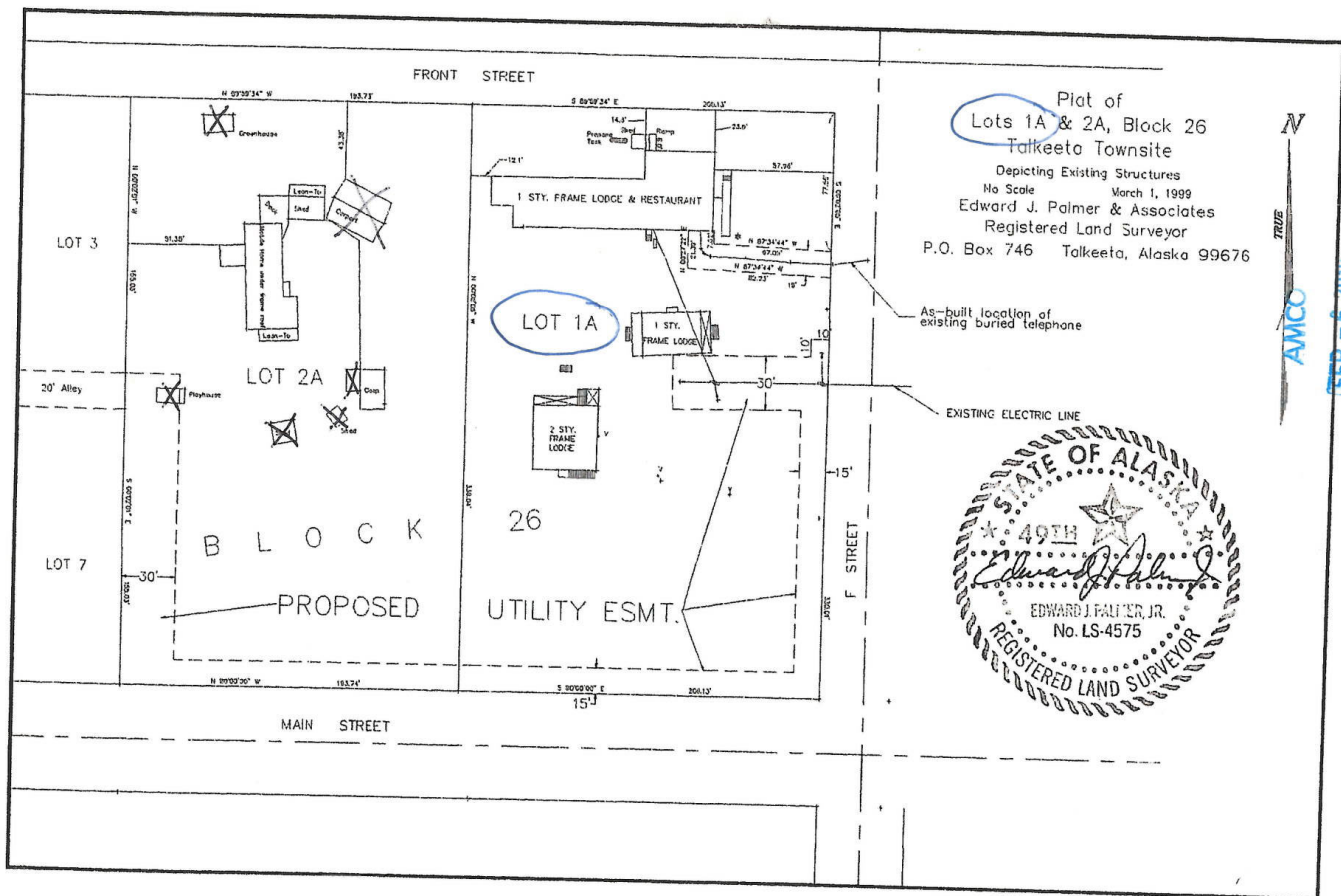


Section 1 – Establishment Information

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

| | | | |
|--------------------|-------------------------------|-----------------|-------|
| Licensee: | Swiss Alaska Inn LLC | License Number: | 941 |
| License Type: | Beverage Dispensary - Tourism | | |
| Doing Business As: | Swiss Alaska Inn LLC | | |
| Premises Address: | 22056 South F Street | | |
| City: | Talkeetna | State: | AK |
| | | ZIP: | 99676 |







