

Alcohol and 550 alcc

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

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. License #: 4774 **Doing Business As: Embassy Suites Anchorage 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. Since the original issuance of the license, the hotel has served guests with a lodging and dining experience that promotes tourism. The hotel decor is inspired by local scenery and wildlife. The restaurant offerings include a variety of Alaskan-sourced entrees and beverage options alongside traditional American items, making it a destination that is appealing for a variety of tourists. The hotel is conveniently located near the airport and downtown Anchorage, and only 15 minutes from the Tony Knowles Coastal Trail, making it easily accessible for tourists. The hotel will maintain its commitment to encourage tourism and provide an appealing destination for visitors to the area. 2.2. Explain how the facility was/will be constructed or improved as required by AS 04.09.350(c)(1): The hotel includes an on-site restaurant and 169 guest rooms, which meets the requirements of AS 04.09.350(c)(1). The on-site restaurant features items promoting local cuisine, such as grilled Alaskan Halibut, grilled Alaskan Salmon, Alaskan Fish and Chips, crab cakes, and surf and turf. The beverage menu includes locally sourced wine and craft beers. 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?



Alcohol and Marijuana Control Office 550 W 7th Avenue, Suite 1600 Anchorage, AK 99501 <u>alcohol.licensing@alaska.gov</u>

https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Form AB-37: Tourism Statement

5 Do you offer room rentals to the traveling public ?	V ES	
f "yes" answer the following questions AND you must apply for a Hotel or Motel Endorsement under AS 04.09 https://www.commerce.alaska.gov/web/amco/AlcoholLicenseApplication.aspx :	9.430	
How many rooms are available?		
169 Rooms		
How many of the available rooms (if any) have kitchen facilities (defined as: a separate sink for with refrigeration and cooking appliance devices, including a microwave)?	food prepara	ation along
The hotel consists of all-suite hotel rooms. The rooms do not have kitchens, but do have mini refrigerators and small wet bars. We do not stock alcoholic beverages in the guest rooms.	<u> </u>	
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 V
If "no" to the question regarding rooms, is your facility located within an airport terminal?	YES	NO V
2.6 If your establishment includes a dining facility, please describe that facility. If it does not please v	vrite "none".	
Inside the Embassy Suites Anchorage is a full-service restaurant that features a metropolitan decor with The menu consists of a healthy collection of American favorites along with Alaskan specialties.	an Alaskan f	lair.
2.7 If additional amenities are available to your guests through your establishment (eg: guided tours o	or trips, renta	al equipment for
As a full-service Hilton hotel, we offer many amenities for our guests, including a business center, A/V	equipment r	ental,
complimentary breakfast, coin laundry, baggage storage, complimentary wi-fi, gift shop/on-site conve	nience store	, :
fitness center, pool, pool table, complimentary evening receptions, and housekeeping services. We do tours or rental equipment at the hotel, but we will put guests in touch with local businesses that offer part of our tourism promotion efforts.	not offer gu these service	es as
Part of the second seco		



Alcohol and Marijuana Control Office 550 W 7th Avenue, Suite 1600 Anchorage, AK 99501 <u>alcohol.licensing@alaska.gov</u>

https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Form AB-37: Tourism Statement

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.



Matthew Rash President

Printed name of licensee/affiliate

Signature of licensee/affiliate

8/12/24, 11:49 AM Workitem Process

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 ordanince adopted under AS 04.21.010 in 2022 or 2023.?

No

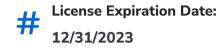
Have any Notices of Violation been issued for this license in 2022 or 2023?

No



License Number:

4774





Mailing Address:



814 E Main St Richmond , VA 23219 - 3306



Document reference ID: 1626

Licensing Application Summary

Application ID: 1626

Applicant Name: Apple Nine Hospitality Management, Inc.

License Type applied for: Beverage Dispensary Tourism License (BDTL) (AS

04.09.350)

Application Status: In Review

Application Submitted On: 12/22/2023

Entity Information

Management, Inc.

Business Structure: Corporation

Alaska Entity Number (CBPL): 127143

Entity Contact Information

Entity Address: 814 E Main Street, Richmond, VA, 23219, USA

Ownership / Principal Party Details

Principal Parent Entity	Principal Party	Role	%Ownershi p
Apple Nine Hospitality Management, Inc.	Apple Nine Hospitality Inc	Stockholder/Sharehold er	100
Apple Nine Hospitality Management, Inc.	Matthew Rash	President	
Apple Nine Hospitality	Rachel Labrecque	Vice President	

Premises Address

Nearest municipality, city, and/or

Anchorage, Muni. of

borough:

Country, State, Zip: AK, United States,

Basic Business information

Business/Trade Name: Embassy Suites Anchorage

Local Government and Community Council Details

City/Municipality Anchorage (Municipality of)

Community Council Name Midtown

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: dc93735c-77ed-43f7-be54-f5ffd2077614

Receipt Number: 100736498

Payment Date: 12/22/2023 3:02:11 PM