

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.

Doing Business As:	Resurrection Roadhouse	ormation is incorrect, p	3823
License Type:	Beverage Dispensary - Tourism Seasonal		
	Section 2 – Tourism Statemen	t	
.1. Explain how issuance o	of a liquor license at your establishment has/will encourage to		
throughout the year o	and brochure distributions in addition to many sma designed to bring guests to Alaska and our properti ows our business to provide alcoholic beverages to	es.	mpaigns
The Resurrection Ro and provides dining, bar/lounge. The rest	y was/will be constructed or improved as required by AS 04.11 oadhouse is a stand alone building located on the Se, meeting and event space to support the hotel and caurant provides an gourmet menu for breakfast, luenu that includes nachos, pizza and sandwiches. Cavailable.	eward Windsong I community in add nch and dinner wh	ition to the nile the bar
		YES	NO
	plicant for this liquor license also operate the childrense is located?	A	
tourism facility in whic	ch this license is located?		
	ch this license is located?		

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2.5 Do you offer room rentals to the traveling public?	YES	NO
If "yes" answer the following questions:		
How many rooms are available?		
212		
How many of the available rooms (if any) have kitchen facilities (defined as: a separate sink f with refrigeration and cooking appliance devices, including a microwave)?	or food prepara	ation along
All rooms have a small refrigerator. There are 16 suites that also have a mi small sink separate from the bathroom sink.	crowave ove	n and
Do you stock or plan to stock alcoholic beverages in guest rooms?	YES	NO
If "no" is your facility located within an airport terminal?	YES	NO
2.6 If your establishment includes a dining facility, please describe that facility. If it does not please	write "none".	
The Resurrection Roadhouse is the dining and meeting facility that supports Sew	ard Windsor	ng Lodge. The
Resurrection Roadhouse contains seating for the following: dining room 118; bar Glacier Room (meeting room) 110 seats; River Room (meeting room) 80 seats.	r/lounge area	1 54; deck 80;
2.7 If additional amenities are available to your guests through your establishment (eg: guided tour guests, other activities that attract tourists), please describe them. If they are not offered, please we	s or trips, renta rite "none".	l equipment for
In the main lodge of Seward Windong Lodge, guests are able to book a variety of Seward that include day cruises, fishing, ziplining, guided hikes to Exit Glacier, and dog sled & kennel tours and kayaking. Our reservations staff are also able to book guest arrival.	f tours and a Alaska SeaLi	fe Center,



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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

Licensee:	CATC Alaska Tourism Corporation	on	Lice	ense #:	3823
License Type:	Beverage Dispensary - Tourism Seasonal				
Doing Business As:	Resurrection Roadhouse				
Premises Address:	31772 Herman Leirer Road				
Local Governing Body:	Kenai Peninsula Borough				
Community Council:	None				
Mailing Address:	509 W 4th Ave				
City:	Anchorage	State:	AK	ZIP:	99501
	ividual who will be designated as the	rimanı naint	of contact recording this		
ust be a licensee who is req	uired to be listed in and authorized to	sign this appl	ication.	з аррисатю	n. This individu
nter information for the indi uust be a licensee who is req Contact Licensee:	uired to be listed in and authorized to Fernando Salvador	sign this appl	ication.  Contact Phone:	-T	n. This individu 29-9881
	uired to be listed in and authorized to	sign this appl	ication.	-T	
Contact Licensee:  Contact Email:  ptional: If you wish for AMC	region of the state of the stat	sign this appl n lual who is <u>no</u>	Contact Phone:	907-52	29-9881
Contact Licensee:  Contact Email:  ptional: If you wish for AMC	uired to be listed in and authorized to Fernando Salvador fsalvador@pursuitcollection.cor	sign this appl n lual who is <u>no</u>	Contact Phone:	907-52	29-9881 g: legal counsel) n the fields belo



# 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: <a href="https://www.commerce.alaska.gov/cbp/main/search/entities">https://www.commerce.alaska.gov/cbp/main/search/entities</a>

