

Alcohol and Marijuana Control Office 550 W 7<sup>th</sup> Avenue, Suite 1600 Anchorage, AK 99501 <u>alcohol.licensing@alaska.gov</u> <u>https://www.commerce.alaska.gov/web/amco</u> 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 business seeking to have its license renewed. If any populated information is incorrect, please contact AMCO.						
Doing Business As:	Crowne Plaza Midtown Anchorage - Juno					
License Type:	Beverage Dispensary - Tourism					

Section 2 – Tourism Statement 2.1. Explain how issuance of a liquor license at your establishment has/will encourage tourism.

Our 165-room hotel is a great tourism driver for the city. We average 74% occupancy which equates to over 44K rooms sold. Our hotel offers a full service restaurant, Juno, in which our guests and local patrons expect alcohol service. We also offer a full service bar with a wide selection of offerings. You do not have to be a hotel guest to enjoy either of these amenities, therefore it is an added bonus to tourism for the community, both local and tourist. We do not stock alcohol in our guestrooms. We are also part of the IHG Rewards family which drives many people to our hotel.

2.2. Explain how the facility was/will be constructed or improved as required by AS 04.11.400(d)(1):

Our hotel was constructed with a full service restaurant and bar for guests of the hotel and local patrons to enjoy alcohol service. We also offer meeting rooms for groups & businesses who prefer accommodations with these on-site amenities.

2.3 Does the licensee or applicant for this liquor license also operate the tourism facility in which this license is located?

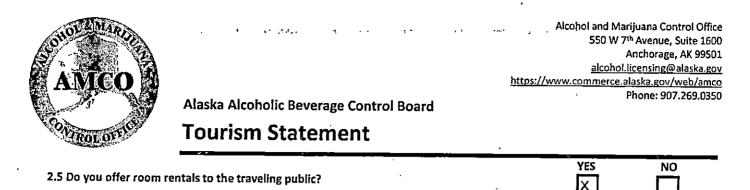
NO

YES

2.4 If "no" who operates the tourism facility?

[Tourism Statement] (rev 9/17/2019)

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If "yes" answer the following questions:

How many rooms are available?

165

How many of the available rooms (if any) have kitchen facilities (defined as: a separate sink for food preparation along with refrigeration and cooking appliance devices, including a microwave)?

None

Do you stock or plan to stock alcoholic beverages in guest rooms?

. . .

If "no" is your facility located within an airport terminal?

. .

2.6 If your establishment includes a dining facility, please describe that facility. If it does not please write "none".

Yes, Juno is our full service restaurant available for breakfast, lunch & dinner, open from 6am - 10pm daily.

2.7 If additional amenities are available to your guests through your establishment (eg: guided tours or trips, rental equipment for guests, other activities that attract tourists), please describe them. If they are not offered, please write "none".

Room service daily 6pm - 10pm

[Tourism Statement] (rev 9/17/2019)

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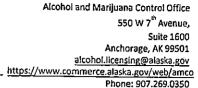
AMCO Received 10/29/20

YES

YES

NO

X





- This form and any required supplemental forms must be completed, signed by the licensee, and postmarked no later than 12/31/2020 per AS 04.11.270, 3 AAC 304.160, with all required fees paid in full, or a non-refundable \$500.00 late fee applies.
- Any complete application for renewal or any fees for renewal that have not been postmarked by 02/28/2021 will be expired per AS 04.11.540,3 AAC 304.160(e).
- All fields of this application must be deemed complete by AMCO staff and must be accompanied by the required fees and all documents required, or the application will be returned without being processed, per AS 04.11.270, 3 AAC 304.105
- Receipt and/or processing of renewal payments by AMCO staff neither indicates nor guarantees in any way that an application will be deemed complete, renewed, or that it will be scheduled for the next ABC Board meeting.

