RESPONSE TO SECTION 6 – VIOLATIONS AND CONVICTIONS

Host International, Inc. d/b/a The Local License #5452

Notice of Violation # AB17-000417 was issued on April 18, 2018 regarding the sale of alcohol to a person 20 years of age by two employees of Host International, Inc. ("Host") at The Local. Charges were dismissed on one of the employees. Host terminated the other employee. All employees have been re-educated on the law and its own internal policies with regard to the service of alcohol.

Subsequently, an Advisory Notice was issued on April 19, 2018 noting that there is not enough substantiating and/or physical evidence to implicate The Local in over-serving.



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

Tourism Statement

A new, transfer, or renewal application for a beverage dispensary – tourism or restaurant / eating place – tourism license must be accompanied by a written statement that explains how the establishment encourages tourism and meets the requirements listed under AS 04.11.400(d) and 3 AAC 304.325.

This document must be submitted to AMCO's main office before any tourism license application will be reviewed.

Section 1 - Establishment Information

| Enter information for the bus | siness seeking to have its license renewed. If any populate | ed information is incorrect, | please contact AMCO. |
|-------------------------------|---|--|----------------------|
| Doing Business As: | The Local | License #: | 5452 |
| License Type: | Beverage Dispensary - Tourism | | |
| | Section 2 – Tourism Staten | nent | |
| 2.1. Explain how issuance of | f a liquor license at your establishment has/will encoura | ge tourism. | |
| Please see attached To | | | |
| | | | |
| | | | |
| 26 | | | |
| | | | |
| | | | |
| | | The state of the s | |
| 2.2. Explain how the facility | was/will be constructed or improved as required by AS | 04.11.400(d)(1): | |
| | side the Fairbanks International Airport. It features | s modern decor in an air | y, naturally lit |
| space that compliments | the food. | | |
| * | | | |
| | | | |
| | | | |
| | | | |
| | | YES | NO |
| | plicant for this liquor license also operate the | | X |
| tourism facility in which | n this license is located? | _ | |
| 2.4 If "no" who operates the | e tourism facility? | | |
| Alaska Department of Tr | ransportation and Public Facilites | | |
| | • | | |
| | | - | |
| | | | |



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Tourism Statement

| | YES | NO |
|--|--------------------|--|
| 2.5 Do you offer room rentals to the traveling public? | | X |
| If "yes" answer the following questions: | | |
| How many rooms are available? | | 20.00 |
| N/A | | |
| How many of the available rooms (if any) have kitchen facilities (defined as: a separate significant facilities) with refrigeration and cooking appliance devices, including a microwave)? | nk for food prepar | ation along |
| N/A | | |
| Do you stock or plan to stock alcoholic beverages in guest rooms? | YES | NO |
| If "no" is your facility located within an airport terminal? | X | NO |
| 2.6 If your establishment includes a dining facility, please describe that facility. If it does not please to stand-alone tables as well as a rectangular bar along the wall. | | atures various |
| | | AAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAAA |
| 2.7 If additional amenities are available to your guests through your establishment (eg: guided t guests, other activities that attract tourists), please describe them. If they are not offered, pleas | | al equipment for |
| None | | |
| | | , |
| | | |

TOURISM STATEMENT

Host International, Inc. d/b/a The Local License #5452

Global restaurateur Host International, Inc. ("Host") is a world leader in creating dining for travel venues. Host operates in more than 100 airports around the globe, including the 20 busiest airports in North America.

In order to encourage tourism, Host brings in the freshest ingredients right from the local area, into Fairbanks International Airport, with *The Local*, a Host original concept that was designed specifically for airports. *The Local* marries the freshest ingredients from local farms for a menu loaded with region-centric culinary creations. *The Local* also embraces the finest in local brewing, and offers an array of top shelf and signature cocktails.

The addition of *The Local* at FAI is a tremendous opportunity to give travelers a true taste of what the region has to offer. It's an uncommon airport destination that draws and retains famished travelers with its compelling portfolio of food and beverage offerings.

