

Alcohol and Marijuana Control Office 550 W 7th Avenue, Suite 1600 Anchorage, AK 99501 <u>alcohol.licensing@alaska.gov</u> 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 completed and submitted to AMCO's main office before any tourism license application will be reviewed.

9	Section	1 – Establishm	ent Information	i e	
Enter information for the bu	siness seeking to have	e its license renewed.		<u>.</u>	
Doing Business As:	Bridge	Lounde		License #: 5	338
License Type:	Beverage	Disnens	iry - Tour	5m	
		ion 2 – Tourism			
2.1. Explain how issuance of			4.0		
The Bridge 10	WHAD 16 CO	interally loc	ted in Sila	lotha. We	are
the only young	e Shotel the	it is located	on the Ken	ai River 1	n
the only loung sold of man. Me while watch	have an	natha Vict	us that ev	reryone ei	1 Joys
is no where	peo pi	+ HSh, W	e are uno	que anoc	there.
is no where	TIKE IT	in town.			
2.2. Explain how the facility	was/will be construc	ted or improved as req	ired by AS 04.11.400(d)(1):	
New carpe					paint,
updated out	side dec	K.	, 2	,	•
					,
				YES	NO
2.3 Does the licensee or app tourism facility in which	•				
·					
2.4 If "no" who operates the	tourism facility?				
					· · · · · · · · · · · · · · · · · · ·



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Alaska Alcoholic Beverage Control Board

Tourism Statement

2.5 Do you offer room rentals to the traveling public?	YES	NO
If "yes" answer the following questions:		
How many rooms are available?		
28 rooms		
How many of the available rooms (if any) have kitchen facilities (defined as: a separate sink for with refrigeration and cooking appliance devices, including a microwave)? All room > have Sink Fridge and microwave		ntion along
All rooms have sink, fridge and microwald 3 suites have stove loven full kitchens.		
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 w	rite "none".	
none		
2.7 If additional amenities are available to your guests through your establishment (eg: guided tours guests, other activities that attract tourists), please describe them. If they are not offered, please write		al equipment for
none		

STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD

LICENSE NUMBER

FORM CONTROL

XXXX

ISSUED 11/16/2021 ABC BOARD LIQUOR LICENSE 2022 - 2023

TEMPORARY

5338

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

THIS LICENSE EXPIRES MIDNIGHT FEBRUARY 28, 2024 UNLESS DATED BELOW

TYPE OF LICENSE: Beverage Dispen

LICENSE FEE: \$2,500.00

1106

D/B/A: Bridge Lounge

393 Riverside Drive

Mail Address:

River Edge, Inc. 393 Riverside Drive Soldotna, AK 99669 CITY / BOROUGH:

Soldotna

Kenai Peninsula 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

04-900 (REV 7/21)

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

STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD

LICENSE NUMBER

FORM CONTROL

XXXX

ISSUED 11/16/2021 ABC BOARD LIQUOR LICENSE

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LICENSE FEE: \$2,500.00

CITY / BOROUGH: Soldotna

Kenai Peninsula Borough

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

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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)

D/B/A:

Bridge Lounge 393 Riverside Drive

Mailing Address:

River Edge, Inc. 393 Riverside Drive Soldotna, AK 99669



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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

Establishment Contact Information

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.

Licensee (Owner):	River Edi	ge 1	nc.		License #: 5338
License Type:	Beverage			- Tourish	
Doing Business As:	Bridge La	INGE	J		
Premises Address:	393 River		Drive		**************************************
Local Governing Body:		Soldo			
Community Council:	None		 		
If your mailing address ha	s changed, write the I	NEW addr	ess below:		
Mailing Address:	393 River		···		
City:	Soldotha		State:	AK	ZIP: 99669
This person will be the designate Contact Licensee:	Michelle	Dix		Contact Phone	e : 1 1215/e e
must be listed on CBPL with th	e same name and title.				er/Shareholder of your entity and
Contact Licensee:	Michelle	Dix		Contact Phone	: OK7-26-27/17
Contact Email:	msdix 236	J Wal	100 Cale		101 656-591
		\mathcal{O}			
Optional: If you wish for AMCO Name of Contact:	starr to communicate with	anyone oth	er than the Conta	ct Licensee about yo Contact Phone	
Contact Email:		······································		Contact Phone	
Contact Linds.	•				
Name of Contact:				Contact Phone	:
Contact Email:					
Name of Contact:			· · · · · · · · · · · · · · · · · · ·	Contact Phone	:
Contact Email:					<u> </u>
[Form AB-17] (rev09/21/2021)					Page 1 of 4



Alaska Alcoholic Beverage Control Board

Form AB-17: 2022/2023 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 #.

https://www.commerce.alaska.gov/cbp/main/search/entities

Alaska CBPL Entity #: 10005231

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 <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:

DALF MANZEK

- 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.

	KO (TO (NOCC)			
Title(s):	President	Phone:	907-398-8543	% Owned: 25 %
Mailing Address:	36575 Chinulna	Drive		<u> </u>
City:	Kenai	State:	AK	zip: 996//
Name of Official:	Jackie Manze	K		
Title(s):	Secretary	Phone:	907-252-8200	% Owned: 25%
Mailing Address:	36575 Chinuma	Driv	2	
City:	Kenai	State:	AK	zip: 99611
Name of Official:	Michelle Dix			
Title(s):	Vice President	Phone:	907-252-3479	% Owned: 50 6
Mailing Address:	393 Riverside	Dri		· · · · · · · · · · · · · · · · · · ·
City:	Soldotna	State:	AK	ZIP: 99660

Name of Official:



Alaska Alcoholic Beverage Control Board

Form AB-17: 2022/2023 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.