	Establishment Contact Information		
Licensee (Owner):	Anchorage Hospitality, LLC	License #:	4844
License Type:	Beverage Dispensary - Tourism	<u> </u>	· · · · · · · · · · · · · · · · · · ·
Doing Business As:	Crowne Plaza Midtown Anchorage - Juno		
Premises Address:	109 W. International Airport Road, Anchorage,	99518	
Local Governing Body:	Municipality of Anchorage		
Community Council:	Midtown		

#### If your mailing address has changed, write the NEW address below:

Mailing Address:		· · · · · · · · · · · · · · · · · · ·		
City:	State:		ZIP:	

### Section 1.- Licensee Contact Information

**Contact Licensee:** The individual listed below must be listed in Section 2 or 3 as an Official/Owner/Shareholder of your entity and must be listed on CBPL with the same name and title.

This person will be the designated point of contact regarding this license, unless the Optional contact is completed.

Contact Licensee:	William J Lawson	Contact Phone:	509-252-8963
Contact Email:	bill@aacdi.com		· · · · · · · · · · · · · · · · · · ·

Optional: If you wish for AMCO staff to communicate with anyone other than the Contact Licensee about your license, list them below:

Name of Contact:	Catherine DeVane	Contact Phone:	615-517-5511
Contact Email:	catherined@nwxsouthern.com	·	· · · · · · · · · · · · · · · · · · ·

Name of Contact:		Contact Phone:	
Contact Email:	 		<u> </u>

Name of Contact:		Contact Phone:	
Contact Email:			·

[Form AB-17] (rev09/23/2020)

Page 1 of 4 AMCO Received 10/29/20



Section 2—Entity or Community Ownership Information

#### Sole Proprietors should skip this Section.

Use the link from Corporations, Business and Professional Licensing (CBPL) below to assist you in finding the Entity #. <u>https://www.commerce.alaska.gov/cbp/main/search/entities</u>

Alaska CBPL Entity #:	118298			
			•	
		-		

READ BEFORE PROCEEDING: Any new or changes to Shareholders (10% or more), Managers, Corporate Officers, Board of Directors, Partners, Controlling Interest or Ownership of the business license must be reported to the ABC Board within <u>10 days</u> of the change and <u>must be accompanied by</u> a full set of fingerprints on FBI-approved card stock, AB-08a's, payment of \$48.25 for <u>each new officer</u> with a date-stamped copy of the CBPL change per AS 04.11.045, 50 & 55, or a Notice of Violation will be issued to your establishment and your application will be returned.

The only exception to this is a Corporation who can meet the requirements set forth in AS 04.11.050(c).

#### DO NOT LIST OFFICERS OR TITLES THAT ARE NOT REQUIRED FOR YOUR ENTITY TYPE.

- Corporations of <u>any</u> type including non-profit must list ONLY the following:
  - o All shareholders who own 10% or more stock in the corporation
  - o Each President, Vice-President, Secretary, and Managing Officer regardless of percentage owned
- Limited Liability Corporations, of <u>any</u> type must list ONLY the following:
  - o All Members with an ownership interest of 10% or more
  - o All Managers (of the LLC, not the DBA) regardless of percentage owned
  - Partnerships of any type, including Limited Partnerships must list ONLY the following:
    - o Each Partner with an interest of 10% or more
    - o All General Partners regardless of percentage owned

Important Note: All entries below must match our records, or your application will be returned per AS 04.11.270, 3 AAC 304.105. You must list full legal names, all required titles, phone number, percentage of shares owned (if applicable) and a full mailing address for each official of your entity whose information we require. If more space is needed: attach additional completed copies of this page. Additional information not on this page will be rejected.

Name of Official:	AAWL, LLC			, <u> </u>			
Title(s):	Member	Phone:	509-624-1170	% Owned: 7	1		
Mailing Address:	108 N. Washington Stree	108 N. Washington Street, Suite 603					
City:	Spokane	State:	WA.	ZIP: 99201	1		

Name of Official:	Hope Holdings, LLC		<u> </u>				
Title(s):	Member	Phone:	509-624-1170	% Owi	ned:	20	
Mailing Address:	PO Box 2846	PO Box 2846					
City:	Spokane	State:	WA	ZIP:	992	220	

Name of Official:		· · · · · · · · · · · · · · · · · · ·
Title(s):	Phone:	% Owned:
Mailing Address:		, <u>1</u>
City:	State:	ZIP:



#### Section 3 - Sole Proprietor Ownership Information

#### Corporations, LLC's and Partnerships of ALL kinds should skip this section.

READ BEFORE PROCEEDING: Any new or changes to the ownership of the business license must be reported to the ABC Board within <u>10 days</u> of the change and must be accompanied by a full set of fingerprints on FBI approved cardstock, AB-08a's, payment of \$48.25 for <u>each new owner or officer</u> and a date stamped copy of the CBPL change per AS 04.11.045, or a Notice of Violation will be issued to your establishment and your application will be returned.

