



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

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.

Doing Business As:	Hyatt Place Fairbanks	License #:	5927
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.

We are a full service hotel and as such, our guests expect to be able to have alcoholic beverages available during their stay. In addition to our other amenities, being able to serve liquor/alcohol is one facet of our offerings that set us apart from our competition.

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

Our facility was constructed with the guests in mind, as we offer a full service bar, flexible meeting space, 112 guestrooms and food & beverage offerings.

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

YES  
☒

NO  
☐

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?

112

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)?

Our guestrooms offer mini-refrigerators but no separate sinks.

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".

We offer a breakfast bar area, and our H Bar offers bar bites, simple & easy prepared food offerings.

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".

We offer a 24/7 fitness center, a 24/7 sundry shop, and meeting space for groups. We are also pet friendly.

STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD

LICENSE NUMBER

FORM CONTROL

XXXX

ISSUED  
10/28/2021  
ABC BOARD

LIQUOR LICENSE  
2022 - 2023  
TEMPORARY

5927

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 Dispenser

LICENSE FEE: \$2,500.00

1106

CITY / BOROUGH: Fairbanks  
Fairbanks North Star Borough

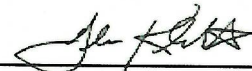
D/B/A: Hyatt Place Fairbanks  
400 Merhar Avenue

Mail Address:  
Fairbanks Hospitality LLC  
621 W Mallon Avenue Suite 509  
Spokane, WA 99201

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

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

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10/28/2021  
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COPY

DIRECTOR

D/B/A: Hyatt Place Fairbanks  
400 Merhar Avenue  
Mailing Address:  
Fairbanks Hospitality LLC  
621 W Mallon Avenue Suite 509  
Spokane, WA 99201

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

04-900 (REV 7/21)



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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
- 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):	Fairbanks Hospitality, LLC	License #:	5927
License Type:	Beverage Dispensary - Tourism		
Doing Business As:	Hyatt Place Fairbanks		
Premises Address:	400 Merhar Avenue Fairbanks, AK 99701		
Local Governing Body:	City of Fairbanks, Fairbanks North Star Borough		
Community Council:	None		

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

Mailing Address:	621 W. Mallon Avenue, Suite 509,		
City:	Spokane	State:	WA
ZIP:	99201		

### 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 Lawson	Contact Phone:	509 624 1170 ext 2
Contact Email:	bill @ aacd1 .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:	Sherri Burrington	Contact Phone:	509 252 8963
Contact Email:	Sherri @ aacd1 .com		

Name of Contact:		Contact Phone:	
Contact Email:			





# 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 #:	108882
-----------------------	--------

**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:
  - 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.

Name of Official:	AAWL, LLC				
Title(s):	Member	Phone:	509 624 1170	% Owned:	71
Mailing Address:	621 W. Mallan Avenue Suite 509				
City:	Spokane	State:	WA	ZIP:	99201

Name of Official:	Hope Holdings, LLC				
Title(s):	Member	Phone:	509 624 1170	% Owned:	20
Mailing Address:	P.O. Box 2846				
City:	Spokane	State:	WA	ZIP:	99201

Name of Official:	William Lawson				
Title(s):	Affiliate	Phone:	509 624 1170	% Owned:	0
Mailing Address:	621 W. Mallan Ave Suite 509				
City:	Spokane	State:	WA	ZIP:	99201





Alaska Alcoholic Beverage Control Board

Form AB-17: 2022/2023 License Renewal Application

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Alaska CBPL Entity #:	108882
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The only exception to this is a Corporation who can meet the requirements set forth in AS 04.11.050(c).