As far as additional amenities, we have a retail/to go area offering some local goods. This year we will add more local snack retail to encourage more tourism.



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Beverage Dispensary – Tourism License

Form AB-17d: 2020/2021 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 is due to renew by December 31, 2019. 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 and submitted to AMCO's main office before any license renewal application will be reviewed. 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: | Host International, Inc. | License #: | 5452 | |
|-----------------------|---|------------|------|--|
| License Type: | Beverage Dispensary - Tourism | | | |
| Doing Business As: | The Local | | | |
| Premises Address: | 6450 Airport Way, Space #2301 (Fbx Int'l Airport) | | | |
| Local Governing Body: | Fairbanks North Star Borough | | | |
| Community Council: | None | | | |

| Mailing Address: | 6905 Rockledge Drive, MS | 5 7-1 | | | |
|------------------|--------------------------|--------|----|------|-------|
| City: | Bethesda | State: | MD | ZIP: | 20817 |

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: | Jeffrey L. Poersch | Contact Phone: | 240.694.4100 |
|-------------------|-----------------------|----------------|--------------|
| Contact Email: | licensing@hmshost.com | | |

Optional: If you wish for AMCO staff to communicate with an individual who is <u>not a licensee</u> 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: | Gabrielle Zuccari | Contact Phone: | 240.694.4125 |
|------------------|-------------------------------|----------------|--------------|
| Contact Email: | gabrielle.zuccari@hmshost.com | | |



Form AB-17d: 2020/2021 Tourism Renewal License Application

Section 2 - Entity or Community Ownership Information

Licensees who directly hold a license as an individual or individuals should skip to Section 3. General partnerships and local governments should skip to the second half of this page. All licensees that are <u>corporations</u> or <u>LLCs</u> must complete this section. Corporations and LLCs are required to be in good standing with the Alaska Division of Corporations, Business & Professional Licensing (CBPL). The CBPL Entity # below 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 vising the following site: https://www.commerce.alaska.gov/cbp/main/search/entities

Alaska CBPL Entity #: 41693F

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 <u>community</u> or <u>entity</u>, 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 <u>corporation</u>, the following information must be completed for each *shareholder 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 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. You must list ALL of your qualifying officials, additional copies of this page or a separate sheet of paper may be submitted if necessary.

| Name of Official: | Paul Mamalian | | | | |
|-------------------|--------------------------|--------|--------------|-------|---------|
| Title(s): | President/Director | Phone: | 240.694.4100 | % Owr | red: 0% |
| Mailing Address: | 6905 Rockledge Drive, MS | 7-1 | | | |
| City: | Bethesda | State: | MD , | ZIP: | 20817 |

| Name of Official: | Mark T. Ratych | | | | |
|-------------------|--------------------------|----------|--------------|-------|---------|
| Title(s): | Treasurer/Director | · Phone: | 240.694.4100 | % Owr | ied: 0% |
| Mailing Address: | 6905 Rockledge Drive, MS | 7-1 | - | | |
| City: | Bethesda | State: | MD | ZIP: | 20817 |

| Name of Official: | Jon W. Stentz | | | | |
|-------------------|--------------------------|--------|--------------|---------|-------|
| Title(s): | Secretary | Phone: | 240.694.4100 | % Owned | : 0% |
| Mailing Address: | 6905 Rockledge Drive, MS | 7-1 | | | |
| City: | Bethesda | State: | MD | ZIP: 2 | 20817 |

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Form AB-17d: 2020/2021 Tourism Renewal License Application

Section 2 - Entity or Community Ownership Information

Licensees who directly hold a license as an individual or individuals should skip to Section 3. General partnerships and local governments should skip to the second half of this page. All licensees that are <u>corporations</u> or <u>LLCs</u> must complete this section. Corporations and LLCs are required to be In good standing with the Alaska Division of Corporations, Business & Professional Licensing (CBPL). The CBPL Entity # below 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 vising the following site: https://www.commerce.alaska.gov/cbp/main/search/entities

| r | т | |
|----------------------|--------|-------|
| Alaska CBPL Entity#: | 41693F | • |
| L | | |

