

Document reference ID: 1024

Licensing Application Summary

Application ID: 1024

Applicant Name: Anchorage Hospitality Llc

License Type applied for: Hotel or Motel Endorsement (HME) (AS 04.09.430)

Application Status: In Review

Application Submitted On: 12/06/2023 01:16 PM AKST

Entity Information

Business Structure: Limited liability company

Alaska Entity Number (CBPL): 118298

Entity Contact Information

Mailing Address: 109 W International Airport Road, Anchorage, AK, 99518, USA

Designated Licensee Information

Authority Type: I am authorized user by the designated licensee with

binding authority

Legal First Name: William

Legal Last Name: Lawson

Email Address: bill@aacdi.com

Phone Number: 509-624-1170

Ownership / Principal Party Details

Principal Parent Entity	Principal Party	Role	%Ownership
Anchorage Hospitality Llc	Llc Aawl	Member	71
Anchorage Hospitality Llc	LIc Hope Holdings	Member	20

Premises Address

Address: 109 W International Airport Road, Anchorage, AK, 99518,

USA

Does the proposed site include a

valid street address?

Yes

Primary license number

Primary License Information 4844

Local Government and Community Council Details

City/Municipality Anchorage (Municipality of)

Community Council Name Midtown

Property Ownership

Do you, the applicant, own the land, building, and/or warehouse at this proposed licensed location?

No

Property Utilization Status

An Existing Facility

Are you operating under?

Lease

Anc CP - Ground Lease.PDF

Premises Diagram

Will the license or permit embrace the entire premises address?

No

Premises Diagram

• CPA Licensed Premises Diagram.pdf

Security Plan

• Crowne Plaza Anchorage Security Plan ACCIS.pdf

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.

Signature

This application was digitally signed by: William Lawson on 12/06/2023 01:16 PM AKST

Payment Info

Payment Type: CC

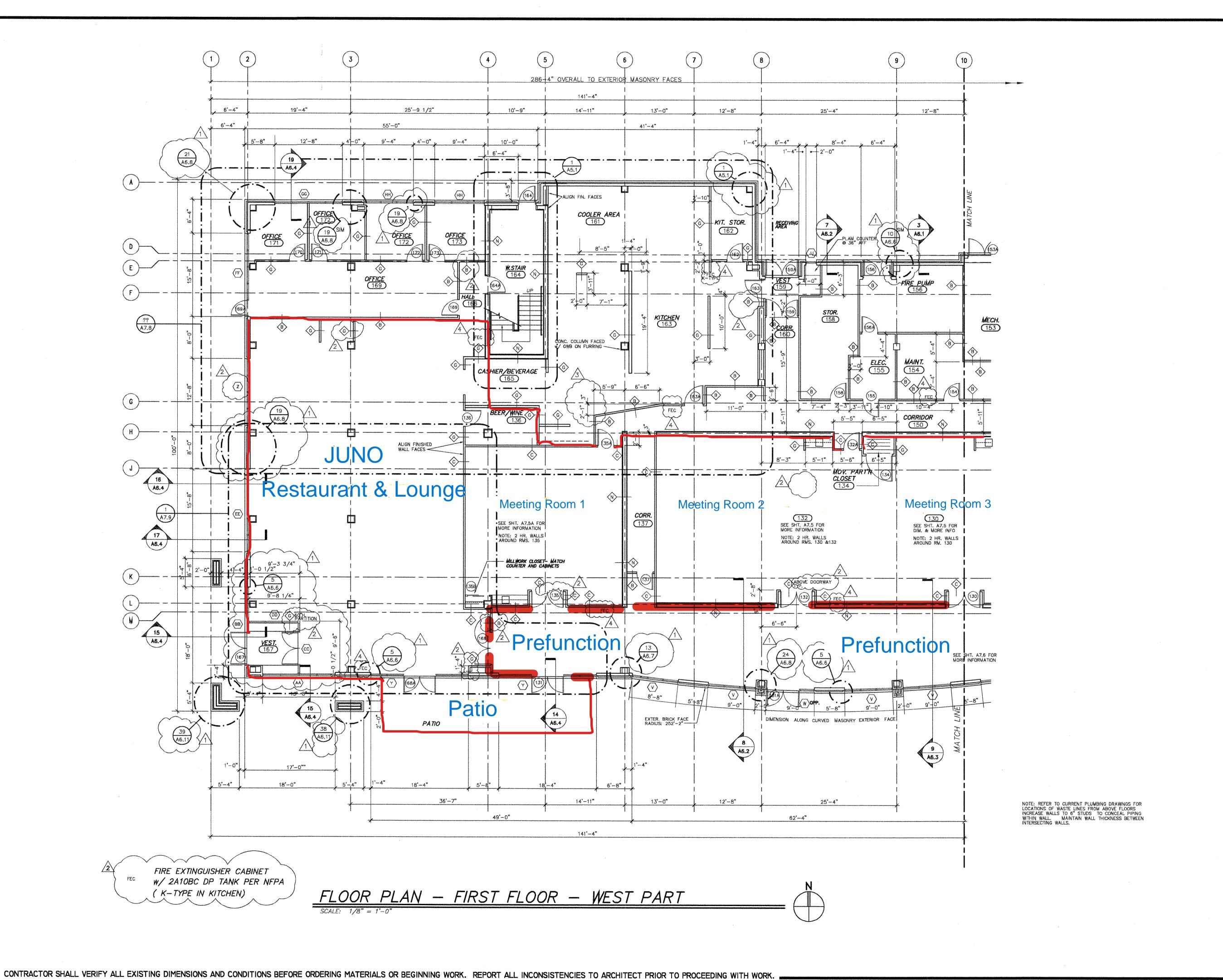
Payment Id: 1d30ba9e-7094-4d03-b613-40115a6bf614