Important Note: All entries below must match our records, or your application will be returned per AS 04.11.270, 3 AAC 304.105. You must list full legal names, phone number, and mailing address for each owner or partner whose information we require.

#### If more space is needed, attach additional copies of this page. Additional owners not listed on this page will be rejected.

This individual is an:	Applicant	Affiliate					
Name:		-	-	<b>Contact Phone:</b>			
Mailing Address:						-	
City:			State:		ZIP:	1	
Email:		••••••••••••••••••••••••••••••••••••••					
This Individual is an:	Applicant	Affiliate			<u> </u>		
Name:				<b>Contact Phone:</b>			
Mailing Address:		· -	<u> </u>	· · · ·			
City:		و. ۴۰	State:	÷	🦏 ZIP:	1	
Email:					,		
		Section 4 -	License Op	eration			
A complete AB-30; Provi The license was not op hours each year, durin	perated to mee fof <u>Minimum Ope</u> perated at all or ng one or both o	to _to	<u>nentation must be prov</u> st the minimum requ orm AB-29: Waiver of C	<u>vided with this form.</u> Ilrement of 240 total Operation Application.	perated,		
		m number of hours of o required with Section 2					ver a
onvicted of a violation o <u>If you check</u>	lation been iss of Title 04, 3A <i>J</i> ed YES, you M	ection 5 Viola sued for this license OR h AC 304 or a local ordinan UST attach a list of all N ave received any Notices AMC	as ANY person or i ce adopted under lotices of Violatio	entity in this application AS 04.21.010 in 2019 In and/or Convictions	or 2020? per <u>AS 04.11</u>		
		Nov	04 2020				

[Form AB-17] (rev09/23/2020)



#### Section 6 - Certifications

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, are true, correct, and complete.

- I agree to provide all information required by the Alcoholic Beverage Control Board or requested by 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 and potentially expired if I do not comply with statutory or regulatory requirements.
- 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.
- I certify that this entity is in good standing with Corporations, Business and Professional Licensing (CBPL) and that all entity officials and stakeholders are current and accurately listed, and I have provided AMCO with all required changes of Shareholders (10% or more), Managers, Corporate Officers/Board of Directors, Partners, Controlling Interest or Ownership of the business license, and have provided all required documents for any new or changes in officers.
- I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check identification of patrons 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, if applicable for this license type as set forth In AS 04.21.025 and 3 AAC 304.465.
- 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 from what is currently approved and on file with the Alcoholic Beverage Control Board.

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.

Signature of Notab Public Lawson Notary Public in and for the State of: ensee Printed name of licensee Stered R MYRE-BURAS My commission Subscribed and sworn to before me this NOTARY PUBLIC COMM. EXPIRES Restaurant/Estigg Blace applications must include a completed AB-33: Restaurant Receipts Affidavit Recreational Site applications must include a completed Recreational Site Statement Tourism applications must include a completed AB-25: Supplier Certification

All renewal and supplemental forms are available online

Any application that is not complete or does not include ALL required completed forms and fees will not be processed and will be returned per AS 04.11.270, 3 AAC 304.105.