Alaska Alcoholic Beverage Control Board

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

Enter information for licensed establishment.

| | | | | | |
|--------------------|-----------------------------|-----------------|--------------|------|-------|
| Licensee: | Swiss Alaska Inn LLC | | | | |
| License Type: | Beverage Dispensary-Tourism | License Number: | 941 | | |
| Doing Business As: | Swiss Alaska Inn LLC | | | | |
| Premises Address: | 22056 South F Street | | | | |
| City: | Talkeetna | State: | AK | ZIP: | 99676 |
| Contact Name: | Christopher Byrd | Contact Phone: | 907 733 2424 | | |

Section 2 – Type of Designation Requested

This application is for the request of designation as a bona fide restaurant, hotel, or eating place for purposes of AS 04.16.010(c) or AS 04.16.049, and for the request of the following designation(s) (check all that apply):

- ☐ Dining after standard closing hours: AS 04.16.010(c)
- ☒ Dining by persons 16 – 20 years of age: AS 04.16.049(a)(2)
- ☒ Dining by persons under the age of 16 years, accompanied by a person over the age of 21: AS 04.16.049(a)(3)
- ☒ Employment for persons 16 or 17 years of age: AS 04.16.049(c)
- NOTE: Under AS 04.16.049(d), this permit is not required to employ a person 18 - 20 years of age.

| OFFICE USE ONLY | | | |
|-----------------|--|----------------|----------|
| Issue Date: | | Transaction #: | BRE:AMCO |

FEB - 8 2019



Alaska Alcoholic Beverage Control Board

Form AB-03: Restaurant Designation Permit Application

Section 3 – Additional Information

Enter all hours that your establishment intends to be open. Include variances in weekend/weekday hours, and indicate am/pm:

Summer: 7am - 10pm
Winter: Sat. 9am - 1pm
Sun. 9am - 1pm

Are any forms of entertainment offered or available within the licensed business or on the proposed designated portions of the premises?

Yes

☐

No

☒

If "Yes", describe the entertainment offered or available:

Food and beverage service offered or anticipated is:

☒

table service

☒

buffet service

☐

counter service

☐

other

If "other", describe the manner of food and beverage service offered or anticipated:

Is an owner, manager, or assistant manager 21 years of age or older always present on the premises during business hours?

Yes

☒

No

☐

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 supporting documents in addition to, or in lieu of, the third page of this form that meet the requirements of this form.