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

11 1	nore space is needed	a, attach additio	nal copies of this page	 Additional own 	ners not listed on this pa	ge will he	rejected	
	is individual is an:	Applicant	Affiliate			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	- cjecteu.	
	Name;				Contact Phone:	1	· · · · · · · · · · · · · · · · · · ·	-
	Mailing Address:							
-	City:		· · · · · · · · · · · · · · · · · · ·	State:		ZIP:	<u> </u>	
ı	Email:			· · · · · · · · · · · · · · · · · · ·		<u> </u>		·
Th	s individual is an:	Applicant	Affiliate	· · · · · · · · · · · · · · · · · · ·				
1	Vame:			- do	Contact Phone:			
ī	Mailing Address:				- L-			
(City:			State:		ZIP:		- ::
ı	mail:		100				<u> </u>	
			Section 4 –	License O	novation			
				License o	peration			
Ch	eck ONE BOX for EAC	H CALENDAR YE	AR that best describes I	now this liquor li	cense was operated.		2020	2021
1.			ously throughout each year. (cense was operated.			2021
2.	The licenseques only one	للمستسبب مستحديات المستحدد	the second second second					$ \underline{V} $
۷.	If your operation dates I	rated during a speci have changed, list th	fi c season each year. (Seasona <u>em below:</u>	a!)				
			to					
3.	The license was only ope	rated to meet the mi	Inimum requirement of 240 to	otal hours each calen	dar year.			
	A complete AB-30: Proof	f of Minimum Operat	tion Checklist, and all docume	ntation must be prov	vided with this form.			
4.			t operated for at least the min					
			ryears. <u>A complete Form AB-</u>					
					which the license was not operat		LJ	<u> </u>
					are not required to pay the fe	s, however	<u>a</u>	
	complete AB-29 is requ	ired with Section 2	marked "OTHER" and COVID	is listed as the reas	on.			
		'Se	ction 5 – Viola	tions and (Convictions			
					12 - 13 - 14 - 14 - 14 - 14 - 14 - 14 - 14	ANTON BOW DIR SHOT LINES COUNTY	Yes	No
Hav	ve ANY Notices of Vio	lation been issue	ed for this license OR ha	s ANY person or	entity in this application b	een		
COI					r AS 04.21.010 in 2020 or			V
	<u>If you check</u>	ed YES, you MU	ST attach a list of all N	otices of Violatio	on and/or Convictions pe	<u>r AS 04.11</u>	.270(a)(2	<u> 1</u>
	If vou are u	insure if you hav	e received any Natices	of Violation, co	ntact the office before s	chunittina i	thic 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.

My Commission Expires: 9-7-35

Subscribed and sworn to before me this 1th day of DC to blue.

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

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

Details

ENTITY DETAILS

Name(s)

Туре	Name
Legal Name	RIVER EDGE, INC.

Entity Type: Business Corporation

Entity #: 10005231

Status: Good Standing

AK Formed Date: 5/22/2012

Duration/Expiration: Perpetual

Home State: ALASKA

Next Biennial Report Due: 1/2/2022 File Biennial Report

Entity Mailing Address: 393 RIVERSIDE DR, SOLDOTNA, AK 99669

Entity Physical Address: 393 RIVERSIDE DR., SOLDOTNA, AK 99669

Registered Agent

Agent Name: JACQUELINE MANZEK

Registered Mailing Address: 36575 CHINULNA DR, KENAI, AK 99611

Registered Physical Address: 36575 CHINULNA DR, KENAI, AK 99611

Officials

			∐Show Former
AK Entity #	Name	Titles	Owned
	Jaqueline Manzek	Director, Secretary, Shareholder	25.00
	Michelle Dix	Director, Shareholder, Treasurer, Vice President	50.00
	Rolf Manzek	Director, President, Shareholder	25.00

Filed Documents

Date Filed	Туре	Filing	Certificate
5/22/2012	Creation Filing	Click to View	Click to View
7/06/2012	Initial Report	Click to View	
4/01/2014	Biennial Report	Click to View	
12/21/2015	Biennial Report	Click to View	
10/11/2017	Biennial Report	Click to View	
10/04/2019	Biennial Report	Click to View	

Close Details

Print Friendly Version

License Detail

LICENSE DETAILS

License #: 1020372

Print Business License

Business Name: BRIDGE LOUNGE

Status: Active

Issue Date: 04/24/2015

Expiration Date: 12/31/2023

Mailing Address: 393 RIVERSIDE DRIVE

SOLDOTNA, AK 99669

Physical Address: 393 RIVERSIDE DRIVE

SOLDOTNA, AK 99669

Owners

RIVER EDGE, INC.

Activities

Line of Business	NAICS	Professional License #
72 - Accommodation and Food Services	722410 - DRINKING PLACES (ALCOHOLIC BEVERAGES)	
72 - Accommodation and Food Services	722211 - LIMITED-SERVICE RESTAURANTS	

Endorsements

No Endorsements Found

License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

Close License Detail

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