



## MEMORANDUM

TO: Alcoholic Beverage Control Board

DATE: September 2, 2022

FROM: Kristina Serezhenkov, OLE

RE: #402 Flight Deck Bar

**Requested Action:** Transfer of controlling interest of tourism license and 2022-23 renewal application.

**Statutory and Regulatory Authority:** AS 04.06.090(b): "The board shall review all applications for licenses made under this title and may order the director to issue, renew, revoke, transfer, or suspend licenses and permits authorized under this title."

AS 04.11.400(d)(2): "The board may approve...

(2) the renewal or transfer of ownership of a beverage dispensary or restaurant or eating place license issued under (1) of this subsection if the

(A) holder of the license operates a hotel, motel, resort, or similar business relating to the tourist trade that

(i) has a dining facility on the licensed premises or kitchen facilities in a majority of its rental rooms; and

(ii) maintains at least the minimum number of rental rooms that the hotel, motel, resort, or similar business had at the time of initial licensure or that were required at the time of initial licensure; or

(B) licensed premises are located inside an airport terminal.

**Background:** This is an application to transfer controlling interest and a 2022-2023 renewal application of a Beverage Dispensary – Tourism license. This license appears to have been first issued in 1972. AMCO staff is unable to locate in the file record the number of rental rooms required at original licensure. Historical census data shows the 1970 population of Anchorage, Alaska was 48,801.

**AS 04.11.400(d)(2)(A)(i)(ii)** requires that the facility must maintain at least the minimum number of rental rooms required at original licensure and has a dining facility on the licensed premises or kitchen facilities in a majority of its rental rooms. Though the applicant advises there is a working kitchen on licensed premises and there is a dining area on licensed premises there is no dining 'facility' on licensed premises. The dining facility is the adjacent Flight Deck Pizza restaurant and the service from the restaurant to the bar is through a service window. Alcohol is only served and sold by the licensee and only consumed on licensed premises and not in the adjacent restaurant. In addition, the applicant offers 14 rental rooms without kitchen facilities.

**Attachments:** Tourism Statement  
AB-01, AB-02, AB-03  
Additional documents  
2022-2023 Renewal Application



## 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:	Flight Deck Bar	License #:	402
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.

Our liquor license has encouraged tourism by providing a safe and convenient establishment for tourists to drink and play bar games (i.e. pool), with overnight lodging next door. We also operate the Arctic Inn Motel under this license, which shares a parking lot with the bar and allows our bar patrons the option of getting a room for the night to avoid any unsafe travel. Tourists who stay at the motel will often visit the bar during both the day and night time for drinks, entertainment, and games.

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

In the past few years we have been making efforts to modernize the bar to attract more customers, such as replacing the old carpets with vinyl plank flooring, painting the walls/ceilings, updating our jukebox, buying new televisions, and redoing our sound system entirely.

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?



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?

14

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)?

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".

None. Patrons are welcome to eat anywhere in the bar but there is no particular dining facility. We do lease a separate part of the building out to Flight Deck Pizza, which has it's own dining facility with under 10 tables.

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.



Alcohol and Marijuana Control Office  
350 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

**Form AB-01: Transfer License Application**

**What is this form?**

This transfer license application form is required for all individuals or entities seeking to apply for the transfer of ownership and/or location of an existing liquor license. Applicants should review Title 04 of Alaska Statutes and Chapter 304 of the Alaska Administrative Code. All fields of this form must be completed, per AS 04.11.260, AS 04.11.280, AS 04.11.290, and 3 AAC 304.105.

This form must be completed and submitted to AMCO's main office, along with all other required forms and documents, before any license application will be considered complete.

**Section 1 - Transferor Information**

Enter information for the current licensee and licensed establishment.

Licensee:	INDY MANUFACTURING CORPORATION OF ALASKA		License #:	402	
License Type:	BEVERAGE DISPENSARY-Tourism		Statutory Reference:	AS 04.11.400	
Doing Business As:	FLIGHT DECK BAR / ARCTIC INN				
Premises Address:	832 W INTERNATIONAL AIRPORT RD.				
City:	ANCHORAGE	State:	AK	ZIP:	99518
Local Governing Body:	MUNICIPALITY OF ANCHORAGE				

**Transfer Type:**

- ☒ Regular transfer  
☐ Transfer with security interest  
☐ Involuntary retransfer

OFFICE USE ONLY			
Complete Date:	9-12-2022	Transaction #:	100096986
Board Meeting Date:	9-20-2022	License Years:	
Issue Date:		BRE:	KRS

[Form AB-01] (rev 10/10/2016)

Page 1 of 7

AMCO

SEP 1 2021

AMCO Received 5/9/2022



Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 2 - Transferee Information

Enter information for the new applicant and/or location seeking to be licensed.

Licensee:	NORY MANUFACTURING CORPORATION OF ALASKA		
Doing Business As:	FLIGHT DECK BAR		
Premises Address:	832 W. INTERNATIONAL AIRPORT RD.		
City:	ANCHORAGE	State:	AK
		ZIP:	99518
Community Council:	TAKIL CAMPBELL		

Mailing Address:	842 W INTERNATIONAL AIRPORT RD		
City:	ANCHORAGE	State:	AK
		ZIP:	99518

Designated Licensee:	ALLEN J. MEYER		
Contact Phone:	206 380 9865	Business Phone:	907-561-1328
Contact Email:	FLIGHTDECK907@GMAIL.COM		

Seasonal License? ☐ Yes ☒ No If "Yes", write your six-month operating period: \_\_\_\_\_

Section 3 - Premises Information

Premises to be licensed is:

☒ an existing facility ☐ a new building ☐ a proposed building

unit of  
measurement

The next two questions must be completed by beverage dispensary (including tourism) and package store applicants only:

What is the distance of the shortest pedestrian route from the public entrance of the building of your proposed premises to the outer boundaries of the nearest school grounds? Include the unit of measurement in your answer.

0.5 = 1/2 MILE

What is the distance of the shortest pedestrian route from the public entrance of the building of your proposed premises to the public entrance of the nearest church building? Include the unit of measurement in your answer.

.1 = 1/10 MILE

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Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 4 - Sole Proprietor Ownership Information

This section must be completed by any sole proprietor who is applying for a license. Entities should skip to Section 5.  
If more space is needed, please attach a separate sheet with the required information.  
The following information must be completed for each licensee and each affiliate (spouse).

This individual is an: ☐ applicant ☐ affiliate

Name:					
Address:					
City:		State:		ZIP:	

This individual is an: ☐ applicant ☐ affiliate

Name:					
Address:					
City:		State:		ZIP:	

Section 5 - Entity Ownership Information

This section must be completed by any entity, including a corporation, limited liability company (LLC), partnership, or limited partnership, that is applying for a license. Sole proprietors should skip to Section 6.