Yes

☒

No

☐

AMCO

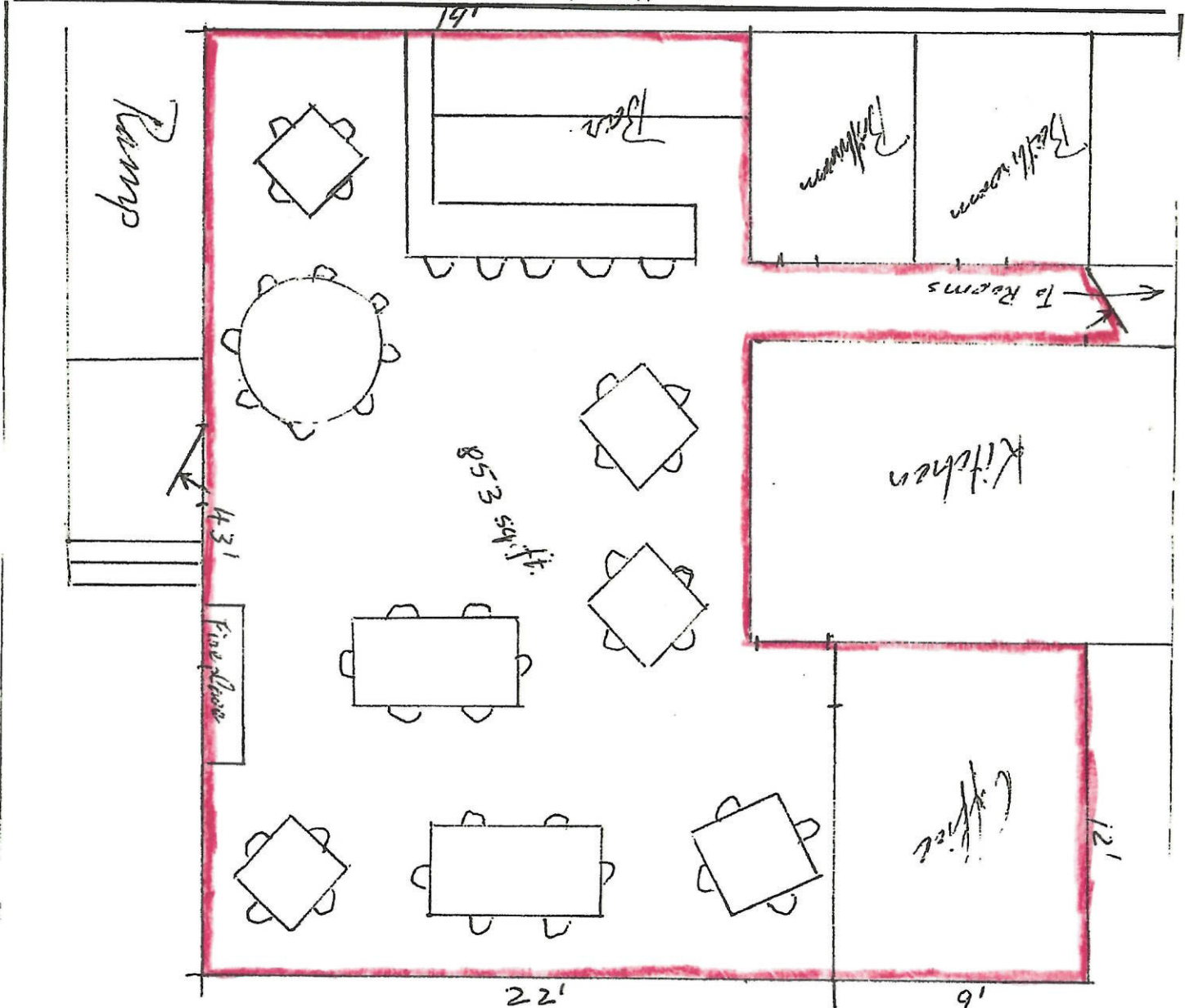


Alaska Alcoholic Beverage Control Board

Form AB-03: Restaurant Designation Permit Application

Section 4 – Detailed Floor Plan

Provide a detailed floor plan that meets the requirements listed in Form AB-02 and clearly indicates the proposed designated and undesignated areas of the licensed business for purposes of this permit application.





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 of the proposed designated and undesignated areas of the licensed business for purposes of this application. I understand that this diagram is different than my licensed premises diagram.

CSB

I have included with this form a menu, or an expected menu, listing the meals to be offered to patrons.

CSB

I certify that the license for which I am requesting designation is either a beverage dispensary, club, recreational site, golf course, or restaurant or eating place license.

CSB

I declare under penalty of perjury that this form, including all attachments and accompanying schedules and statements, is true, correct, and complete.

CSB
Signature of licensee

Geraldene Denkwalter
Signature of Notary Public

Christopher Byrd
Printed name of licensee

Notary Public in and for the State of Alaska

OFFICIAL SEAL
Geraldene Denkwalter
NOTARY PUBLIC-STATE OF ALASKA
My Comm. Expires January 7, 2022



My commission expires: Jan 7, 2022

Subscribed and sworn to before me this 31 day of January, 2019.

