

**Tourism Statement Form** 

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

#### A new, transfer, or renewal application for a Tourism Site License must be accompanied by this form which explains how the establishment satisfies the requirements listed under AS 04.11.400 (d), 3 AAC 304.325.

- You must provide complete responses to all questions or your application will be returned and will not be scheduled for the next ABC board meeting until the application is deemed complete by AMCO staff.
- All questions must be answered on this form. Do not attach other documents, or they will be returned.
- Do not provide documents and/or statements not requested.

	Mandatory Points to be included
1.	Explain how issuance of a liquor license at your establishment has/will keep encouraging tourism:
	The Inlet Tower Hotel & Suites is a fifteen-story hotel supporting Anchorage tourism.  Hotel rooms are available on a year-round basis.  Our beverage dispensary tourism license allows us to offer our tourist guest a full service restaurant.
<b>2</b> .	Explain how the facility was or will be improved in accordance with this application: (this includes planned renovations, repairs, dates to the facility/grounds)
	Our restaurant has an ongoing program refurbishing wall coverings, flooring and window coverings on an annual basis.

3.	Who operates the Liquor License?
	Bistro IT LLC's managers and staff operate the full-service restaurant on a year-round basis.
4.	Do you offer room rentals to the traveling public? Yes X No (if no, skip to question 5)
	a. If so, how many of these rooms are available?
	175 rooms
	b. Do any of the rental rooms have kitchen facilities (such as: a separate sink for food preparation and refrigeration/cooking appliance devices, including a microwave)? Yes X No
	i. If yes, how many of the rental rooms have kitchen facilities that meet this definition?
	175 rooms
	c. Do you stock alcoholic beverages in guest rooms? Yes No X
5.	Is your facility located within an airport terminal? Yes No X
6.	Does your establishment include a dining facility? Yes X No
7.	Are additional amenities available to your guests through your establishment? Yes No X
	a. If Yes, list your available amenities that directly pertain to this license type:



Licensee (Owner):

Alcohol and Marijuana Control Office 550 W 7<sup>th</sup> Avenue, Suite 1600 Anchorage, AK 99501 alcohol.licensing@alaska.gov

https://www.commerce.alaska.gov/web/amco
Phone: 907.269.0350

4283

License #:

Alaska Alcoholic Beverage Control Board

Bistro IT LLC

# Form AB-17: 2021/2022 License Renewal Application

- 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**

License Type:	Beverage Dispensary - Tourism								
Doing Business As:	PubHouse								
Premises Address:	1020 W 12th Avenue	1020 W 12th Avenue							
Local Governing Body:	Municipality of Anchorage								
Community Council:	South Addition								
If your mailing address ha	s 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.									
		nse, unless th	ne Optional contact is con	npleted.					
		nse, unless th	ne Optional contact is con  Contact Phone:	1	60-3880				
This person will be the design	ated point of contact regarding this lice			1	60-3880				
This person will be the designation  Contact Licensee:  Contact Email:	Bob Gross	n	Contact Phone:	907-3					
This person will be the designation  Contact Licensee:  Contact Email:	Bob Gross  bob.gross@inlettower.cor	n	Contact Phone:	907-3					
This person will be the designation  Contact Licensee:  Contact Email:  Optional: If you wish for AMCO	Bob Gross  bob.gross@inlettower.cor	n	Contact Phone:	907-3					
Contact Licensee:  Contact Email:  Optional: If you wish for AMCO  Name of Contact:  Contact Email:	Bob Gross  bob.gross@inlettower.cor	n	Contact Phone:  act Licensee about your licen Contact Phone:	907-3					
Contact Licensee: Contact Email: Optional: If you wish for AMCO Name of Contact: Contact Email: Name of Contact:	Bob Gross  bob.gross@inlettower.cor	n	Contact Phone:	907-3					
Contact Licensee:  Contact Email:  Optional: If you wish for AMCO  Name of Contact:  Contact Email:	Bob Gross  bob.gross@inlettower.cor	n	Contact Phone:  act Licensee about your licen Contact Phone:	907-3					
Contact Licensee: Contact Email: Optional: If you wish for AMCO Name of Contact: Contact Email: Name of Contact:	Bob Gross  bob.gross@inlettower.cor	n	Contact Phone:  act Licensee about your licen Contact Phone:	907-3					
Contact Licensee: Contact Email:  Dptional: If you wish for AMCO Name of Contact: Contact Email:  Name of Contact: Contact Email:	Bob Gross  bob.gross@inlettower.cor	n	Contact Phone:  act Licensee about your licen Contact Phone:  Contact Phone:	907-3					



