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 completed and 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.

<table>
<thead>
<tr>
<th>Doing Business As:</th>
<th>THE FINISH LINE</th>
<th>License #:</th>
<th>4778</th>
</tr>
</thead>
<tbody>
<tr>
<td>License Type:</td>
<td>BEVERAGE DISPENSARY - TOURISM</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Section 2 – Tourism Statement**

2.1. Explain how issuance of a liquor license at your establishment has/will encourage tourism.

IT HELPS US PROMOTE OUR FACILITY TO TOUR GROUPS WHO DO NOT HAVE THEIR OWN TRANSPORTATION. THEY CAN STAY AT THE HOTEL AND HAVE FOOD AND BEVERAGE SERVICE ON SITE. ALSO, DUE TO OUR LARGE EVENT SPACE WE PROMOTE MEETINGS, RETREATS, RECEPTIONS, ETC., MANY OF WHICH REQUIRE FOOD AND BEVERAGE SERVICE.

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

OUR FULL SERVICE HOTEL WAS REMODELED NOT TOO LONG AGO AND IS LOCATED AT THE AIRPORT. WE RELY HEAVILY ON TOURISM AND OUR SALES TEAM SELLS THE AREA TO MANY BUSINESSES AND LEISURE TRAVELERS, PROMOTING THE HOTEL, RESTAURANT AND EVENT SPACE.

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

YES [ ] NO [X]

2.4 If "no" who operates the tourism facility?

[ ]
Tourism Statement

2.5 Do you offer room rentals to the traveling public?

Yes X No

If “yes” answer the following questions:

How many rooms are available?

113

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)?

14

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

Yes X No

If “no” is your facility located within an airport terminal?

Yes X No

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

THE FINISH LINE, A FULL SERVICE RESTAURANT

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”.

None
STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD

LIQUOR LICENSE

2022 - 2023

TEMPORARY

LICENSE NUMBER

4778

LICENSE RENEWAL APPLICATION DUE DECEMBER 31, 2023 (AS 04.11.270(b))

THIS LICENSE EXPIRES MIDSIGN OF FEBRUARY 28, 2024 UNLESS DATED BELOW

TYPE OF LICENSE: Beverage Dispense

LICENSE FEE: $2,500.00

1106

D/B/A: The Finish Line
4920 Dale Road

Mail Address:
Dale Road Hotel Operations, Inc.
16114 East Indiana Ave. Ste. 200
Spokane, WA 99216

CITY / BOROUGH: Outside City Limits
Fairbanks North Star Borough

This license cannot be transferred without permission of the Alcoholic Beverage Control Board

[ ] Special restriction - see reverse side

ISSUED BY ORDER OF THE
ALCOHOLIC BEVERAGE CONTROL BOARD

DIRECTOR

THIS LICENSE MUST BE POSTED IN A VISIBLE PLACE ON THE PREMISES

04-900 (REV 7/21)

STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD

LIQUOR LICENSE

2022 - 2023

TEMPORARY

LICENSE NUMBER

4778

LICENSE RENEWAL APPLICATION DUE DECEMBER 31, 2023 (AS 04.11.270(b))

THIS LICENSE EXPIRES MIDSIGN OF FEBRUARY 28, 2024 UNLESS DATED BELOW

TYPE OF LICENSE: Beverage Dispense

LICENSE FEE: $2,500.00

D/B/A: The Finish Line
4920 Dale Road

Mail Address:
Dale Road Hotel Operations, Inc.
16114 East Indiana Ave. Ste. 200
Spokane, WA 99216

CITY / BOROUGH: Outside City Limits
Fairbanks North Star Borough

This license cannot be transferred without permission of the Alcoholic Beverage Control Board

[ ] Special restriction - see reverse side

ISSUED BY ORDER OF THE
ALCOHOLIC BEVERAGE CONTROL BOARD

COPY

DIRECTOR

THIS LICENSE MUST BE POSTED IN A VISIBLE PLACE ON THE PREMISES

04-900 (REV 7/21)
Alaska Alcoholic Beverage Control Board
Form AB-17: 2022/2023 General Renewal Application

- This form and any required supplemental forms must be completed, signed by the licensee, and postmarked no later than 12/31/2021 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 02/28/2022 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.