Contract of this your objection	ch uniquest by Arstud the following 210	e. iittps://wv	ww.commerce.alaska.gov/	cop/main/	searc	n/entities
Alaska CBPL Entity #:	60827D					
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 g are also currently and accura	ood standing with CBPL and that all on the court is tely listed with CBPL.	current entity	officials and stakeholders	(listed bel	ow)	8
<ul> <li>If the applicant is a corpo the stock in the corporation ownership interest of 10 of the applicant is a limite ownership interest of 10 of the applicant is a partnewith an interest of 10% of the applicant is a partnewith an interest of 10% of the applicant is listed with that individual on this applicant is applicant.</li> </ul>	poleted by any community or entity, in plying for renewal. If more space is no tration, the following information muston, and for each president, vice-presided liability organization, the following for more, and for each manager. ership, including a limited partnership or more, and for each general partnership or more, and	eeded, please st be complei ident, secreto g information p, the following r. uding spelling le titles menti equired titles	e attach additional completed for each shareholder warry, and managing officer. must be completed for each gofficer must be completed for each gofficer. The shareholder was been gofficered to the bullets above, constitutes an incomplete to the shareholder.	ted copies of who owns 1  ch member  mpleted for and percent all titles me	of this  O% of  r with  r each  tages  ust be	s page.  r more of  an  h partner  held) must e listed for
Name of Official:	Alaskan Park Properties,		et of paper may be submi	ttea ii nece	essary	
Title(s):	Sole Shareholder	Phone:	907-777-2838	% Own	ed:	100%
Mailing Address:	509 W 4th Ave					Contraction of the Contraction o
City:	Anchorage	State:	AK	ZIP:	995	501
Name of Official:	See attachment for compl	ete list of	officers and directo	rs		
Title(s):		Phone:		% Own	ed:	
Mailing Address:						
City:		State:		ZIP:		
Name of Official:						
		T	1			
Title(s):		Phone:		% Owne	ed:	
Mailing Address:						***************************************

State:

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City:

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ZIP:

# OFFICERS of CATC Alaska Tourism Corporation

**Corporation Name** Address

CATC Alaska Tourism Corporation 509 W 4th Ave, Anchorage, Alaska 99501

Incorporated in Alaska on 04/30/1997

# OFFICERS

Name	Title	Addreses	Telephone 9	% Owned
Barry, David W	President	855 Arapahoe Ave Boulder, CO 80302.	602-317-8006	0
Derek P. Linde	Vice President and Secretary	1850 N Central Ave., Ste 1900 Phoenix, AZ 85004-4565	602-207-1067	0
Salvador, Fernando	Vice President and General Manager	509 W 4th Ave Anchorage, AK 99501	907-777-2868	0
Newman, Elyse	Treasurer	1850 N Central Ave., Ste 1900 Phoenix, AZ 85004-4565	602-207-1032	0
Ingersoll, Ellen	Vice-President	1850 N Central Ave., Ste 1900 Phoenix, AZ 85004-4565	602-207-1051	0
Auck, Samuel	Vice-President	1401 17th St., Suite 400 Denver, CO 80202	602-269-3130	0



# 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 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. The following information must be completed for each licensee and each affiliate. 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 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: 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

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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each year, during one or both of the calendar years.

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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 lo	ocal			
ordinance adopted under AS 04.21.010 in the calendar years 2018 or 2019?	. ப	X		
If "Yes" to either of the previous two questions, attach a separate page to this application listing all NOVs and	l/or convictio	ns.		
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 in accordance with AS 04.11.450, no one other than the licensee(s) has a direct or indirect financial interest in licensed business.	i, and that the	8		
I certify that I have not altered the functional floor plan or reduced or expanded the area of the licensed premise 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.	es,	(A)		
I certify on behalf of myself or of the organized entity that I understand that providing a false statement on this any other form provided by AMCO is grounds for rejection or denial of this application or revocation of any licer	form or ise issued.	A		
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.		(8)		
As an applicant for a liquor license renewal, I declare under penalty of perjury that I have read and am familiar was a AAC 304, and that this application, including all accompanying schedules and statements, is true, correct, and provide all information required by the Alcoholic Beverage Control Board or AMCO staff in support of this application to the thin application being returned to me by AMCO staff will result in this application being returned to me by AMCO staff will result in this application being returned to me by AMCO staff will result in this application being returned to me by AMCO staff will result in this application being returned to me by AMCO staff will result in this application being returned to me by AMCO staff will result in this application being returned to me by AMCO staff will result in this application being returned to me by AMCO staff will result in this application being returned to me by AMCO staff will result in this application being returned to me by AMCO staff will result in this application being returned to me by AMCO staff will result in this application being returned to me by AMCO staff will result in this application being returned to me by AMCO staff will result in this application being returned to me by AMCO staff will result in this application.	complete. I ap	gree to derstand		
Acer Street Stre				
Signature of licensee Signature of Notary Public	Sum			
Fernando Salvador Notary Públic in and for the State of Alasl	ka			
Printed name of licensee		·		
My commission expires: <u>J</u>	uly 31, 20	23		
Subscribed and sworn to before me this day of	<u> </u>	20 <u>19</u> .		
Yes No Seasonal License? X If "Yes", write your six-month operating period: 4/1 - 9/3	30			
License Fee: \$ 1250.00 Application Fee: \$ 300.00 TOTAL:	\$ 1550.00			
Miscellaneous Fees:				
GRAND TOTAL (if different than TOTAL):	\$1550.0	0		

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