If more space is needed, please attach a separate sheet with the required information.

- If the applicant is a corporation, the following information must be completed for each stockholder who owns 10% or more of the stock in the corporation, and for each president, vice-president, secretary, and managing officer.
- If the applicant is a limited liability organization, the following information must be completed for each member with an ownership interest of 10% or more, and for each manager.
- If the applicant is a partnership, including a limited partnership, the following information must be completed for each partner with an interest of 10% or more, and for each general partner.

Entity Official:	ALLEN J MEYER				
Title(s):	PRESIDENT/SEC.	Phone:	2063809865	% Owned:	100
Address:	2823 HAXTON WAY				
City:	BELLINGHAM	State:	WA	ZIP:	98226

AMCO



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

Form AB-01: Transfer License Application

Entity Official:					
Title(s):		Phone:		% Owned:	
Address:					
City:		State:		ZIP:	

Entity Official:					
Title(s):		Phone:		% Owned:	
Address:					
City:		State:		ZIP:	

Entity Official:					
Title(s):		Phone:		% Owned:	
Address:					
City:		State:		ZIP:	

This subsection must be completed by any applicant that is a corporation or LLC. Corporations and LLCs are required to be in good standing with the Alaska Division of Corporations (DOC) and have a registered agent who is an individual resident of the state of Alaska.

DOC Entity #:	38572D	AK Formed Date:	7/14/1986	Home State:	AK
Registered Agent:	MADISON MEYER	Agent's Phone:	907.744.6520		
Agent's Mailing Address:	7625 STANLEY				
City:	Anchorage	State:	AK	ZIP:	99518

Residency of Agent:

AK

☒ Yes ☐ No

Is your corporation or LLC's registered agent an individual resident of the state of Alaska?

☒ ☐

AMCO



Alaska Alcoholic Beverage Control Board

**Form AB-01: Transfer License Application**

**Section 6 – Other Licenses**

Ownership and financial interest in other alcoholic beverage businesses:

Yes No

Does any representative or owner named as a transferee in this application have any direct or indirect financial interest in any other alcoholic beverage business that does business in or is licensed in Alaska?

☐ ☒

If "Yes", disclose which individual(s) has the financial interest, what the type of business is, and if licensed in Alaska, which license number(s) and license type(s):

**Section 7 – Authorization**

Communication with AMCO staff:

Yes No

Does any person other than a licensee named in this application have authority to discuss this license with AMCO staff?

☒ ☐

If "Yes", disclose the name of the individual and the reason for this authorization:

LINDA HALL, AGENT ASSISTING IN GATHERING  
\* PROCESSING LICENSE TRANSFER.  
SHE IS MY BUSINESS MANAGER IN ANOTHER  
BUSINESS I OWN.



Alaska Alcoholic Beverage Control Board

**Form AB-01: Transfer License Application**

**Section 6 – Other Licenses**

Ownership and financial interest in other alcoholic beverage businesses:

Yes No

Does any representative or owner named as a transferee in this application have any direct or indirect financial interest in any other alcoholic beverage business that does business in or is licensed in Alaska?

☐☒

If "Yes", disclose which individual(s) has the financial interest, what the type of business is, and if licensed in Alaska, which license number(s) and license type(s):

**Section 7 – Authorization**

Communication with AMCO staff:

Yes No

Does any person other than a licensee named in this application have authority to discuss this license with AMCO staff?

☐☒

If "Yes", disclose the name of the individual and the reason for this authorization:

HERB SPRUTE, CPA  
TAMARA MEYER, BOOKKEEPER  
HADISON MEYER, MANAGER  
LINDA HALL, REPRESENTATIVE

AMCO

SEP - 1 2021



Alaska Alcoholic Beverage Control Board

# Form AB-01: Transfer License Application

## Section 8 – Transferor Certifications

Additional copies of this page may be attached, as needed, for the controlling interest of the current licensee to be represented.

I declare under penalty of perjury that the undersigned represents a **controlling interest** of the current licensee. I additionally certify that I, as the current licensee (either the sole proprietor or the controlling interest of the currently licensed entity) have examined this application, approve of the transfer of this license, and find the information on this application to be true, correct, and complete.

*Allen J. Meyer* Executor  
 Signature of transferor

ALLEN J. MEYER, EXECUTOR  
 Printed name of transferor

FOR MARLENE G. MEYER ESTATE Subscribed and sworn to before me this 17 day of June, 2021.



*Linda J. Hall*  
 Signature of Notary Public

Notary Public in and for the State of Wa.

My commission expires: 8-11-25

\_\_\_\_\_  
 Signature of transferor

\_\_\_\_\_  
 Printed name of transferor

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
 Signature of Notary Public

Notary Public in and for the State of \_\_\_\_\_.

My commission expires: \_\_\_\_\_



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

**Form AB-01: Transfer License Application**

**Section 8 – Transferor Certifications**

Additional copies of this page may be attached, as needed, for the controlling interest of the current licensee to be represented.


I declare under penalty of perjury that the undersigned represents a **controlling interest** of the current licensee. I additionally certify that I, as the current licensee (either the sole proprietor or the controlling interest of the currently licensed entity) have examined this application, approve of the transfer of this license, and find the information on this application to be true, correct, and complete.

  
Signature of transferor

**ALLEN J. MEYER, EXECUTOR**  
Printed name of transferor  
**FOR MARLENE G. MEYER ESTATE**

Subscribed and sworn to before me this 12 day of May, 2022



  
Signature of Notary Public

Notary Public in and for the State of WA

My commission expires: 8.11.25

\_\_\_\_\_  
Signature of transferor

\_\_\_\_\_  
Printed name of transferor

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

Notary Public in and for the State of \_\_\_\_\_

My commission expires: \_\_\_\_\_



Alaska Alcoholic Beverage Control Board

# Form AB-01: Transfer License Application

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

## Section 9 – Transferee Certifications

Read each line below, and then sign your initials in the box to the right of each statement:

Initials

I certify that all proposed licensees (as defined in AS 04.11.260) and affiliates have been listed on this application.

*ajm*

I certify that all proposed licensees have been listed with the Division of Corporations.

*ajm*

I certify 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.

*ajm*

I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check the identification of a patron will complete an approved alcohol server education course, if required by AS 04.21.025, and, while selling or serving alcoholic beverages, will carry or have available to show a current course card or a photocopy of the card certifying completion of approved alcohol server education course, if required by 3 AAC 304.465.

*ajm*

I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application.

*ajm*

As an applicant for a liquor license, 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, is true, correct, and complete.

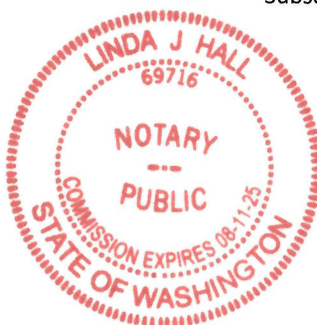
*Allen J. Meyer*

Signature of transferee

**ALLEN J. MEYER**

Printed name

Subscribed and sworn to before me this 17 day of June, 20 21.



