



Form AB-37: Tourism Statement



Alaska Alcoholic Beverage Control Board

Form AB-37: Tourism Statement

2.5 Do you offer room rentals to the traveling public ? YES ☐ NO ☐

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?

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? 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? YES ☐ NO ☐

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

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".



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Section 3 – Certification

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

Susan M. Gilpatrick

Signature of licensee/affiliate

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:
4556

#

License Expiration Date:
12/31/2023

#

License Trade Name:
Gilpatrick's Hotel Chitina

Mailing Address:

#

PO Box 2886
Valdez , AK
99686



Document reference ID : 1635

Licensing Application Summary

Application ID:	1635
Applicant Name:	Gilpatrick's Hotel Chitina, Inc.
License Type applied for:	Beverage Dispensary Tourism License (BDTL) (AS 04.09.350)
Application Status:	In Review
Application Submitted On:	12/23/2023

Entity Information

Business Structure:	Corporation
Alaska Entity Number (CBPL):	97275

Entity Contact Information

Entity Address:	PO Box 2886, Valdez, AK, 99686, USA
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Ownership / Principal Party Details

Principal Parent Entity	Principal Party	Role	%Ownership
Gilpatrick's Hotel Chitina, Inc.	Susan M Gilpatrick	President,Vice President,Secretary	100

Premises Address

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

Country, State, Zip: AK, United States,

Basic Business information

Business/Trade Name: Gilpatrick's Hotel Chitina

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 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.

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: e1a2df24-0d15-4c55-a8bd-6483700b57f6

Receipt Number: 100736816

Payment Date: 12/23/2023 12:39:00 PM