



Document reference ID : 863

Licensing Application Summary

Application ID:	863
Applicant Name:	Cp Anchorage 5, Llc
License Type applied for:	Beverage Dispensary Tourism License (BDTL) (AS 04.09.350)
Application Status:	In Review
Application Submitted On:	11/30/2023

Entity Information

Business Structure:	Limited liability company
Alaska Entity Number (CBPL):	10174964

Entity Contact Information

Entity Address:	740 CentreView Blvd., Crestview Hills, KY, 41017, USA
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Ownership / Principal Party Details

Principal Parent Entity	Principal Party	Role	%Ownership
Cp Anchorage 5, Llc	Cp Crestview, Llc	Manager	
Cp Anchorage 5, Llc	William Yung Iii	Affiliate	
Cp Anchorage 5, Llc	Joseph Yung	Affiliate	
Cp Anchorage 5, Llc	Asaad Karam	Affiliate	
Cp Anchorage 5, Llc	Allan Smallwood	Affiliate	

Premises Address

Nearest municipality, city, and/or borough: Anchorage, Muni. of

Country, State, Zip: AK, United States,

Basic Business information

Business/Trade Name: Homewood 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: 0159238c-00e2-4562-9bc1-0999c97badd4

Receipt Number: 100716105

Payment Date: 11/30/2023 2:02:58 PM

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:
4354

License Expiration Date:
12/31/2023

License Trade Name:
Homewood Suites Anchorage

Mailing Address:
 740 Centre View Blvd
Crestview Hills , KY
41017 - 5434



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:	Howewood Suites Anchorage	License #:	4354
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.

As a full service hotel, it is our core mission to encourage tourism as the very success of our business relies on it. to that end, responsible liquor service is a guest expectation

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

As all hotels, it is necessary to constantly keep upgrading and refurbishing the rooms and interior. This keeps the hotel competitive in today's market.

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?

YES
☒

NO
☐

2.4 If "no" who operates the tourism facility?

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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

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?

122 Rooms

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)?

All rooms have fully equipped kitchens and do not stock alcoholic beverages

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".

Daily breakfast in the main lobby area as well as a social reception that takes place monday-thursday with alcoholic beverage and light fare

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



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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.



WILLIAM J. YUNG, III

Printed name of licensee/affiliate

Signature of licensee/affiliate

A handwritten signature in black ink, appearing to read "W. Yung", written over a horizontal line.