*Linda J. Hall*

Signature of Notary Public

Notary Public in and for the State of WA

My commission expires: 8.11.25

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA

THIRD JUDICIAL DISTRICT AT ANCHORAGE

In the Matter of the Estate

of

MARLENE G. MEYER

DCD: 08/25/2019

DCB: [REDACTED]

Deceased.

Case No 3AN-21-00369 PR

LETTERS TESTAMENTARY

The Will of Marlene G. Meyer having been admitted to probate, ALLEN J. MEYER is appointed Personal Representative of the estate.

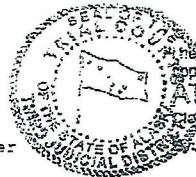
2/22/2021  
Date

*[Signature]*  
Registrar Polley

ACCEPTANCE

I, ALLEN J. MEYER, accept the duties and promise to perform the duties as required by law of the office of Personal Representative of the Estate of MARLENE G. MEYER. I acknowledge my duty as Personal Representative to:

I certify that on 2/24/21 a copy of this document was mailed to me to  
to Personal Representative(s)  
Personal Representative's Atty  
Judicial Assistant: *[Signature]*



I hereby certify that this is a true and correct copy of the original on file in my office:

TEST:

Letters Testamentary  
ITMO Estate of Marlene G. Meyer

*[Signature]*  
Deputy Clerk  
Date

MCNABBE LAW OFFICE

P.O. Box 91709

ANCHORAGE, ALASKA 99509

Phone: (907) 561-4529 mcabbelaw@alaska.law@gmail.com

FEB 18 2021

**MCNABB LAW OFFICE**

P.O. Box 91709  
ANCHORAGE, ALASKA 99509  
Phone: (907) 561-4529 mcnabb.alaska.law@gmail.com

A. take possession and control of the decedent's property as required by AS 13.16.380, determine the liabilities of the estate, and complete an inventory as required by AS 13.16.365;

B. provide notices to heirs and devisees as required by AS 13.16.360;


C. provide notice to creditors as required by law, publish notice when required, and review and either accept or reject claims as required by AS 13.16.450-.515, except as provided by AS 13.16.690;

D. advise the court in writing of the Personal Representative's address and telephone number as required by Probate Rule 8;

E. file returns for state estate taxes if required by AS 43.31.121 and AS 43.31.250;

F. pay homestead, exempt property and family allowances as required by AS 13.12.401-.405, costs of administration and other claims as required by AS 13.16.470, and distribute the assets of the estate; and

G. close the estate as soon as appropriate as required by AS 13.16.620 - 13.16.670.

  
ALLEN J. MEYER  
Personal Representative of the  
Estate of Marlene G. Meyer

Letters Testamentary  
ITMC Estate of Marlene G. Meyer

Page 2 of 3

MCNABB LAW OFFICE


P.O. Box 91709  
ANCHORAGE, ALASKA 99509  
Phone: (907) 561-4529 mcnabb.alaska.law@gmail.com

STATE OF WASHINGTON

ss.

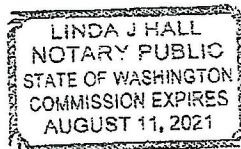
COUNTY OF WHATCOM


ALLEN J. MEYER says on oath or affirms that he has read the foregoing document and believes all statements made in the document are true.

  
ALLEN J. MEYER

SUBSCRIBED AND SWORN TO or affirmed before me on the 11<sup>th</sup>  
day of February, 2021.

(SEAL)



  
NOTARY PUBLIC for Washington  
My Commission Expires: 8-11-21

Letters Testamentary  
ITMO Estate of Mariene G. Meyer

Page 2 of 2



Alaska Alcoholic Beverage Control Board

**Form AB-02: Premises Diagram**

**What is this form?**

A detailed diagram of the proposed licensed premises is required for all liquor license applications, per AS 04.11.260 and 3 AAC 304.185. Your diagram must include dimensions and must show all entrances and boundaries of the premises, walls, bars, fixtures, and areas of storage, service, consumption, and manufacturing. If your proposed premises is located within a building or building complex that contains multiple businesses and/or tenants, please provide an additional page that clearly shows the location of your proposed premises within the building or building complex, along with the addresses and/or suite numbers of the other businesses and/or tenants within the building or building complex.

The second page of this form is not required. Blueprints, CAD drawings, or other clearly drawn and marked diagrams may be submitted in lieu of the second page of this form. The first page must still be completed, attached to, and submitted with any supplemental diagrams. An AMCO employee may require you to complete the second page of this form if additional documentation for your premises diagram is needed.

This form must be completed and submitted to AMCO's main office before any license application will be considered complete.

Yes No

I have attached blueprints, CAD drawings, or other supporting documents in addition to, or in lieu of, the second page of this form.

☒ ☐

**Section 1 – Establishment Information**

Enter information for the business seeking to be licensed, as identified on the license application.

Licensee:	IVORY MANUFACTURING CORPORATION OF ALASKA	License Number:	402
License Type:	BEVERAGE DISPENSARY - TOURISM AS 04.11.400d		
Doing Business As:	FLIGHT DECK BAR		
Premises Address:	832 W. INTERNATIONAL AIRPORT RD.		
City:	ANCHORAGE	State:	AK
		ZIP:	99518

AMCO

W 53RD AVENUE

NO. 1	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
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63'-6" +/-

ALCOHOL STORAGE

ALCOHOL SERVICE

ALCOHOL STORAGE

ALCOHOL CONSUMPTION

16'-0" +/-

ALCOHOL CONSUMPTION

ALCOHOL CONSUMPTION

ALCOHOL CONSUMPTION

FLIGHT DECK PIZZA  
(LEASED OUT)

AMCO

SEP - 1 2021

COPE STREET

BAR 1 RESTAURANT AS-BUILT FLOOR PLAN

90'-6" +/-

INTERNATIONAL AIRPORT RD

ARCTIC BOULEVARD





Alaska Alcoholic Beverage Control Board

**Form AB-03: Restaurant Designation Permit Application**

**What is this form?**

A restaurant designation permit application is required for a licensee desiring designation under 3 AAC 304.715 – 3 AAC 304.795 as a bona fide restaurant, hotel, or eating place for purposes of AS 04.16.010(c) or AS 04.16.049. Designation will be granted only to a holder of a beverage dispensary, club, recreational site, golf course, or restaurant or eating place license, and only if the requirements of 3 AAC 304.305, 3 AAC 304.725, and 3 AAC 304.745, as applicable, are met. A menu or expected menu listing the meals, including entrees prepared onsite and offered to patrons, and copy of the DEC Food Service Permit (or corresponding DHHS documentation for licenses located in the Municipality of Anchorage) must accompany this form. Applicants should review AS 04.16.049 – AS 04.16.052 and 3 AAC 304.715 – 3 AAC 304.795. All fields of this form must be completed. The required \$50 permit fee may be made by credit card, check, or money order.