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 <u>community</u> or <u>entity</u>, 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 <u>corporation</u>, the following information must be completed for each *shareholder 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 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. You must list ALL of your qualifying officials, additional copies of this page or a separate sheet of paper may be submitted if necessary.

| Name of Official: | Jeffrey L. Poersch | | | | |
|-------------------|--------------------------|--------|--------------|-------|---------|
| Title(s): | Assistant Secretary | Phone: | 240.694.4100 | % Ow. | ned: 0% |
| Malling Address: | 6905 Rockledge Drive, MS | 3 7-1 | | | • |
| City: | Bethesda | State: | MD , | ZIP: | 20817 |

| Name of Official: | HMSHost Corporation | , | | | | |
|-------------------|--------------------------|------------------------------|--------------|-------|--------------|--|
| Title(s): | Shareholder | · Phone: | 240.694.4100 | % Own | ed: 97.09% | |
| Mailing Address: | 6905 Rockledge Drive, MS | 6905 Rockledge Drive, MS 7-1 | | | | |
| City: | Bethesda . | State: | MD | ZIP: | 20817 | |

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

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Form AB-17d: 2020/2021 Tourism Renewal License Application

Section 3 - Sole Proprietor Ownership Information

Entities, such as corporations or LLCs, should skip this section. This section must be completed by any licensee who directly holds the license as an <u>individual or multiple individuals</u> and is applying for license renewal. If more space is needed, please attach a separate sheet that includes all of the required information.

The following information must be completed for each licensee and each affiliate. This individual is an: applicant affiliate (spouse) **Contact Phone:** Name: **Mailing Address:** ZIP: State: City: Email: affiliate (spouse) This individual is an: applicant **Contact Phone:** Name: **Mailing Address:** ZIP: State: City: Email: Section 4 - Alcohol Server Education Initials Read the line below, and then sign your initials in the box to the right of the statement: 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: 2018 2019 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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Form AB-17d: 2020/2021 Tourism Renewal License Application

| Section 6 – Violations and Convictions | | |
|--|---|---------|
| Applicant violations and convictions in calendar years 2018 and 2019: | Yes · | No |
| Have any notices of violation (NOVs) been issued for <u>this license</u> in the calendar years 2018 or 2019? | X | |
| Has any person or entity named in this application been convicted of a violation of Title 04, of 3 AAC 304, or a loca ordinance adopted under AS 04.21.010 in the calendar years 2018 or 2019? | al [| X |
| If "Yes" to either of the previous two questions, attach a separate page to this application listing all NOVs and/o | or convictions. | |
| Section 7 – Certifications | | |
| Read each line below, and then sign your initials in the box to the right of each statement: | Ini | nitials |
| I certify that all current licensees (as defined in AS 04.11.260) and affiliates have been listed on this application, a 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. | W/\ | 3 |
| 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. | , E | 1 |
| I certify on behalf of myself or of the organized entity that I understand that providing a false statement on this fo any other form provided by AMCO is grounds for rejection or denial of this application or revocation of any license | | P |
| I am submitting as part of this application a completed copy of the attached Tourism Statement form, for review by the Alcoholic Beverage Control Board. | | P |
| As an applicant for a liquor license renewal, I declare under penalty of perjury that I have read and am familiar with 3 AAC 304, and that this application, including all accompanying schedules and statements, is true, correct, and comprovide all information required by the Alcoholic Beverage Control Board or AMCO staff in support of this application that failure to do so by any deadline given to me by AMCO staff will result in this application being returned to me signature of licensee Signature of Notary Public in and for the State of Mountain Printed name of licensee Notary Public in and for the State of Mountain Printed name of licensee | omplete. I agree tion and unders as incomplete. | stand |
| JOAN C. BENNETT Notary Public-Maryland Montgomery County My Commission Expires April 09, 2023 My commission expires: My commission expires: day of Olcember My commission expires: day of Olcember | | 19 |
| Seasonal License? X 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): | \$2800.00 | |

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