# Form AB-17: 2021/2022 License Renewal Application

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

Alaska CBPL Entity #: 10000969

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 10 days of the change and must be accompanied by a full set of fingerprints on FBI-approved card stock, AB-08a's, payment of \$48.25 for each new officer 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 *any* 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 entities 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:	RB Enterprises LLC							
Title(s):	Member - Manager	Phone:	907-360-3880	% Ow	ned:	50%		
Mailing Address:	205 E Dimond Blvd 515	205 E Dimond Blvd 515						
City:	Anchorage	State:	AK	ZIP:	995	515		

Name of Official:	Mystery Ranch LLC					
Title(s):	Member - Manager	Phone:	907-276-0110	% Owi	ned:	50%
Mailing Address:	1020 W 12th Ave					
City:	Anchorage	State:	AK	ZIP:	995	501

Name of Official:	Bob Gross							
Title(s):	Affiliate	Phone:	907-360-3880	% Ow	ned:	0%		
Mailing Address:	205 E Dimond Blvd 515					<b>1</b>		
City:	Anchorage	State:	Ak	ZIP:	995	515		

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



# Form AB-17: 2021/2022 License Renewal Application

#### **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 10 days 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 each new owner or officer 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.

<u>If mo</u>	ore space is need	led, at	ttach additio	<u>nal c</u>	copies of this page. Ad	ditional owr	ners not listed on this pag	e will be	rejected.	
This	individual is an:	Α	pplicant		Affiliate	·		T .		
Name:			n/a				Contact Phone:			
Mailing Address:										
Ci	ty:					State:		ZIP:		
Er	nail:					· · · · · · · · · · · · · · · · · · ·				
This	individual is an:	Α	pplicant		Affiliate					
Na	ame:		n/a				Contact Phone:			
М	ailing Address:				<del></del>					
Ci	ty:					State:		ZIP:		
Er	mail:									
Check ONE BOX for EACH CALENDAR YEAR that best describes how this liquor license was operated:  1. The license was regularly operated continuously throughout each year. (Year-round)  2. The license was only operated during a specific season each year. (Seasonal)  If your operation dates have changed, list them below:							2019			
			te AB-29 is re	qui		ked "OTHER	you are not required to and COVID is listed as to COVID is listed as to Convictions			<u>/er a</u>
Have conv	ricted of a violation	on of T ecked	ion been issu Title 04, 3AAC <i>YES, you MU</i>	ed fo 304 57 a	or this license <b>OR</b> has A 4 or a local ordinance a attach a list of all Notic	NY person or dopted unde es of Violati	r entity in this application ber AS 04.21.010 in 2019 or ion and/or Convictions pe	2020? <u>r AS <i>04</i>.1</u> 2		No V
	<u>If you ar</u>	<u>e unsi</u>	ure if you hav	e re	ceived any Notices of	<u>Violation, co</u>	entact the office before su	bmitting	this form.	

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



# Form AB-17: 2021/2022 License Renewal Application

#### 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.

Bole Man AFF	BISTRO TUES OTARY TO LEWING & Botton
Signature on censee  Bob Gross For	Signature of Notary Public
Printed name of licensee	A COMPANY OF ANY
	Subscribed and sworn to before me this 9th day of December 20 20

Restaurant/Eating Place 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 Tourism Statement
Wholesale applications must include a completed AB-25: Supplier Certification

All renewal and supplemental forms are available online

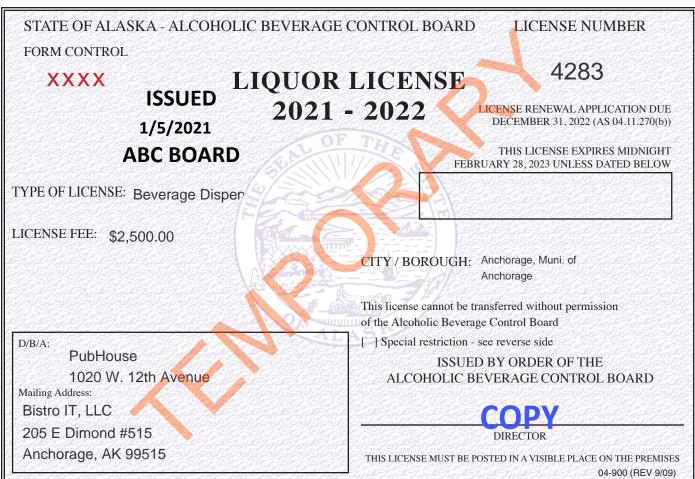
Any application that is not complete or does not include ALL required completed forms and fees will not be processed and will be returned per AS 04.11.270, 3 AAC 304.105.