**Section 1 – Establishment Information**

Enter information for licensed establishment.

Licensee:	IVORY MANUFACTURING CORPORATION OF ALASKA		
License Type:	BEVERAGE DISPENSARY - <sup>Tourism</sup> ASDH.11.400d	License Number:	402
Doing Business As:	FLIGHT DECK BAR		
Premises Address:	832 W. INTERNATIONAL AIRPORT RD.		
City:	ANCHORAGE	State:	AK
		ZIP:	99518
Contact Name:	ALLEN J. MEYER	Contact Phone:	206-380-9865

**Section 2 – Type of Designation Requested**

This application is for the request of designation as a bona fide restaurant, hotel, or eating place for purposes of AS 04.16.010(c) or AS 04.16.049, and for the request of the following designation(s) (check all that apply):

1. ☐ Dining after standard closing hours: AS 04.16.010(c)
2. ☐ Dining by persons 16 – 20 years of age: AS 04.16.049(a)(2)
3. ☒ Dining by persons under the age of 16 years, accompanied by a person over the age of 21: AS 04.16.049(a)(3)
4. ☐ Employment for persons 16 or 17 years of age: AS 04.16.049(c)  
NOTE: Under AS 04.16.049(d), this permit is not required to employ a person 18 - 20 years of age.

OFFICE USE ONLY	
Transaction #:	100096986
Initials:	CLB
AMCO	



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

**Form AB-03: Restaurant Designation Permit Application**

**Section 3 – Minor Access**

Review AS 04.16.049(a)(2); AS 04.16.049(a)(3); AS 04.16.049(c)

List where within the premises minors are anticipated to have access in the course of either dining or employment as designated in Section 2. (Example: Minors will only be allowed in the dining area. OR Minors will only be employed and present in the Kitchen.)

Minors will only be allowed in the dining area and must be seated unless leaving the premise or using the restroom. Minors must be accompanied at all times, including to use the restroom. Minors will not be employed by the bar.

Describe the policies, practices and procedures that will be in place to ensure that minors do not gain access to alcohol while dining or employed at your premises.

All IDs will be thoroughly checked by the bartender on duty, minors must always be accompanied by their guardian. We will also mark all minors in the establishment using a hand stamp that the bartenders know to look for on each customer. Minors will not be employed at the bar.

Is an owner, manager, or assistant manager who is 21 years of age or older always present on the premises during business hours?

Yes ☒ No ☐

**Section 4 – DEC Food Service Permit**

Per 3 AAC 304.910 for an establishment to qualify as a Bona Fide Restaurant, a Food Service Permit or (for licenses within the Municipality of Anchorage) corresponding Department of Health and Human Services documentation is required.

Please follow this link to the DEC Food Safety Website: <http://dec.alaska.gov/eh/fss/food/>

Please follow this link to the Municipality Food Safety Website:

<http://www.muni.org/Departments/health/Admin/environment/FSS/Pages/fssfood.aspx>

IF you are unable to certify the below statement, please discuss the matter with the AMCO office:

Initials

I have attached a copy of the current food service permit for this premises OR the plan review approval.

\*Please note, if a plan review approval is submitted, a final permit will be required before finalization of any permit or license application.

AMCO

[Form AB-03] (rev 4/16/2019)

SEP - 1 2021

Page 2 of 5

AMCO Received 10/20/20

AMCO Received 5/9/2022



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

**Form AB-03: Restaurant Designation Permit Application**

**Section 5 – Hours of Operation**

Review AS 04.16.010(c).

Enter all hours that your establishment intends to be open. Include variances in weekend/weekday hours, and indicate am/pm:

12PM - 2:30AM M-T	12PM - 3:00AM F-S
MON, TUES,	FRI, SAT
WED, THURS	12PM - 3:00AM
12PM - 2:30AM	

**Section 6 – Entertainment & Service**

Review AS 04.11.100(g)(2)

Are any forms of entertainment offered or available within the licensed business or within the proposed licensed premises?

Yes	No
<input checked="" type="checkbox"/>	<input type="checkbox"/>

If "Yes", describe the entertainment offered or available and the hours in which the entertainment may occur:

We offer karaoke on Tuesday night from 7pm to last call (approximately 15-30 min before closing.) Currently we are unable to offer live bands due to COVID-19 restrictions however we may feature live bands after 7pm when it is permitted again.

Food and beverage service offered or anticipated is:

<input checked="" type="checkbox"/> table service	<input checked="" type="checkbox"/> buffet service	<input type="checkbox"/> counter service	<input checked="" type="checkbox"/> other
---	--	--	---

If "other", describe the manner of food and beverage service offered or anticipated:

BAR SERVICE

AMCO

SEP - 1 2021

AMCO Received 10/20/20

AMCO Received 5/9/2022



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

## Form AB-03: Restaurant Designation Permit Application

### Section 7 – Certifications and Approvals

Read each line below, and then sign your initials in the box to the right of each statement:

Initials

There are tables or counters at my establishment for consuming food in a dining area on the premises.

I have included with this form a menu, or an expected menu, listing the meals to be offered to patrons.  
 This menu includes entrees that are regularly sold and prepared by the licensee at the licensed premises.

I certify that the license for which I am requesting designation is either a beverage dispensary, club, recreational site, golf course, or restaurant or eating place license.

I have included with this application a copy of the most recent AB-02 or AB-14 for the premises to be permitted.  
*(AB-03 applications that accompany a new or transfer license application will not be required to submit an additional copy of their premises diagram.)*

I declare under penalty of perjury that this form, including all attachments and accompanying schedules and statements, is true, correct, and complete.

Signature of licensee

Signature of Notary Public

**ALLEN J. MEYER**

Printed name of licensee

Notary Public in and for the State of WA

My commission expires: 8.11.25

Subscribed and sworn to before me this 17 day of June, 2021.



