



5061 E. Sam's Circle Wasilla, AK 99654
PH. 907-354-5395

January 11, 2024

AMCO-ABC
550 W. 7th Ave
Suite 1600
Anchorage, AK 99501

SUBJECT: No See Um Lodge License No. 5143

Dear Members of the Alcoholic Beverage Control Board,

I am writing to formally request the waiver of the late fee associated with my Liquor License No. 5143. I don't recall receiving any notifications in the mail, unlike all my other Alaska permits that typically send reminders such as our Food Service Permit. I have consistently relied on this method for timely renewals.

Being a small business owner, I cannot afford the late fee of \$500 in addition to the increased cost of the permit itself. I have always been on top of renewals and this delay was totally unintentional.

I hope you can understand my situation and drop the late fee. I am committed to getting everything sorted out ASAP and making sure this doesn't happen again. If required, I am more than willing to provide any additional information or documentation to support my request.

Thank you for your time and understanding.

Sincerely,

Kari Holman
Owner

Department of Commerce, Community, and Economic Development

Internal Receipt for #100755375

Net Total: \$2,050.00
Comment: Updated per Gov2Biz output

Printed: 08/06/2024

| Transaction 1 | | | | | | | | | |
|-----------------|-------------|------------|--------------------|--------|------------|------------|-------------------------------|-------|--|
| Type | Payer Name | Amount | Check, CC(4), AJE# | Auth # | Received | Created | Owner | AG # | |
| Web Credit Card | KARI HOLMAN | \$2,050.00 | 2951 | 07201G | 01/17/2024 | 01/17/2024 | (win)SOA\ced-svc-dept-ecom-ep | 14749 | |

| Account Item Name | Applicant Name | Amount | Reference # | Modified By | Modified Date | IRIS AR | IRIS Task | IRIS SubTask | IRIS Activity | IRIS Unit | IRIS SubUnit | IRIS Rev | IRIS BSA |
|------------------------------------|-----------------|------------|-------------|-------------------------------|---------------|-----------|-----------|--------------|---------------|-----------|--------------|----------|----------|
| WEB- ALC - Renewal Application Fee | No See Um Lodge | \$300.00 | 5143 | (win)SOA\ced-svc-dept-ecom-ep | 01/17/2024 | DA4101005 | ALCO | ALCR | | AMCO | AMCL | 5101 | |
| WEB-ALC - Alcohol Late Fees | No See Um Lodge | \$500.00 | 5143 | (win)SOA\ced-svc-dept-ecom-ep | 01/17/2024 | DA4101005 | ALCO | ALAT | | AMCO | AMCL | 5101 | |
| WEB-ALC - New Alcohol License Fees | No See Um Lodge | \$1,250.00 | 5143 | (win)SOA\ced-svc-dept-ecom-ep | 01/17/2024 | DA4101005 | ALCO | ALCL | | AMCO | AMCL | 5101 | |

License Renewal

Is this application being made by you for the benefit of someone else? If “YES,” indicate below or attach explanation.

No

Has the applicant, applicant’s spouse, partner, officer, director or stockholders, of the licensed entity become disqualified by law or by facts and conditions from holding a license or permit under the Alcohol and Cannabis Control Information System Alcoholic Beverage Code ? If “YES,” indicate below or attach explanation.

No

Have there been changes since your original application that have not been reported on this or previous applications ? If “YES,” indicate below or attach explanation.

No

How many hours did you operate in 2022 as set forth in AS 04.11.330?

Operated to meet the minimum 240 hrs.

How many hours did you operate in 2023 as set forth in AS 04.11.330?

Operated to meet the minimum 240 hrs.

Are you a seasonal license and has your operation times/dates/seasons changed?

Yes

Explanation

Season is from June 1 through October 1 each year

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 2022 or 2023.?

No

Have any Notices of Violation been issued for this license in 2022 or 2023?

No

Supporting Additional Document

- [LETTER TO AMCO-ABC REGARDING LATE FEE FOR 2024 PERMIT.pdf](#)



License Number:
5143



License Expiration Date:
12/31/2023



License Trade Name:
No See Um Lodge



Mailing Address:
5061 E SAMS Cir
WASILLA , AK
99654



Document reference ID : 2157

Licensing Application Summary

| | |
|---------------------------|---|
| Application ID: | 2157 |
| Applicant Name: | No See Um Lodge, Inc. |
| License Type applied for: | Outdoor Recreation Lodge License (ORL) (AS 04.09.280) |
| Application Status: | In Review |
| Application Submitted On: | 01/17/2024 |

Entity Information

| | |
|------------------------------|-------------|
| Business Structure: | Corporation |
| Alaska Entity Number (CBPL): | 55400D |

Entity Contact Information

| | |
|-----------------|--|
| Entity Address: | 5061 E Sam's Circle, Wasilla, AK, 99654, USA |
|-----------------|--|

Ownership / Principal Party Details

| Principal Parent Entity | Principal Party | Role | %Ownership |
|-------------------------|-----------------|--------------------------------------|------------|
| No See Um Lodge, Inc. | John H Holman | President | 100 |
| No See Um Lodge, Inc. | Kari Holman | Vice President, Secretary, Treasurer | |

Premises Address

| | |
|---|---------------------|
| Nearest municipality, city, and/or borough: | Outside City Limits |
|---|---------------------|

Country, State, Zip:

AK, United States,

Basic Business information

Business/Trade Name:

No See Um Lodge

Local Government and Community Council Details

City/Municipality

No Local Government

Borough

Lake and Peninsula Borough

Seasonal Information

Are you conducting seasonal business?

Yes

Please Provide your six-month operating period

5/1-10/31

Operation Period Details

Migration

Public Notice Posting Attestation and Publishers Affidavit

Attestations

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

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.

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 305.700.

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

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted are true and correct. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment, or documents to support this application, is sufficient grounds for denying or revoking a license/permit. I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

I certify that all proposed licensees have been listed with Division of Corporation, Business, and Professional Licensing.

I certify that I and any individual identified in the business entity ownership section of this application, has or will read AS 04 and its implementing regulations.

I certify that we provide overnight accommodations and meals, we also have at least 2 guest rooms, and they are primarily involved in offering opportunities for outdoor recreation activities.

Signature

Electronic Signature not collected; application submitted based on paper form.

Payment Info

Payment Type : CC

Payment Id: c31c7abf-3525-40e0-a24b-1bb9f3ea1453

Receipt Number: 100755375

Payment Date: 1/17/2024 10:02:19 AM