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  - 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:
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  - 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.**

Name of Official:	Adnan Lawson			
Title(s):	Affiliate	Phone:	509 624 1170	% Owned: 0
Mailing Address:	621 W. Mallon Avenue Suite 509			
City:	Spokane	State:	WA	ZIP: 99201

Name of Official:	Andrew Lawson			
Title(s):	Affiliate	Phone:	509 624 1170	% Owned: 0
Mailing Address:	621 W. Mallon Avenue Suite 509			
City:	Spokane	State:	WA	ZIP: 99201

Name of Official:	Christopher Ashenbrenner			
Title(s):	Affiliate	Phone:		% Owned: 0
Mailing Address:	P.O. Box 2846			
City:		State:		ZIP:



## 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.**

This individual is an: ☐ Applicant ☐ Affiliate

Name:				Contact Phone:		
Mailing Address:						
City:			State:	ZIP:		
Email:						

This individual is an: ☐ Applicant ☐ Affiliate

Name:				Contact Phone:		
Mailing Address:						
City:			State:	ZIP:		
Email:						

## 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:

\_\_\_\_\_ to \_\_\_\_\_

☐☐

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.

☐☐

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.

☐☐

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

☐

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.



# Alaska Alcoholic Beverage Control Board

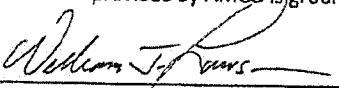
## Form AB-17: 2022/2023 License Renewal Application

### 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

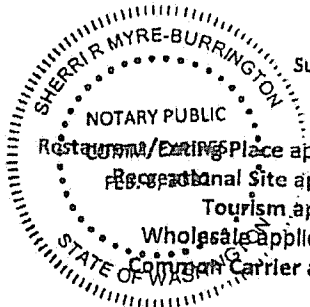
William Lawson  
Printed name of licensee

  
Signature of Notary Public

Notary Public in and for the State of: Washington

My commission expires: 2/1/28

Subscribed and sworn to before me this 20 day of October, 2021.



Restaurant/Bar 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:	\$ <u>2500</u>	Application Fee:	\$ 300.00	Misc. Fee:	\$
Total Fees Due:					\$ <u>2800.00</u>



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)

Type	Name
Legal Name	Fairbanks Hospitality, LLC

Entity Type: Limited Liability Company

Entity #: 108882

Status: Good Standing

AK Formed Date: 5/24/2007

Duration/Expiration: Perpetual

Home State: WASHINGTON

Next Biennial Report Due: 1/2/2023

Entity Mailing Address: 108 N WASHINGTON STREET #603, SPOKANE, WA 99201

Entity Physical Address: 108 N WASHINGTON STREET #603, 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

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
	Hope Holdings, LLC	Member	20.00

## Filed Documents

Date Filed	Type	Filing	Certificate
5/24/2007	Creation Filing	<a href="#">Click to View</a>	
6/16/2008	Agent Change	<a href="#">Click to View</a>	
10/20/2008	Biennial Report	<a href="#">Click to View</a>	
4/16/2010	Agent Change	<a href="#">Click to View</a>	
6/17/2011	Biennial Report	<a href="#">Click to View</a>	
12/27/2012	Biennial Report	<a href="#">Click to View</a>	
3/13/2013	Agent Change	<a href="#">Click to View</a>	
11/20/2014	Biennial Report	<a href="#">Click to View</a>	
12/09/2016	Biennial Report	<a href="#">Click to View</a>	
11/17/2018	Biennial Report	<a href="#">Click to View</a>	
10/22/2020	Biennial Report	<a href="#">Click to View</a>	

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Department of Commerce, Community, and Economic Development

DIVISION OF CORPORATIONS, BUSINESS & PROFESSIONAL LICENSING

State of Alaska / Commerce / Corporations, Business, and Professional Licensing / Search & Database Download / Business License / License #2116789

LICENSE DETAILS

License #: 2116789

Print Business License

Business Name: Hyatt Place - Fairbanks

Status: Active

Issue Date: 11/04/2020

Expiration Date: 12/31/2022

Mailing Address: 108 N WASHINGTON STREET  
SUITE 603  
SPOKANE, WA 99201

Physical Address: 400 Merher Avenue  
Fairbanks, AK 99701

Owners

Fairbanks Hospitality, LLC

Activities

Line of Business	NAICS	Professional License #
72 - Accommodation and Food Services	721110 - HOTELS (EXCEPT CASINO HOTELS) AND MOTELS	

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.