**Local Government Review** (to be completed by an appropriate local government official):

Approved

Denied

☐
☐

Signature of local government official

Date

Printed name of local government official

Title

**AMCO**



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

**Form AB-03: Restaurant Designation Permit Application**

AMCO Enforcement Review:

Enforcement Recommendation:

Approve

Deny

Signature of AMCO Enforcement Supervisor

Printed name of AMCO Enforcement Supervisor

☐☐

Date

Enforcement Recommendations:

AMCO Director Review:

Approved

Denied

Signature of AMCO Director

Printed name of AMCO Director

☐☐

Date

Limitations:



**FREE DELIVERY\***

**907.561.0077**

**832 W. International Rd**

**Open Tuesday - Sunday 11am - 11pm, Closed Monday**

\*Minimum Order For Delivery Inside Area: \$15.00, Outside Area: \$30.00

Check our Website: [frescopizzaanchorage.com](http://frescopizzaanchorage.com)

Follow us on Facebook - Flight Deck Pizzeria



**AMCO**

**SEP - 1 2021**

## APPETIZERS

<b>Spanakopita</b>	
Fillo pastry filled w/ feta cheese and spinach	\$9.95
<b>Calamari</b>	\$10.95
<b>Mozzarella Sticks</b> (6 pieces)	\$8.95
<b>Jalapeno Poppers</b> (6 pieces)	\$8.95
<b>Fried Zucchini</b>	\$8.95
<b>Tzaziki w/ 2 Pita's</b>	\$8.95
<b>Dolmathes w/ Tzaziki</b> (6 pieces)	\$9.95
Grape leaves stuffed w/ rice	
<b>Feta Cheese/Greek Olives</b>	\$9.95
<b>Onion Rings</b>	\$6.00
<b>French Fries or Tater Tots</b>	\$4.50
<b>Garlic Bread</b>	\$3.50
<b>Garlic Cheese Bread</b>	\$4.50
<b>(5) Chicken Strips</b>	\$9.95
<b>(3) Chicken Strips w/ Fries</b>	\$9.95
<b>Side of Potato Salad</b>	\$3.50
<b>Wings</b> (Spicy or BBQ) w/ ranch or blue cheese	
10 pieces	\$10.95
20 pieces	\$19.95
30 pieces	\$28.95
<b>Bread sticks</b>	\$8.95

## SALAD



<b>Dinner Salad</b>	
Romaine lettuce, tomato, black olives, cheese	\$3.95
<b>Caesar</b>	
Romaine lettuce, fresh parmesan, croutons, caesar dressing	\$8.00
Add Chicken	\$3.75
Add Shrimp	\$3.75
<b>Greek Salad</b>	
Romaine lettuce, onions, tomatoes, green peppers, pepperoncini, canadian bacon, pepperoni, feta cheese, greek olives, served w/ garlic bread	\$12.95
<b>Big Dinner Salad</b>	
Romaine lettuce, onion, black olives, tomato, mushroom, green peppers, mozzarella	

## DINNER

<b>Homemade Lasagna</b> served w/ garlic bread	
Baked w/ cheese, layers of ground beef, ricotta cheese	\$12.95
<b>Spaghetti w/ homemade Meat Sauce</b>	
Served w/ Garlic Bread	\$10.95
Add homemade meat balls, sauted mushroom, or italian sausage	\$2.95



## PHILLY'S

All Phillys served w/ French Fries or Potato Salad	
Substitute onion rings or tater tots	\$1.50

### Original

<b>Philly Steak, Onions, Cheese</b>	\$11.95
<b>Mushroom Philly</b>	
Philly Steak, Mushroom, Cheese	\$11.95
<b>Pepper Philly</b>	
Philly Steak, Green Peppers, Cheese	\$11.95
<b>Combo Philly</b>	
Philly Steak, Mushroom, Onions, Green Peppers, Cheese	\$11.95
<b>Hot Philly</b>	
Philly Steak, Onions, Jalapeno, Cheese	\$11.95
<b>Pepperoni Philly</b>	
Philly Steak, Pepperoni, Onions, Cheese	\$11.95
<b>BBQ Philly</b>	
Philly Steak, Onions, BBQ Sauce, Cheese	\$11.95
<b>Chicken Philly</b>	
Garlic Chicken, Onions, Green Peppers, Cheese	



## BURGERS 1/3 lb Fresh Patty

Lettuce, sliced tomato, pickles, mayo, mustard  
All burgers served with french fries or potato salad

Substitute onion rings or tater tots	\$1.50
<b>Hamburger</b>	\$10.25
<b>Cheese Burger</b>	\$10.75
<b>Bacon Cheese Burger</b>	\$11.75
<b>Double Cheese Burger</b>	\$12.75
<b>Bacon Double Cheese Burger</b>	\$13.75
<b>Blue Cheese Burger</b>	\$11.75



## CALZONES

<b>Meat Calzone</b>	\$12.95
Pepperoni, canadian bacon, sausage, beef	
<b>Hawaiian Calzone</b>	\$12.95
Canadian bacon, pineapple, pizza sauce	
<b>Veggie Calzone</b>	\$12.95
Mushroom, onions, green peppers, black olives	
<b>Stromboli Calzone</b>	\$12.95
Pepperoni, sausage, mushroom, black olives	
<b>Gyro Calzone</b>	\$12.95
Gyro meat, onion, black olives, pizza sauce, side tzaziki sauce	
<b>Chicken Calzone</b>	\$12.95



## SUBS

All subs served w/ french fries or potato salad  
 Substitute onion rings or tater tots .....\$1.50  
 Extra meat. ....\$2.95

**Lamb Gyro** ..... \$11.95  
 Sliced gyro on pita bread, w/tzaziki sauce,  
 tomato, onion, lettuce

**Chicken Gyro** ..... \$11.95  
 Garlic chicken on pita bread w/ tzaziki sauce,  
 tomato, onion, and lettuce

**Ham, Turkey, or Roast beef** ..... \$11.95  
 w/ lettuce, tomato, cheese, mayo

**Meat Ball Sub** ..... \$11.95  
 Homemade meatballs w/ homemade meat  
 sauce and cheese

**Italian Sausage Sub** ..... \$11.95  
 Italian sausage, cheese, homemade meat sauce

**Club** ..... \$11.95  
 Pepperoni, turkey, ham, lettuce, tomato, mayo,  
 mustard - served hot

**Italian** ..... \$11.95  
 Salami, ham, onion, house dressing, lettuce,  
 tomato, mayo, cheese - served hot or cold

**BLT** ..... \$11.95  
 Crispy bacon, lettuce, tomato, mayo, cheese

**French Dip** ..... \$11.95  
 Roast beef, cheese, served w/ au jus

**Madison Square** ..... \$11.95  
 Roast beef, sauteed onion, garlic, cheese,  
 served w/ au jus

**Combo** ..... \$11.95  
 Roast beef, turkey, lettuce, tomato, mayo,  
 mustard, cheeses

## PIZZA

### ADD TOPPINGS

8"	12"	14"	16"
Veggie Toppings			
\$1.00	\$1.00	\$1.50	\$2.00
Meat Toppings			
\$1.00	\$1.50	\$2.00	\$2.50
Specialty Toppings			
\$1.50	\$2.00	\$2.50	\$3.00

Add veggie toppings:  
 tomato, onion, green pepper, black olive,  
 jalapeno, pineapple, mushroom