Local Government Review (to be completed by an appropriate local government official):

Approved Disapproved

☐
☐

Signature of local government official

Date

Printed name of local government official

Title

AMCO

FEB -6 2019



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

Form AB-03: Restaurant Designation Permit Application

AMCO Enforcement Review:

Signature of AMCO Enforcement Supervisor

Printed name of AMCO Enforcement Supervisor

Enforcement Recommendations:

AMCO Director Review:

Approved Disapproved

☐☐

Signature of AMCO Director

Printed name of AMCO Director

Date

Limitations:

*Good Morning, Guten Morgen, Zao an, Bonjour,
Ohayogozaimasu, Buon giorno, Buenos Dias, Gau cha*

BREAKFAST AT "THE SWISS"

TWO EGGS, any style----- \$ 9.00
Add one of our meats; Ham, Bacon, Reindeer or Link Sausage----- \$ 4.50

OMELETTES

CHEESE-----\$10.00
SPANISH *vegetarian*: Hungarian sauce w/onions, peppers, & olives \$12.00
HAM-----\$13.00
HAM & CHEESE-----\$13.50
DENVER ham, onions, and green peppers-----\$13.50
WESTERN ham, onions, green peppers, and cheese----- \$14.00

ALL OF THE ABOVE SERVED WITH HASHBROWN POTATOES & TOAST

BUTTERMILK PANCAKES SHORT STACK (3)-----\$9.00

SWISS STYLE FRENCH TOAST 4 HALF-SLICES-----\$9.00

BISCUITS & GRAVY 2 BISCUITS & GRAVY MADE WITH JIMMY DEAN
SAUSAGE- *DELICIOUS*----- \$10.00

A TOASTED BAGEL SERVED W/CREAM CHEESE & JAM -----\$ 4.00

BREAKFAST WITH A "TASTE OF SWITZERLAND"

ROESTI: A SWISS COMFORT DISH WITH HASHBROWNS, HAM,
ONIONS, SPICES, & CHEESE-----\$11.50
½ ROESTI SAME AS ABOVE ONLY A LITTLE SMALLER-----\$ 8.50

BREAKFAST SCHNITZEL: SPICED & BREADED PORK CUTLETS W/ GYPSY
SAUCE, 2 EGGS, HASHBROWN POTATOES, & TOAST-----\$15.00

AMCO

FEB - 6 2019

SIDE ORDERS

| | |
|---|---------------|
| HAM, BACON, REINDEER SAUSAGE, LINK SAUSAGE---- | each--\$ 4.50 |
| TOAST (3 SLICES)----- | \$ 3.00 |
| HASHBROWN POTATOES----- | \$ 4.50 |
| ONE EGG (ANY STYLE)----- | \$ 1.50 |
| SWEET ROLL OR MUFFIN----- | \$ 3.50 |
| CEREAL W/ MILK RAISIN BRAN, CHEERIOS, HONEY BUNCHES OF OATS---- | \$ 5.50 |
| OATMEAL (homemade) W/ MILK, RAISINS, & BROWN SUGAR----- | \$ 6.50 |
| SIDE OF SALSA ----- | \$ 2.00 |

BEVERAGES

| | |
|--------------------------------|---------|
| COFFEE OR TEA W/REFILLS----- | \$ 2.00 |
| MILK (8 OZ) ----- | \$ 2.50 |
| MILK (12 OZ)----- | \$ 3.50 |
| JUICE (ORANGE, APPLE, V8)----- | \$ 3.00 |
| HOT CHOCOLATE ----- | \$ 2.50 |

PLEASE NOTE: GRATUITIES ARE NOT INCLUDED IN THE PRICES

Consuming raw or undercooked meats, poultry, seafood, shellfish or eggs
may increase your risk of foodborne illness.