FOR OFFICE USE ONLY

License Fee:	\$	2500	Application Fee:	\$ 300.00	Misc. Fee:	\$ 
Total Fees Due:					\$ 2800	

[Form AB-17] (rev09/23/2020)

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#### Alaska Alcoholic Beverage Control Board

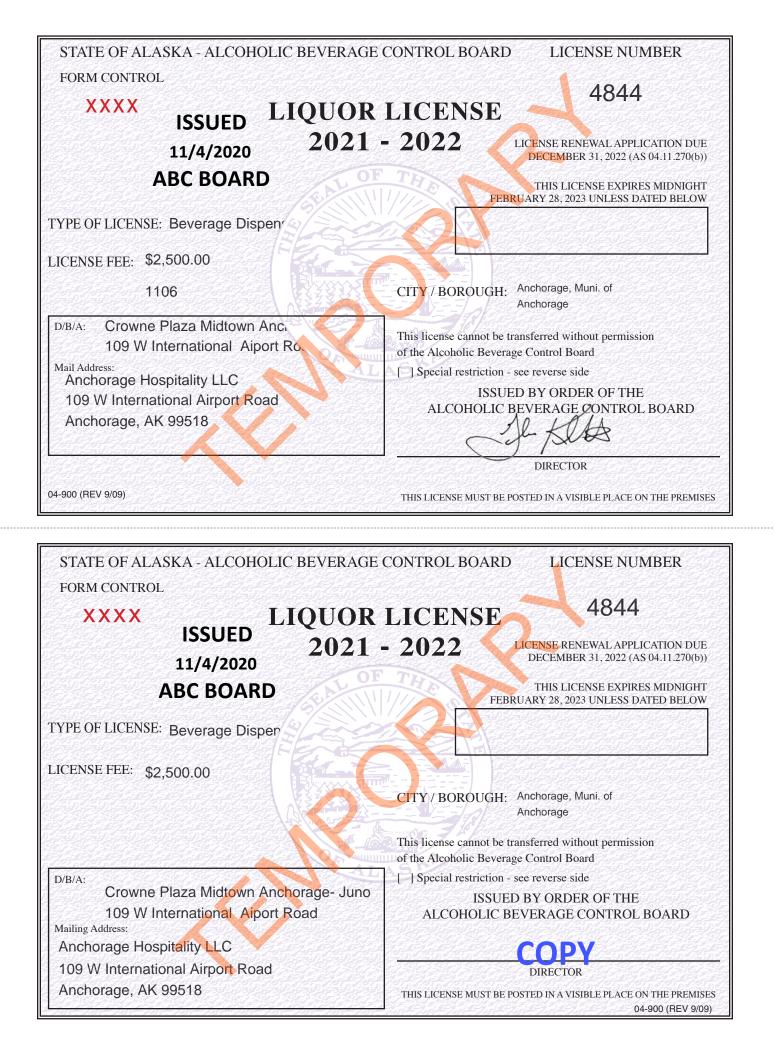
# **Master Checklist: Renewal Liquor License Application**

Doing Business As:	License Number:	
License Type:		
Examiner:	Transaction #:	

Document	Received	Completed	Notes
AB-17: Renewal Application			
App and License Fees			

Supplemental Document	Received	Completed	Notes
Tourism/Rec Site Statement			
AB-25: Supplier Cert (WS)			
AB-29: Waiver of Operation			
AB-30: Minimum Operation			
AB-33: Restaurant Affidavit			
COI / COC / 5 Star			
FP Cards & Fees / AB-08a			
Late Fee			

Names on FP Cards:		
	Yes	No
Selling alcohol in response to written order (package stores)?		
Mailing address and contact information different than in database (if yes, update database)?		
In "Good Standing" with CBPL (skip this and next question for sole proprietor)?		
Officers and stockholders match CBPL and database (if "No", determine if transfer necessary)?		
LGB 1 Response: MOA LGB 2 Response: Midtown		
Waive Protest Lapsed Waive Protest Lapsed		
[Master Checklist: Renewal] (rev 09/20/2018)	Pag	e <b>1</b> of <b>1</b>



## Department of Commerce, Community, and Economic Development CORPORATIONS, BUSINESS & PROFESSIONAL LICENSING

State of Alaska / Commerce / Corporations, Business, and Professional Licensing / Search & Database Download / Corporations / Entity Details