Receipt Number:

Payment Date: 12/06/2023 01:17 PM AKST

Documents

#	File Name	Туре	Added On
1	Anc CP - Ground Lease.PDF	License Lease\Sublease document	12/06/2023 12:53 PM AKST
2	CPA Licensed Premises Diagram.pdf	License Location Diagram Document	12/06/2023 01:15 PM AKST
3	Crowne Plaza Anchorage Security Plan ACCIS.pdf	License Location Diagram Security Plan Document	12/06/2023 01:15 PM AKST



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MCARTHUR, A.I.A.

- H. I. T. E. C. T.

ANE, WA 99201 e-mail: jamesamca@qwest.net

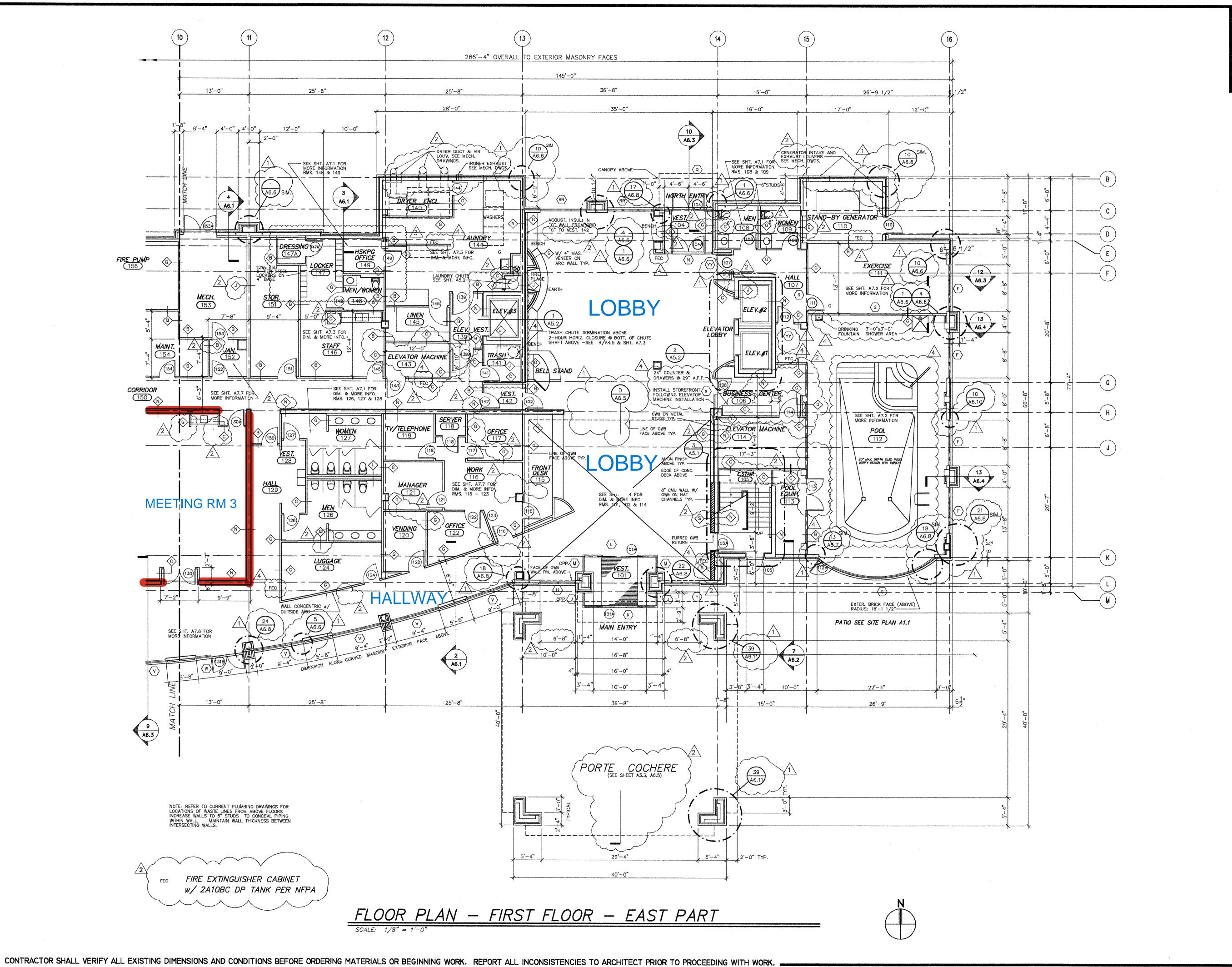
RONE: 509-327-7943 / FAX: 509-327-7999

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AGE, ALASKA
OAD AT 'C' STREET WEST 222 MISSION, SUITE LEPOKANI

T TITLE: FIRST FLOOR PLAN - WEST PART ECT: HOLIDAY INN HOTEL - ANCHORAGE, ALASK W INTERNATIONAL AIRPORT ROAD AT 'C'

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