AMCO

FEB - 6 2019

SWISS ALASKA INN

Talkeetna, Alaska

Breakfast Menu 2018 & 2019

Choose ONE Breakfast for the whole group from the list below:

1. Scrambled Eggs, **Choice of Breakfast Meat***, Hashbrown Potatoes, Toast, Coffee/Tea and Orange Juice
2. French Toast and **Choice of Breakfast Meat***, Coffee/Tea and Orange Juice

***Choice of Breakfast Meat is:** Ham, OR Bacon, OR Sausage, OR Reindeer Sausage

Price: \$18.54 with orange juice
\$16.48 without orange juice

Lunch Menu 2018

Soup and Sandwich*, Veggie Tray, Soda and Coffee or Tea \$18.54
(Served at the Lodge)

Box Lunch: Sandwich*, Fruit, Chips, Candy bar, Veggie pack, soda or water \$18.54

Choice of Sandwich is : Ham, Roast Beef or Turkey

Dinner Menu 2018

Choose ONE Entrée for the whole group from the list below:

| | | w/3% tax |
|------------------|---------|----------|
| Salmon | \$40.00 | \$41.20 |
| Halibut | \$42.00 | \$43.26 |
| NY Steak | \$40.00 | \$41.20 |
| Wiener Schnitzel | \$35.00 | \$36.05 |

All the above Dinners served with Soup or Salad, Baked Potato, Vegetable, Garlic Bread, Dessert, Coffee or Tea

VEGETARIAN MEALS ON REQUEST

GROUPS MUST BE 10 PERSONS OR MORE

GRATUITY INCLUDED IN PRICE OF MEALS

AMCO
FEB - 6 2019



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: | Christopher Shawn Byrd | License #: | 941 |
| License Type: | Beverage Dispensary - Tourism | Statute: | AS 04.11.400(d) |
| Doing Business As: | Swiss Alaska Inn | | |
| Premises Address: | 22056 South F Street | | |
| Local Governing Body: | Matanuska-Susitna Borough | | |
| Community Council: | Talkeetna | | |

| | | | |
|------------------|--------------|--------|-------|
| Mailing Address: | P.O. Box 565 | | |
| City: | Talkeetna | State: | AK |
| | | ZIP: | 99676 |

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: | Christopher Shawn Byrd | Contact Phone: | 907 671-2621 |
| Contact Email: | Vern@Swissalaska.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: | Romy Christine Byrd | Contact Phone: | 907-671-2620 |
| Contact Email: | rrauchen@hotmail.com | | |

**Form AB-17d: 2019/2020 Tourism Renewal License Application****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 visiting 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 #: | 10049579 CSB |
|-----------------------|--------------|

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.

CSB
CSB

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: | Christopher Shawn Byrd CSB | | | | |
| Title(s): | Member CSB | Phone: | 907 671 2621 | % Owned: | 100% |
| Mailing Address: | CSB | | | | |
| City: | | State: | | ZIP: | |

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

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



Alaska Malcoholic Beverage Control Board

Form AB-17d: 2019/2020 Tourism Renewal License Application

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: | Christopher Shawn Byrd | Contact Phone: | 907 733 2424 |
| Mailing Address: | P.O. Box 565 | | |
| City: | Talkeetna | State: | AK |
| ZIP: | 99676 | | |
| Email: | Kern@SwissAlaska.com | | |

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

| | | | |
|------------------|---------------------|----------------|--------------|
| Name: | Romy Christine Byrd | Contact Phone: | 907 733 2424 |
| Mailing Address: | P.O. Box 565 | | |
| City: | Talkeetna | State: | AK |
| ZIP: | 99676 | | |
| Email: | rromy@hotlail.com | | |

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.

CSB

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"/> |
|-------------------------------------|-------------------------------------|

The license was regularly operated during a specific season each year.

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

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.

| | |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
|--------------------------|--------------------------|

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"/> |
|--------------------------|--------------------------|

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.



Alaska Alcoholic Beverage Control Board

Form AB-17d: 2019/2020 Tourism Renewal License Application

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.

CSB

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.

CSB

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.

CSB

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.

CSB

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

Christopher Shawn Byrd

Printed name of licensee

Signature of Notary Public

Notary Public in and for the State of Alaska



OFFICIAL SEAL

Natasja Williams

NOTARY PUBLIC-STATE OF ALASKA

My Comm. Expires March 16, 2022

My commission expires: 3/16/22

Subscribed and sworn to before me this 18th day of December, 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: | 2/27 500- | | | | |
| GRAND TOTAL (if different than TOTAL): | | | | | \$2800.00 |