### Add meat toppings:

pepperoni, canadian bacon, sausage, beef

### Add specialty toppings:

gyro meat, salami, chicken, breakfast  
 bacon, anchovies, feta cheese, greek olives,  
 artichoke hearts, sun dried tomato's

8" 12" 14" 16"

**Cheese Pizza** \$8.95 \$13.95 \$14.95 \$16.95

### Hawaiian

**(Aloha)** \$10.95 \$15.95 \$17.95 \$19.95  
 Includes canadian bacon, pineapple, pizza  
 sauce, cheese

**Veggie** \$11.95 \$17.95 \$19.95 \$21.95

Includes mushroom, onion, green peppers,  
 olive, and fresh tomato, cheese

**Meat Lovers** \$11.95 \$17.95 \$19.95 \$21.95

Includes pepperoni, canadian bacon, sausage,  
 beef, cheese

### Bomber

**Supreme** \$11.95 \$18.95 \$20.95 \$22.95

Includes pepperoni, canadian bacon, beef,  
 onion, black olives, mushroom, green peppers,  
 cheese

**Aviator** \$11.95 \$17.95 \$19.95 \$21.95

Includes pepperoni, salami, cooked tomato,  
 cheese

### Chicken Bacon

**Ranch** \$11.95 \$17.95 \$19.95 \$21.95

Includes breakfast bacon, chicken, homemade  
 ranch



### Hawaiian

**Chicken** \$11.95 \$17.95 \$19.95 \$21.95

Includes garlic chicken, pineapple, and pizza  
 sauce, cheese

**BBQ Chicken** \$11.95 \$17.95 \$19.95 \$21.95

Includes garlic chicken, mushroom, onion,  
 mozzarella cheese, cheddar cheese, BBQ sauce

**Mexi Pizza** \$11.95 \$17.95 \$19.95 \$21.95

Includes beef, onion, mushroom, olives, taco  
 sauce, chips, cheddar cheese, lettuce, tomato

**Cajun Pizza** \$11.95 \$17.95 \$19.95 \$21.95

Includes pepperoni, olive, mushroom, sausage,  
 cheese, cayenne pepper

### Spicy

**Chicken** \$11.95 \$17.95 \$19.95 \$21.95

Includes garlic chicken, mushroom, cheese,  
 cayenne pepper

## GREEK STYLE PIZZA

### Bahama

**Mama** \$11.95 \$17.95 \$19.95 \$21.95

Includes greek style base, canadian bacon,  
 mushrooms, olive, feta cheese, fresh tomatoes,  
 cheese

### Athens

**Pizza** \$11.95 \$17.95 \$19.95 \$21.95

Includes greek style base, pepperoni, onion,  
 mushroom, sausage, feta cheese

### Perry's Aviator

**Pizza** \$11.95 \$17.95 \$19.95 \$21.95

Includes greek style base pepperoni, salami,  
 cooked tomato, pepperocini, cheddar cheese,  
 mozzarella cheese

### Gyro

**Pizza** \$11.95 \$17.95 \$19.95 \$21.95

Gyro meat, onions, olives, feta cheese,  
 mozzarella cheese, garlic sauce

### Garlic

**Chicken** \$11.95 \$17.95 \$19.95 \$21.95

Includes chicken, mushrooms, and cheese on  
 Greek style base

## SPECIALS

Pick-up only

### LUNCH SPECIAL 11 AM TO 4 PM

Any sub w/ french fries or potato salad and  
 canned soda ..... \$10.95

### ALL DAY PICKUP ONLY:

12" Cheese Pizza ..... \$8.95

14" Large One Topping ..... \$10.95

### ALL DAY EVERY DAY:

#### SPECIAL 1:

Two 12" medium 2 topping pizzas. ....\$22.95

#### SPECIAL 2:

Two 14" large 2 topping .....\$24.95

### FAMILY SPECIAL:

Two 14" large two topping pizza

10 piece hot or bbq wings

One 2 litter soda ..... \$34.95

### DINNER SPECIAL

Two 14" 2 topping pizza's each w/

One Greek salad

One lasagna or 10 piece hot wings ....\$42.95

## DESSERTS

Cheese Cake ..... \$5.00

Baklava ..... \$5.00

Chocolate Cake. .... \$4.00

### SODA (2 liters)

coke, diet coke, sprite, dr. pepper, fanta, or  
 root beer

Individual can .....\$1.25

Six cans ..... \$6.00

Soda (2 liters) **AMGO** .....\$3.95



Municipality of Anchorage  
DEPARTMENT OF HEALTH & HUMAN SERVICES  
**PERMIT**

FACILITY NAME  
OWNER'S NAME:  
LOCATION:

FLIGHT DECK, IMCA, INC.  
MARLENE G. MEYER  
842 W INTERNATIONAL AIRPORT RD

PERMIT NO.  
FA0000522

ISSUED BY THE DEPARTMENT OF HEALTH & HUMAN SERVICES AND SUBJECT TO THE ANCHORAGE MUNICIPAL CODE OF  
ORDINANCES TITLES 15 AND 16. UNLESS THE OWNERSHIP CHANGES, THIS PERMIT IS VALID FROM 1/1/2022 TO 12/31/2022

FLIGHT DECK, IMCA, INC.  
842 W INTERNATIONAL AIRPORT RD  
ANCHORAGE, AK 99518

# LICENSE DETAILS

**License #:** 1096293[Print Business License](#)**Business Name:** FLIGHT DECK PIZZERIA**Status:** Active**Issue Date:** 12/04/2018**Expiration Date:** 12/31/2022**Mailing Address:** 1928 COLONY PLACE  
ANCHORAGE, AK 99507**Physical Address:** 842 W. INTERNATIONAL AIRPORT RD.  
ANCHORAGE, AK 99518

## Owners

FRESCO RESTAURANT PIZZA, LLC

## Activities

Line of Business	NAICS	Professional License #
72 - Accommodation and Food Services	722110 - FULL-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](#)[Print Friendly Version](#)

Details

## ENTITY DETAILS

## Name(s)

Type	Name
Legal Name	Fresco Restaurant Pizza, LLC

**Entity Type:** Limited Liability Company**Entity #:** 10049285**Status:** Good Standing**AK Formed Date:** 1/17/2017**Duration/Expiration:** Perpetual**Home State:** ALASKA**Next Biennial Report Due:** 1/2/2023**Entity Mailing Address:** 1928 COLONY PL, ANCHORAGE, AK 99507**Entity Physical Address:** 842 W INTL AIRPORT RD, ANCHORAGE, AK 99507

## Registered Agent

**Agent Name:** Solomon Investments, Inc.**Registered Mailing Address:** 2121 ABBOTT RD STE 202, ANCHORAGE, AK 99507**Registered Physical Address:** 2121 ABBOTT RD STE 202, ANCHORAGE, AK 99507

