



Alaska Alcoholic Beverage Control Board

Form AB-37: Tourism Statement

This form needs to be included with your application for a beverage dispensary tourism license. A new, transfer, or renewal application for a beverage dispensary tourism license (AS 04.09.350) must be accompanied by a written statement that explains how the establishment encourages tourism and meets the requirements currently listed under AS 04.09.350 and 3 AAC 305.325.

This form must be completed and submitted to AMCO before any tourism license application will be determined complete.

Section 1 – Establishment Information

Enter information for the licensed establishment or the business seeking to be licensed.

Doing Business As:	Gold Country Services	License #:	4387
License Type:	Beverage Dispensary Tourism		

Section 2 – Tourism Statement

2.1. Explain how the issuance, renewal, or transfer of the license to another person of the has/will encourage tourism.

GCS advertises with the Milepost and is on Google. We provide the traveling public with dining facilities, restrooms, showers, hotel rooms, groceries, sundries, fuel, propane, gifts and free wifi. We are a checkpoint for the Yukon Quest, which brings international guests and media, plus we are base for hunters and gold prospectors.

2.2. Explain how the facility was/will be constructed or improved as required by AS 04.09.350(c)(1):

The facility was constructed with ten hotel rooms, plus two separate cabins. There is a dining facility along with a general store, gift shop, and laundry/shower room.

The population is under 100.

YES NO

2.3 Licensees licensed 12/31/23 and earlier. Does the licensee or applicant for this liquor license also operate the tourism facility in which this license is located?

2.4 If "no" who operates the tourism facility?

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YES NO

2.5 Do you offer room rentals to the traveling public ?

If "yes" answer the following questions AND you must apply for a Hotel or Motel Endorsement under AS 04.09.430
<https://www.commerce.alaska.gov/web/amco/AlcoholLicenseApplication.aspx> :

How many rooms are available?

Ten rooms plus two cabins.

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 amicrowave)?

None.

YES NO

Do you stock or plan to stock alcoholic beverages in guest rooms? If yes, you must apply for and qualify for a Hotel or Motel Endorsement under AS 04.09.430.

YES NO

If "no" to the question regarding rooms, is your facility located within an airport terminal?

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

The dining facility has eight tables and there are ten seats at the bar, which is in the same room. Dining is available at the bar as well as cafe 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.



Section 3 – Certification

Alcohol and 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

Alaska Alcoholic Beverage Control Board

Form AB-37: Tourism

Statement

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

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.

Printed name of licensee/affiliate Signature of licensee/affiliate

Sheila Symons

Sheila Symons

Richard Symons

Richard Symons

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?

No

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



License Number:
4387



License Expiration Date:
12/31/2023



License Trade Name:
Gold Country Services



Mailing Address:
P.O. Box 30114
Central , AK
99730



Document reference ID : 2494

Licensing Application Summary

Application ID:	2494
Applicant Name:	Richard G Symons And Shelia L Symons
License Type applied for:	Beverage Dispensary Tourism License (BDTL) (AS 04.09.350)
Application Status:	In Review
Application Submitted On:	02/22/2024

Entity Information

Business Structure:	General Partnership
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Entity Contact Information

Entity Address:	PO Box 30114, Central, AK, 99730, USA
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Premises Address

Nearest municipality, city, and/or borough:	Outside City Limits
Country, State, Zip:	AK, United States,

Basic Business information

Business/Trade Name:	Gold Country Services
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Local Government and Community Council Details

City/Municipality

No Local Government

Borough

Unorganized Borough

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

The proposed changes conform to all applicable public health, fire, and safety laws.

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.

Signature

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

Payment Info

Payment Type : CC

Payment Id: cd67e093-3119-48f9-a0b3-a9e7bc0241d2

Receipt Number: 100776522

Payment Date: 2/21/2024 4:12:15 PM