#### FOR OFFICE USE ONLY

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

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

STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD LICENSE NUMBER FORM CONTROL 4283 XXXX LIQUOR LICENSE **ISSUED** 2021 - 2022 LICENSE RENEWAL APPLICATION DUE 1/5/2021 DECEMBER 31, 2022 (AS 04.11.270(b)) **ABC BOARD** THIS LICENSE EXPIRES MIDNIGHT FEBRUARY 28, 2023 UNLESS DATED BELOW TYPE OF LICENSE: Beverage Dispen LICENSE FEE: \$2,500.00 CITY / BOROUGH: Anchorage, Muni. of 1106 Anchorage D/B/A: **PubHouse** This license cannot be transferred without permission 1020 W. 12th Avenue of the Alcoholic Beverage Control Board Mail Address: Special restriction - see reverse side Bistro IT, LLC ISSUED BY ORDER OF THE 205 E Dimond #515 ALCOHOLIC BEVERAGE CONTROL BOARD Anchorage, AK 99515 DIRECTOR 04-900 (REV 9/09) THIS LICENSE MUST BE POSTED IN A VISIBLE PLACE ON THE PREMISES STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD LICENSE NUMBER FORM CONTROL 4283 LIQUOR LICENSE XXXX **ISSUED** 2021 - 2022 LICENSE RENEWAL APPLICATION DUE DECEMBER 31, 2022 (AS 04.11.270(b)) 1/5/2021





# Department of Commerce, Community, and Economic Development

ALCOHOL & MARIJUANA CONTROL OFFICE

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

January 5, 2021

Bistro IT, LLC DBA: PubHouse

Via Email: <a href="mailto:bob.gross@inlettower.com">bob.gross@inlettower.com</a>

Re: Beverage Dispensary - Tourism License #4283 DBA: PubHouse

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 *March 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



Alcohol and Marijuana Control Office 550 W 7<sup>th</sup> 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** 

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

Doing Business As:				License Number:					
License Type:									
Examiner:				Transaction #:					
Document	Received	Completed	Notes						
AB-17: Renewal Applic	ation								
App and License Fees									
Supplemental Docume	ent Received	Completed	Notes						
Tourism/Rec Site State	ment								
AB-25: Supplier Cert (V	VS)								
AB-29: Waiver of Oper	ation								
AB-30: Minimum Oper	ation								
AB-33: Restaurant Affic	davit								
COI / COC / 5 Star									
FP Cards & Fees / AB-0	8a								
Late Fee									
Names on FP Cards:	Names on FP Cards:								
					Yes	No			
Selling alcohol in respo	nse to written order (p	ackage 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:		LGB 2 Res	sponse:						
Waive	Protest Lapse	d Wa	ive Pro	otest Lapsed					

# 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	Bistro IT, LLC

**Entity Type:** Limited Liability Company

**Entity #**: 10000969

Status: Good Standing

**AK Formed Date: 11/2/2011** 

**Duration/Expiration:** Perpetual

Home State: ALASKA

**Next Biennial Report Due: 1/2/2023** 

Entity Mailing Address: 205 E DIMOND #515, ANCHORAGE, AK 99515-1909

Entity Physical Address: 1020 W 12TH AVE, ANCHORAGE, AK 99501

# **Registered Agent**

Agent Name: Bob A Gross

Registered Mailing Address: 205 E DIMOND #515, ANCHORAGE, AK 99515-1909

Registered Physical Address: 205 E DIMOND #515, ANCHORAGE, AK 99515-1909

### **Officials**

□Show Former

AK Entity #	Name	Titles	Owned
	Mystery Ranch, LLC	Manager, Member	50.00
	RB Enterprises, LLC	Manager, Member	50.00

1 of 2 12/10/2020, 10:55 AM

# **Filed Documents**

Date Filed	Туре	Filing	Certificate
11/02/2011	Creation Filing	Click to View	Click to View
11/02/2011	Initial Report	Click to View	
3/08/2013	Biennial Report	Click to View	
10/06/2014	Biennial Report	Click to View	
10/26/2016	Biennial Report	Click to View	
12/05/2018	Biennial Report	Click to View	
1/07/2019	Certificate of Compliance		Click to View
10/14/2020	Biennial Report	Click to View	

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#### 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

## **PUBHOUSE**

205 E DIMOND BLVD 515, ANCHORAGE, AK 99515-1909

owned by

BISTRO IT, LLC

is licensed by the department to conduct business for the period

October 13, 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