<table>
<thead>
<tr>
<th>Establishment Contact Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensee (Owner): DAVE ROAD HOTEL OPERATIONS, INCL.</td>
</tr>
<tr>
<td>License #: 4778</td>
</tr>
<tr>
<td>License Type: BEVERAGE DISPENSARY - TOURISM</td>
</tr>
<tr>
<td>Doing Business As: THE FINISH LINE</td>
</tr>
<tr>
<td>Premises Address: 4920 DAVE ROAD</td>
</tr>
<tr>
<td>Local Governing Body: FAIRBANKS NORTH STAR BOROUGH</td>
</tr>
<tr>
<td>Community Council: NONE</td>
</tr>
</tbody>
</table>

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

| Mailing Address: 16114 EAST INDIANA AVE., SUITE 200 |
| City: SPICANE VALLEY |
| State: CT |
| ZIP: 99216 |

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: JAMES MULLOT |
| Contact Phone: 509-928-3736 |

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: |
| Contact Phone: |
| Contact Email: |

| Name of Contact: |
| Contact Phone: |
| Contact Email: |

| Name of Contact: |
| Contact Phone: |
| Contact Email: |

[Form AB-17] (rev09/21/2021)
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:
  - All shareholders who own 10% or more stock in the corporation
  - Each President, Vice-President, Secretary, and Managing Officer regardless of percentage owned
- **Limited Liability Corporations, of any type** must list ONLY the following:
  - All Members with an ownership interest of 10% or more
  - All Managers (of the LLC, not the DBA) regardless of percentage owned
- **Partnerships of any type, including Limited Partnerships** must list ONLY the following:
  - Each Partner with an interest of 10% or more
  - 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.

<table>
<thead>
<tr>
<th>Name of Official:</th>
<th>James Mulloy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title(s):</td>
<td>Director/President</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>16114 East Indiana Ave, Suite 200</td>
</tr>
<tr>
<td>City:</td>
<td>Spokane Valley</td>
</tr>
<tr>
<td>State:</td>
<td>WA</td>
</tr>
<tr>
<td>ZIP:</td>
<td>99216</td>
</tr>
<tr>
<td>Phone:</td>
<td>509.928.3736</td>
</tr>
<tr>
<td>% Owned:</td>
<td>50</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Official:</th>
<th>Holly Mulloy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title(s):</td>
<td>Director/Secretary</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>SAME</td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>ZIP:</td>
<td>99216</td>
</tr>
<tr>
<td>Phone:</td>
<td>509.928.3736</td>
</tr>
<tr>
<td>% Owned:</td>
<td>50</td>
</tr>
</tbody>
</table>

[Form AB-17] (rev09/21/2021)
**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. **If more space is needed, attach additional copies of this page. Additional owners not listed on this page will be rejected.**

<table>
<thead>
<tr>
<th>Name:</th>
<th>Contact Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Email:</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name:</th>
<th>Contact Phone:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mailing Address:</td>
<td></td>
</tr>
<tr>
<td>City:</td>
<td>State:</td>
</tr>
<tr>
<td>Email:</td>
<td></td>
</tr>
</tbody>
</table>

**Section 4 – License Operation**

*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)
   - [ ] 2020
   - [ ] 2021

2. The license was only operated during a specific season each year. (Seasonal)
   - If your operation dates have changed, list them below:
   - [ ] 2020
   - [ ] 2021

3. The license was only operated to meet the minimum requirement of 240 total hours each calendar year.
   - A complete AB-30: Proof of Minimum Operation Checklist, and all documentation must be provided with this form.
   - [ ] 2020
   - [ ] 2021

4. 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 calendar years. A complete 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.
   - [x] 2020
   - [x] 2021

*If you have not met the minimum number of hours of operation in 2020 and/or 2021, you are not required to pay the fees, however a complete AB-29 is required with Section 2 marked "OTHER" and COVID is listed as the reason.*

**Section 5 – Violations and Convictions**

Have **ANY** Notices of Violation been issued for this license OR has **ANY** person or entity in this application been convicted of a violation of Title 04, 3AAC 304 or a local ordinance adopted under AS 04.21.010 in 2020 or 2021?