# ENTITY DETAILS

# Name(s)

Туре	Name
Legal Name	Anchorage Hospitality, LLC
Entity Type	Limited Liability Company
Entity #	: 118298
Status	: Good Standing
AK Formed Date	9/24/2008
Duration/Expiration	: Perpetual
Home State	WASHINGTON
Next Biennial Report Due	: 1/2/2022
Entity Mailing Address	108 N WASHINGTON STREET, SUITE 603, SPOKANE, WA 99201
Entity Physical Address	: 108 N WASHINGTON STREET, SUITE 603, SPOKANE, WA 99201
Registered Agent	
Agent Name	: DWT Alaska Corp.
Registered Mailing Address	: 188 W NORTHERN LIGHTS BLVD., SUITE 1100, ANCHORAGE, AK 99503-3985
De sistere d Disseis et Address	

Registered Physical Address: 188 W NORTHERN LIGHTS BLVD., SUITE 1100, ANCHORAGE, AK 99503-3985

# Officials

			□Show Former
AK Entity #	Name	Titles	Owned
	AAWL, LLC	Member	71.00

AK Entity #	Name	Titles	Owned
	Brian Hooper	Member	1.50
	Gary Day	Member	3.00
	Hope Holdings, LLC	Member	20.00
	Jon Feil	Member	1.50
	Michael John Kappen	Member	1.50
	Sherri Myre-Burrington	Member	1.50

# **Filed Documents**

Date Filed	Туре	Filing	Certificate
9/24/2008	Creation Filing	Click to View	
3/24/2010	Biennial Report	Click to View	
4/16/2010	Agent Change	Click to View	
1/31/2012	Biennial Report	Click to View	
3/12/2013	Entity Address Change	Click to View	
3/13/2013	Agent Change	Click to View	
8/13/2013	Certificate of Compliance		Click to View
11/24/2013	Biennial Report	Click to View	
12/10/2013	Certificate of Compliance		Click to View
12/15/2015	Biennial Report	Click to View	
10/12/2017	Biennial Report	Click to View	
6/07/2018	Certificate of Compliance		Click to View
11/12/2019	Biennial Report	Click to View	

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Alaska Business License # 930087

Alaska Department of Commerce, Community, and Economic Development

Division of Corporations, Business, and Professional Licensing PO Box 110806, Juneau, AK 99811-0806

This is to certify that

# CROWNE PLAZA HOTEL - MIDTOWN ANCHORAGE

108 N WASHINGTON STREET, SUITE 603, SPOKANE, WA 99201

owned by

ANCHORAGE HOSPITALITY LLC

is licensed by the department to conduct business for the period

October 21, 2020 to December 31, 2022 for the following line(s) of business:

72 - Accommodation and Food Services



This license shall not be taken as permission to do business in the state without having complied with the other requirements of the laws of the State or of the United States.

This license must be posted in a conspicuous place at the business location. It is not transferable or assignable.

Julie Anderson Commissioner





## Department of Commerce, Community, and Economic Development

ALCOHOL & MARIJUANA CONTROL OFFICE

550 West Seventh Avenue, Suite 1600 Anchorage, AK 99501 Main: 907.269.0350

November 4, 2020

Anchorage Hospitality LLC DBA: Crowne Plaza Midtown Anchorage- Juno Via Email: <u>catherined@nwxsouthern.com</u> ; <u>bill@aacdi.com</u>

Re: Beverage Dispensary - Tourism Duplicate #4844 DBA: Crowne Plaza Midtown Anchorage- Juno

Dear Applicant:

I have received your application for renewal of your liquor license. Our staff has reviewed your application after receiving your application and required fees. Your renewal documents appear to be in order, and I have determined that your application is complete for purposes of AS 04.11.510, and AS 04.11.520.

Your application is now considered complete and will be sent electronically to your local governing body, your community council if your proposed premises is in Anchorage or certain locations in the Matanuska-Susitna Borough, and to any non-profit agencies who have requested notification of applications. The local governing body will have 60 days to protest the renewal of your license or waive protest.

#### A temporary license has been issued for this establishment.

Your application will be scheduled for the January 2021 board meeting for Alcoholic Beverage Control Board consideration. The address and call-in number for the meeting will be posted on our home page. The board will not grant or deny your application at the meeting unless your local government waives its right to protest per AS 04.11.480(a).

Please feel free to contact us through the <u>alcohol.licensing@alaska.gov</u> email address if you have any questions.

Sincerely,

Olivia Frank Occupational Licensing Examiner