## Officials

☐ Show Former

AK Entity #	Name	Titles	Owned
	Fatmir Ljmani	Member	100.00

## Filed Documents

Date Filed	Type	Filing	Certificate
1/17/2017	Creation Filing	<a href="#">Click to View</a>	<a href="#">Click to View</a>
1/17/2017	Initial Report	<a href="#">Click to View</a>	
10/31/2019	Admin Dissolution		<a href="#">Click to View</a>
1/22/2020	Biennial Report	<a href="#">Click to View</a>	
1/22/2020	Agent Change	<a href="#">Click to View</a>	
1/22/2020	Reinstatement		<a href="#">Click to View</a>
2/15/2021	Biennial Report	<a href="#">Click to View</a>	

[Close Details](#)[Print Friendly Version](#)



## Alaska Alcoholic Beverage Control Board

**2022-2023 Master Checklist: Renewal License Application**

Doing Business As:	Flight Deck Bar/Arctic Inn	License Number:	402
License Type:	Beverage Dispensary - <i>Tourism</i>		
Examiner:	<i>Andrew S</i>	Transaction #:	100350369

Document	Received	Completed	Notes
AB-17: Renewal Application	2/17	9-12-22	In process of transfer
App and License Fees	2/23	9-12-22	

Supplemental Document	Received	Completed	Notes
Tourism/Rec Site Statement	Done	9-12-22	
AB-25: Supplier Cert (WS)			
AB-29: Waiver of Operation			
AB-30: Minimum Operation			* Death related transfer
AB-33: Restaurant Affidavit			of controlling interest -
COI / COC / 5 Star / FAA Cert			Allen Meyer personal
FP Cards & Fees / AB-08a	#100350369		rep of estate of Marlene
Late Fee	2/23	2/23	Meyer

Names on FP Cards:	
--------------------	--

	Yes	No	N/A
CBPL Entity Printout included?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business License Copy included?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Background(s) Completed & Date: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Special Consideration: Yes Tour & w/transfer App Board Meeting Date: 9-20-2022LGB Sent Date: 9/20/2022 LGB Deadline Date: \_\_\_\_\_LGB 1 Name: MOA LGB 2 Name: CC Take/Comp

<input type="checkbox"/> Waive	<input type="checkbox"/> Protest	<input type="checkbox"/> Lapsed	<input type="checkbox"/> Waive	<input type="checkbox"/> Protest	<input type="checkbox"/> Lapsed
--------------------------------	----------------------------------	---------------------------------	--------------------------------	----------------------------------	---------------------------------

STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD

LICENSE NUMBER

FORM CONTROL

XXXX

ISSUED  
09/12/2022  
ABC BOARD

LIQUOR LICENSE  
2022 - 2023

TEMPORARY

402

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: Anchorage, Muni. of  
Anchorage

D/B/A: Flight Deck Bar/Arctic Inn  
832 W International Airport Rd.

Mail Address:  
Ivory Manufacturing Corp of AK  
842 W Intl Airport Rd  
Anchorage, AK 99518

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

*Joan M. Wilson*  
DIRECTOR

04-900 (REV 5/9/22)

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  
09/12/2022  
ABC BOARD

LIQUOR LICENSE  
2022 - 2023

TEMPORARY

402

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

CITY / BOROUGH: Anchorage, Muni. of  
Anchorage

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

D/B/A: Flight Deck Bar/Arctic Inn  
832 W International Airport Road  
Mailing Address:  
Ivory Manufacturing Corp of AK  
842 W Intl Airport Rd  
Anchorage, AK 99518

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

04-900 (REV 5/9/22)



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):	Ivory Manufacturing Corporation of Alaska	License #:	402
License Type:	Beverage Dispensary - Tourism		
Doing Business As:	Flight Deck Bar/Arctic Inn		
Premises Address:	832 W International Airport Rd		
Local Governing Body:	Municipality of Anchorage		
Community Council:	MC CAMPBELL		

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

Mailing Address:	842 W International Airport Rd				
City:	Anchorage	State:	AK	ZIP:	99518

**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:	Allen J Meyer	Contact Phone:	1(206)380-9865
Contact Email:	ameyer@deweygriffin.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:	Madison Meyer	Contact Phone:	1(907)744-6520
Contact Email:	flightdeck907@gmail.com		

Name of Contact:	Tamara Meyer	Contact Phone:	1(360)920-4545
Contact Email:	flightdeckbilling@gmail.com		

Name of Contact:	Linda Hall	Contact Phone:	1(360)543-2188
Contact Email:	lhall@deweygriffin.com		



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 #:	38572D
-----------------------	--------

**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:	Allen Meyer				
Title(s):	President	Phone:	1(206)380-9865	% Owned:	100
Mailing Address:	842 W International Airport Rd				
City:	Anchorage	State:	AK	ZIP:	99518

Name of Official:					
Title(s):		Phone:		% Owned:	
Mailing Address:					
City:		State:		ZIP:	

Name of Official:					
Title(s):		Phone:		% Owned:	
Mailing Address:					
City:		State:		ZIP:	



## 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.

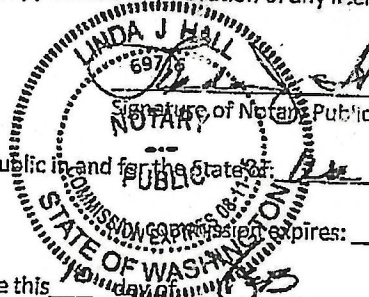
- I agree to provide all information required by the Alcoholic Beverage Control Board or requested by AMCO staff in support of this application and understand that failure to do so by any deadline given to me by AMCO staff will result in this application being returned and potentially expired if I do 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

ALLEN J MEYER

Printed name of licensee



Notary Public in and for the State of

Subscribed and sworn to before me this

2022

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:	\$ 500
Total Fees Due:				\$	3300

FEB 13 2021

MCNABB LAW OFFICE

P.O. Box 91709

ANCHORAGE, ALASKA 99508

Phone: (907) 581-4529 mcnabb.alaska.law@gmail.com

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA

THIRD JUDICIAL DISTRICT AT ANCHORAGE

In the Matter of the Estate

of

MARLENE G. MEYER

DCD: 08/25/2019

DOB: [REDACTED]

Deceased.

Case No JAN-21-00339 PR

LETTERS TESTAMENTARY

The Will of Marlene G. Meyer having been admitted to probate, ALLEN J. MEYER is appointed Personal Representative of the estate.

