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.

<table>
<thead>
<tr>
<th>Doing Business As:</th>
<th>Alaskan Steakhouse and Motel</th>
<th>License #:</th>
<th>3999</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.

The Alaskan Steakhouse and Motel is the only restaurant, bar along with a motel where we cater year round to tourists, locals, hunters and contractors working out on the Missile Defense project or for Alyeska Pipeline. We provide Alaskan brewed beer on tap so that our tourists can taste what the local and statewide brewers offer in Alaska.

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

This establishment is a long standing community staple built back in the late 60's with a banquet facility built in 2002 that has been newly painted in the last 2 years, purchased new mattresses (2021) as well as a new stove in kitchen with additional flattop.

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

YES [X]  NO [ ]

2.4 If "no" who operates the tourism facility?

[ ]

[Tourism Statement] (rev 9/22/2021)
Alaska Alcoholic Beverage Control Board

Tourism Statement

2.5 Do you offer room rentals to the traveling public?  

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

If “yes” answer the following questions:

How many rooms are available?

23

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)?

All rooms have a refrigerator, microwave and coffee pot

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

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>X</td>
</tr>
</tbody>
</table>

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

The Alaskan Steakhouse is a family friendly restaurant that is open year round from 6:00 am until 8:00 pm serving breakfast, lunch and dinner.

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
LIQUOR LICENSE
2022 - 2023
TEMPORARY

ISSUED
1/25/2022
ABC BOARD

STATE OF ALASKA - ALCORHOLIC BEVERAGE CONTROL BOARD
FORM CONTROL

TYPE OF LICENSE: Beverage Dispenser
LICENSE FEE: $2,500.00

CITY / BOROUGH: Delta Junction
Unorganized Borough

D/B/A: Alaskan Steakhouse & Motel
Mile 265 Richardson Highway

Mail Address:
Juice, Inc.
PO Box 1532
Delta Junction, AK 99737

04-000 (REV 7/21)
Form AB-17: 2022/2023 General Renewal Application

Establishment Contact Information

Licensee (Owner): Juice, Inc
License #: 3999
License Type: Beverage Dispensary - Tourism
Doing Business As: Alaskan Steakhouse and Motel
Premises Address: 265 Richardson Hwy
Local Governing Body: City of Delta Junction
Community Council: None

If your mailing address has changed, write the NEW address below:
Mailing Address: P.O. Box 1532
City: Delta Junction State: AK ZIP: 99737

Section 1 – Licensee Contact Information

Contact Licensee: Lori O'Malia Contact Phone: (907) 250-5132
Contact Email: aksteakhouse@alaska.net

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:

AMCO
ALCOHOL & 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

DEC - 3 2021
[Form AB-17] (rev09/21/2021)
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 #: 128807

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.

<table>
<thead>
<tr>
<th>Name of Official:</th>
<th>Lori O'Malia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Title(s):</td>
<td>Director, President, Shareholder, Secretary and Treasurer</td>
</tr>
<tr>
<td>Phone:</td>
<td>(907) 250-5132</td>
</tr>
<tr>
<td>% Owned:</td>
<td>100</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>P.O. Box 1532</td>
</tr>
<tr>
<td>City:</td>
<td>Delta Junction</td>
</tr>
<tr>
<td>State:</td>
<td>AK</td>
</tr>
<tr>
<td>ZIP:</td>
<td>99737</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Official:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Title(s):</td>
<td>Phone:</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>State:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Official:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Title(s):</td>
<td>Phone:</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>State:</td>
</tr>
</tbody>
</table>

AMCO
DEC - 3 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.

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:
   ____________________________ □ 2020 □ 2021
   ____________________________ 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.
   □ 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.
   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.
   □ 2020 □ 2021

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.

AMCC

DEC – 3 2021

[Form AB-17] (rev09/21/2021)
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 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
Lori O'Malia
Printed name of licensee

Signature of Notary Public
VIOLA L. OCTUCK
Notary Public
State of Alaska
My Commission Expires May 28, 2021

My commission expires: May 28, 2021

Subscribed and sworn to before me this 2nd day of December, 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>$2500.00</th>
<th>Application Fee:</th>
<th>$300.00</th>
<th>Misc. Fee:</th>
<th>$</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Fees Due:</td>
<td>$2800.00</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

AMCO
DEC - 3 2021
**ENTITY DETAILS**

**Name(s)**

<table>
<thead>
<tr>
<th>Type</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Name</td>
<td>Juice, Inc.</td>
</tr>
</tbody>
</table>

**Entity Type:** Business Corporation

**Entity #:** 128807

**Status:** Good Standing

**AK Formed Date:** 5/28/2010

**Duration/Expiration:** Perpetual

**Home State:** ALASKA

**Next Biennial Report Due:** 1/2/2024

**Entity Mailing Address:** PO BOX 1532, DELTA JUNCTION, AK 99737

**Entity Physical Address:** MILE 265 RICHARDSON HIGHWAY, DELTA JUNCTION, AK 99737

**Registered Agent**

<table>
<thead>
<tr>
<th>Agent Name</th>
<th>Registered Mailing Address</th>
<th>Registered Physical Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lori Anne O'Malia</td>
<td>P.O. Box 1532, Delta Junction, AK 99737</td>
<td>Mile 265 Richardson Highway, Delta Junction, AK 99737</td>
</tr>
</tbody>
</table>

**Officials**

<table>
<thead>
<tr>
<th>AK Entity #</th>
<th>Name</th>
<th>Titles</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lori O'Malia</td>
<td>President, Director, Secretary, Shareholder, Treasurer</td>
</tr>
</tbody>
</table>

**Filed Documents**

<table>
<thead>
<tr>
<th>Date Filed</th>
<th>Type</th>
<th>Filing</th>
<th>Certificate</th>
</tr>
</thead>
<tbody>
<tr>
<td>5/28/2010</td>
<td>Creation Filing</td>
<td>Click to View</td>
<td></td>
</tr>
<tr>
<td>6/07/2010</td>
<td>Initial Report</td>
<td>Click to View</td>
<td></td>
</tr>
<tr>
<td>6/02/2012</td>
<td>Biennial Report</td>
<td>Click to View</td>
<td></td>
</tr>
<tr>
<td>11/04/2013</td>
<td>Biennial Report</td>
<td>Click to View</td>
<td></td>
</tr>
<tr>
<td>11/24/2015</td>
<td>Biennial Report</td>
<td>Click to View</td>
<td></td>
</tr>
<tr>
<td>10/16/2017</td>
<td>Biennial Report</td>
<td>Click to View</td>
<td></td>
</tr>
<tr>
<td>10/10/2019</td>
<td>Biennial Report</td>
<td>Click to View</td>
<td></td>
</tr>
<tr>
<td>10/14/2021</td>
<td>Biennial Report</td>
<td>Click to View</td>
<td></td>
</tr>
</tbody>
</table>
License Detail

LICENSE DETAILS

License #: 944368

Business Name: ALASKAN STEAKHOUSE AND MOTEL

Status: Active

Issue Date: 06/02/2010

Expiration Date: 12/31/2022

Mailing Address: PO BOX 1532
DELTA JUNCTION, AK 99737

Physical Address: MILE 265 RICHARDSON HWY
DELTA JUNCTION, AK 99737-2132

Owners

JUICE INC

Activities

Line of Business | NAICS | Professional License #
--- | --- | ---
72 - Accommodation and Food Services | 722110 - FULL-SERVICE RESTAURANTS | 72110 - HOTELS (EXCEPT CASINO HOTELS) AND MOTELS
72 - Accommodation and Food Services

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.