- [ ] Yes
- [x] No

*If you checked YES, you MUST attach a list of all Notices of Violation and/or Convictions per AS 04.11.270(a)(2)*

*If you are unsure if you have received any Notices of Violation, contact the office before submitting this form.*

[Form AB-17] (rev09/21/2021)
Alaska Alcoholic Beverage Control Board

Form AB-17: 2022/2023 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.

Signature of licensee

James S. Molloy

Signature of Notary Public

Chicki Shuckett

Notary Public in and for the State of: Washington

My commission expires: 9.11.2024

Subscribed and sworn to me this 18th day of November, 2021

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

Common Carrier applications must include a current safety inspection certificate

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

<table>
<thead>
<tr>
<th>License Fee:</th>
<th>$ 2500</th>
<th>Application Fee:</th>
<th>$ 300.00</th>
<th>Misc. Fee:</th>
<th>$ 2800</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Fees Due:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

[Form AB-17] (rev09/21/2021)
ENTITY DETAILS

Name(s)

<table>
<thead>
<tr>
<th>Type</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name</td>
<td>Dale Road Hotel Operations, Inc.</td>
</tr>
</tbody>
</table>

Entity Type: Business Corporation

Entity #: 10030857

Status: Good Standing

AK Formed Date: 7/16/2015

Duration/Expiration: Perpetual

Home State: ALASKA

Next Biennial Report Due: 1/2/2023

Entity Mailing Address: 16114 E. INDIANA, STE. 200, SPOKANE VALLEY, WA 99216

Entity Physical Address: 16114 E INDIANA AVE SUITE 200, SPOKANE VALLEY, WA 99216

Registered Agent

Agent Name: NATIONAL REGISTERED AGENTS, INC.

Registered Mailing Address: 9360 GLACIER HIGHWAY, STE 202, JUNEAU, AK 99801

Registered Physical Address: 9360 GLACIER HIGHWAY, STE 202, JUNEAU, AK 99801

Officials

<table>
<thead>
<tr>
<th>AK Entity #</th>
<th>Name</th>
<th>Titles</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Holly Mulloy</td>
<td>Director, Secretary, Shareholder, Vice President</td>
</tr>
<tr>
<td></td>
<td>James Mulloy</td>
<td>Director, President, Shareholder, Treasurer</td>
</tr>
</tbody>
</table>

Show Former

Owned

50.00

50.00
## Filed Documents

<table>
<thead>
<tr>
<th>Date Filed</th>
<th>Type</th>
<th>Filing</th>
<th>Certificate</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/16/2015</td>
<td>Creation Filing</td>
<td>Click to View</td>
<td></td>
</tr>
<tr>
<td>7/30/2015</td>
<td>Initial Report</td>
<td>Click to View</td>
<td></td>
</tr>
<tr>
<td>12/07/2016</td>
<td>Biennial Report</td>
<td>Click to View</td>
<td></td>
</tr>
<tr>
<td>10/31/2018</td>
<td>Biennial Report</td>
<td>Click to View</td>
<td></td>
</tr>
<tr>
<td>12/22/2020</td>
<td>Biennial Report</td>
<td>Click to View</td>
<td></td>
</tr>
</tbody>
</table>

COPYRIGHT © STATE OF ALASKA - DEPARTMENT OF COMMERCE, COMMUNITY, AND ECONOMIC DEVELOPMENT.