

Document reference ID: 1089

## **Licensing Application Summary**

**Application ID:** 1089

**Applicant Name:** Schilling Alaska, Inc.

**License Type applied for:** Beverage Dispensary Tourism License (BDTL) (AS 04.09.350)

Application Status: In Review

Application Submitted On: 12/08/2023

**Entity Information** 

Business Structure: Corporation

Alaska Entity Number (CBPL): 39992D

**Entity Contact Information** 

Entity Address: 47 Spur View Drive, Kenai, AK, 99611, USA

**Premises Address** 

Nearest municipality, city, and/or borough: Kenai

Country, State, Zip: AK, United States, 99611

**Basic Business information** 

Business/Trade Name: Uptown Motel/Louie's

Local Government and Community Council Details

City/Municipality Kenai (City of)

**Borough** Kenai Peninsula 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: ff41fe48-1575-4b97-9f6a-ade8555ca6f7

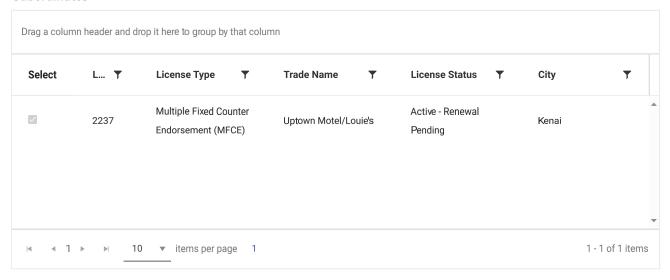
Receipt Number: 100723356

Payment Date: 12/8/2023 2:15:49 PM

Download

### License Renewal

#### **Subordinates**



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

Nο

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.?

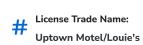
No

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

No



License Expiration Date: 12/31/2023



Mailing Address:



47 Spur View Dr Kenai , AK 99611 - 6879



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: Beverage Dispensary Tourism Statement

	ompleted and submitted to AMCO's Anchorage office before	any tourism license app	lication will be
eviewed.			
	Section 1 – Establishment Inform	nation	
nter information for the	licensed establishment or the business seeking to be licensed		
Doing Business As:	Uptown Motel/Louie's	License #:	1859
License Type:	Beverage Dispensary - Tourism		
	Section 2 – Tourism Stateme	ent	anigates All desire enhancements
.1. Explain how issuance	of a liquor license at your establishment has/will encourage	tourism.	
featured Alaska sea	afood dishes		
Louie's Restaurant	ty was/will be constructed or improved as required by AS 04 was built to be part of the Uptown Motel and fe		odge-like'
Louie's Restaurant interior decor includ		atures an Alska 'L	AND THE PERSON NAMED IN
Louie's Restaurant interior decor includ Louie's Restaurant	was built to be part of the Uptown Motel and fe ding many trophy animal mounts.	atures an Alska 'L	ARI SATIS
Louie's Restaurant interior decor includ Louie's Restaurant	was built to be part of the Uptown Motel and feding many trophy animal mounts. is oporated only by employees of the Uptown Motel and feding many trophy by employees of the Uptown Motel and feding many trophy by employees of the Uptown Motel and feding many trophy by employees of the Uptown Motel and feding many trophy by employees of the Uptown Motel and feding many trophy by employees of the Uptown Motel and feding many trophy by employees of the Uptown Motel and feding many trophy by employees of the Uptown Motel and feding many trophy animal mounts.	atures an Alska 'Lo Motel and Schilling YES	Alaska, inc.
Louie's Restaurant interior decor includ Louie's Restaurant  2.3 Does the licensee or a tourism facility in wh	was built to be part of the Uptown Motel and feding many trophy animal mounts. is oporated only by employees of the Uptown Motel and feding many trophy by employees of the Uptown Motel and feding many trophy by employees of the Uptown Motel and feding many trophy by employees of the Uptown Motel and feding many trophy by employees of the Uptown Motel and feding many trophy by employees of the Uptown Motel and feding many trophy by employees of the Uptown Motel and feding many trophy by employees of the Uptown Motel and feding many trophy animal mounts.	atures an Alska 'Lo Motel and Schilling YES	Alaska, inc.



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: Beverage Dispensary Tourism Statement

YES	NO
parate sink for food prepara	ation along
facilities (no seperate sink).	
YES	NO
YES	NO 🗸
es not please write "none".	
lunch & dinner menu	
guided tours or trips, renta 'ed, please write "none".	l equipment
oanl activities includiner packages for the l	
	rarate sink for food preparate sink for food preparate sink for food preparate sink).  YES  YES  Pes not please write "none".  lunch & dinner menu guided tours or trips, rentated, please write "none".  canl activities including including sincluding sinc



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: Beverage Dispensary 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.



Printed name of licensee/affiliate

Signature of licensee/affiliate