2/22/2021  
Date

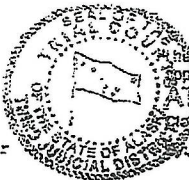
[Signature]  
Registrar Kelley

ACCEPTANCE

I, ALLEN J. MEYER, accept the duties and promise to perform the duties as required by law of the office of Personal Representative of the Estate of MARLENE G. MEYER. I acknowledge my duty as Personal Representative to:

I certify that on 2/24/21 a copy of this document was mailed to:  
to Personal Representative(s)  
✓ Personal Representative's Atty  
Judicial Assistant: gvr

Letters Testamentary  
ITMC Estate of Marlene G. Meyer



I hereby certify that this is a true and correct copy of the original on file in my office:

TEST:

[Signature]  
Deputy Clerk  
Date 2/25/21

**MICHAEL LAW OFFICE**

P.O. Box 91709  
ANCHORAGE, ALASKA 99509  
Phone: (907) 561-4529 mcnabb.alaska.law@gmail.com

A. take possession and control of the decedent's property as required by AS 13.16.380, determine the liabilities of the estate, and complete an inventory as required by AS 13.16.365;

B. provide notices to heirs and devisees as required by AS 13.16.360;

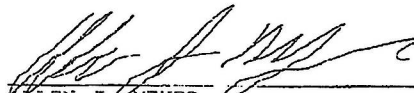
C. provide notice to creditors as required by law, publish notice when required, and review and either accept or reject claims as required by AS 13.16.450-.515, except as provided by AS 13.16.690;

D. advise the court in writing of the Personal Representative's address and telephone number as required by Probate Rule 8;

E. file returns for state estate taxes if required by AS 43.31.121 and AS 43.31.250;

F. pay homestead, exempt property and family allowances as required by AS 13.12.401-.405, costs of administration and other claims as required by AS 13.16.470, and distribute the assets of the estate; and

G. close the estate as soon as appropriate as required by AS 13.16.620 - 13.16.670.

  
HELEN J. MEYER  
Personal Representative of the  
Estate of Marlene G. Meyer

Letters Testamentary  
ITMC Estate of Marlene G. Meyer

Page 2 of 3

McNABB LAW OFFICE

P.O. Box 91709

ANCHORAGE, ALASKA 99509

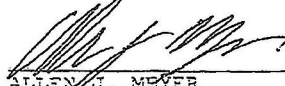
Phone: (907) 561-4529 mcnabb.alaska.law@gmail.com

STATE OF WASHINGTON

) ss.

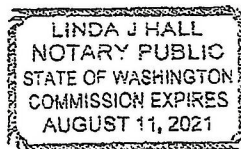
COUNTY OF WHATCOM

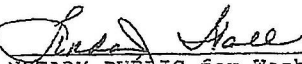
ALLEN J. MEYER says on oath or affirms that he has read the foregoing document and believes all statements made in the document are true.

  
ALLEN J. MEYER

SUBSCRIBED AND SWORN TO or affirmed before me on the 11<sup>th</sup>  
day of February, 2021.

(SEAL)



  
NOTARY PUBLIC for Washington

My Commission Expires: 8-11-21

Letters Testamentary  
ITMO Estate of Mariene G. Meyer

Page 2 of 2

# ENTITY DETAILS

## Name(s)

Type	Name
Legal Name	IVORY MANUFACTURING CORPORATION OF ALASKA (IMCA)

**Entity Type:** Business Corporation

**Entity #:** 38572D

**Status:** Good Standing

**AK Formed Date:** 7/14/1986

**Duration/Expiration:** Perpetual

**Home State:** ALASKA

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

**Entity Mailing Address:** 842 W INTERNATIONAL RD, ANCHORAGE, AK 99518

**Entity Physical Address:** 842 W INTERNATIONAL AIRPORT RD, ANCHORAGE, AK 99518

## Registered Agent

**Agent Name:** MADISON MEYER

**Registered Mailing Address:** 842 W INTERNATIONAL AIRPORT RD, ANCHORAGE, AK 99518

**Registered Physical Address:** 7625 STANLEY, ANCHORAGE, AK 99518

## Officials

☐ Show Former

AK Entity #	Name	Titles	Owned
	ALLEN MEYER	Director, President, Secretary, Shareholder, Treasurer	100.00

## Filed Documents

Date Filed	Type	Filing	Certificate
7/14/1986	Creation Filing	<a href="#">Click to View</a>	
10/14/1988	Admin Dissolution	<a href="#">Click to View</a>	
10/10/1990	Reinstatement	<a href="#">Click to View</a>	
10/10/1990	Agent Change	<a href="#">Click to View</a>	
10/10/1990	Biennial Report	<a href="#">Click to View</a>	
10/11/1990	Biennial Report	<a href="#">Click to View</a>	
2/29/1992	Biennial Report		
8/24/1992	Biennial Report	<a href="#">Click to View</a>	
1/28/1994	Biennial Report	<a href="#">Click to View</a>	
2/08/1994	Entity Address Change	<a href="#">Click to View</a>	

Date Filed	Type	Filing	Certificate
12/26/1995	Biennial Report	<a href="#">Click to View</a>	
3/23/1998	Biennial Report	<a href="#">Click to View</a>	
1/13/2000	Biennial Report	<a href="#">Click to View</a>	
1/11/2002	Biennial Report	<a href="#">Click to View</a>	
1/05/2004	Biennial Report	<a href="#">Click to View</a>	
12/30/2005	Biennial Report	<a href="#">Click to View</a>	
7/09/2008	Biennial Report	<a href="#">Click to View</a>	
10/15/2010	Biennial Report	<a href="#">Click to View</a>	
9/17/2012	Biennial Report	<a href="#">Click to View</a>	
4/25/2014	Biennial Report	<a href="#">Click to View</a>	
3/31/2016	Biennial Report	<a href="#">Click to View</a>	
11/15/2017	Biennial Report	<a href="#">Click to View</a>	
10/15/2020	Biennial Report	<a href="#">Click to View</a>	
5/10/2021	Certificate of Compliance		<a href="#">Click to View</a>
6/18/2021	Change of Officials	<a href="#">Click to View</a>	
6/18/2021	Agent Change	<a href="#">Click to View</a>	
2/17/2022	Biennial Report	<a href="#">Click to View</a>	

[Close Details](#)
[Print Friendly Version](#)

# License Details

License #: 163248

[Print Business License](#)

Business Name: FLIGHT DECK BAR

Status: Active

Issue Date:

Expiration Date: 12/31/2022

Mailing Address: 842 W INT'L AIRPORT ROAD  
ANCHORAGE, AK 99518

Physical Address: 842 W International Airport Road  
9077446520  
Anchorage, AK 99518

## Owners

IVORY MANUFACTURING CORPORATION OF ALASKA (IMCA)

## Activities

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

## Endorsements

End #	Issue	Renew	Expiration	Action End	Action Note	Address
1	1/22/2019	12/28/2020	12/31/2022			832 W INT'L AIRPORT RD, ANCHORAGE, AK 99518

## 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.

Start Date	End Date
1/1/2020	2/11/2020