



## Alaska Alcoholic Beverage Control Board

**Form AB-37: Beverage Dispensary Tourism Statement**

A new, transfer, or renewal application for a Beverage Dispensary – Tourism license 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 document must be completed and submitted to AMCO's Anchorage office before any tourism license application will be reviewed.

**Section 1 – Establishment Information**

Enter information for the licensed establishment or the business seeking to be licensed.

Doing Business As:	Voyager Inn	License #:	742
License Type:	Beverage Dispensary Tourism		

**Section 2 – Tourism Statement****2.1. Explain how issuance of a liquor license at your establishment has/will encourage tourism.**

The overall plan for The Voyager Inn involves hosting travelers from the lower 48 of the U.S. and for that matter world-wide, providing first class accommodations offering amenities travelers would expect in similar markets. Individuals patronizing hotels similar to The Voyager Inn expect a place where they can enjoy a relaxing environment which includes being able to enjoy a refreshing libation, be it their favorite glass of wine, beer or cocktail. We are located in the heart of downtown Anchorage.

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

The exterior of the building has recently received a refresh to include an entire paint job and new exterior building signage adding to the appeal of the downtown Anchorage area where The Voyager Inn is located.

Plans call for a renovation of lobby and guestroom areas in 2026/2027.

**2.3 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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2.5 Do you offer room rentals to the traveling public?

YES



NO



If "yes" answer the following questions:

How many rooms are available?

40

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)?

38

Do you stock or plan to stock alcoholic beverages in guest rooms?

YES



NO



If "no" 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".

Yes, we provide tourist type amenities to guests.  
We also recommend tours, guides, as well as the Anchorage Museum & Denani Center.  
In short, all of those things, which are routinely done by businesses in Alaska to encourage tourism, will continue to be done by the operators of the facility.



## 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.



Voyager Hotel AK, LLC

Printed name of licensee/affiliate

Signed by:

Jonathan Rubini

Signature of licensee/affiliate



Document reference ID : 5657

# Licensing Application Summary

## Transfer of Ownership

<b>License ID:</b>	742
<b>Application ID:</b>	5657
<b>Applicant Name:</b>	Voyager Hotel Ak, Llc
<b>License Type applied for:</b>	Beverage Dispensary Tourism License (BDTL) (AS 04.09.350)
<b>Application Status:</b>	In Review
<b>Application Submitted On:</b>	08/19/2025 03:04 PM AKDT

## Entity Information

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<b>Business Structure:</b>	Limited liability company
<b>FEIN/SSN Number:</b>	335031712
<b>Member Managed or Manager Managed:</b>	Member Managed
<b>Alaska Entity Number (CBPL):</b>	10311960
<b>Alaska Entity Formed Date:</b>	05/07/2025
<b>Home State:</b>	AK

## Entity Contact Information

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<b>Mailing Address:</b>	P.O. Box 202845, Anchorage, AK, 99520, USA
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## Registered Agent Information

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<b>Name</b>	Jonathan Rubini
<b>Agent's Phone Number</b>	907-279-8068
<b>Agent's Email</b>	JL_AMCO_Licensee@jlproperties.com
<b>Address</b>	PO Box 202845, Anchorage, AK, 99520-2845, USA
<b>The registered agent is either an individual resident of the state or a domestic corporation authorized to transact business in the state and whose business office is the same as the registered office?</b>	Yes

## Ownership / Principal Party Details

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Principal Parent Entity	Principal Party	Role	%Ownership
Voyager Hotel Ak, Llc	Jonathan Rubini	Affiliate	
Voyager Hotel Ak, Llc	Leonard Hyde	Affiliate	
Voyager Hotel Ak, Llc	Double O Development, LLC	Member	50
Voyager Hotel Ak, Llc	JL Voyager Hotel AK, LLC	Member	50

## Premises Address

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<b>Address:</b>	944 W 5th Avenue, Anchorage, AK, 99501, USA
<b>Does the proposed site include a valid street address?</b>	Yes

## Basic Business information

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<b>Business/Trade Name:</b>	Voyager Inn
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## Premises Contact Details

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<b>Contact Person Name</b>	Anton Villacorta
<b>Business Phone Number</b>	907-279-8068
<b>Alternate Phone Number</b>	907-717-7919
<b>Email Address</b>	avillacorta@jllproperties.com

## Local Government and Community Council Details

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<b>City/Municipality</b>	Anchorage (Municipality of)
<b>Borough</b>	None
<b>Community Council Name</b>	Downtown

## Public Notice Posting Attestation and Publishers Affidavit

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<b>Have you posted your application at both required locations for ten consecutive days?</b>	Yes
<b>What was the other conspicuous location of your post? (Please Include the full address)</b>	Fred Meyer: 1000 E Northern Lights Blvd, Anchorage, AK 99508
<b>What was the first day you posted your application?</b>	08/04/2025
<b>If the newspaper advertisement was published did you advertise once a week for three consecutive weeks or if by radio twice week for three successive weeks?</b>	Yes
<b>What was the final date your advertisement was published/broadcasted?</b>	07/27/2025

### Newspaper/Publishers Affidavit

[Campaign 51004 signed.pdf](#)

I attest that I have met the public posting notice requirement set forth under AS 04.11.310 by posting a copy of my application for the 10-day period at the location of the proposed licensed premises and at another conspicuous location in the area of the proposed premises as listed in this application.

I hereby attest 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.

## Attestations

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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.

## Signature

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This application was digitally signed by : Jonathan Rubini on 06/30/2025 02:41 PM AKDT

## Payment Info

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Payment Type : CC

Payment Id: b5178090-66b7-40dd-8f1a-37e8e6fcc332

Receipt Number: 101101273

Payment Date: 08/22/2025 04:07 PM AKDT

## Documents

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#	File Name	Type	Added On
1	<a href="#">AB-11 - Signed 06-23-25 updated.pdf</a>	Signed Creditors Affidavit	06/25/2025 02:10 PM AKDT
2	<a href="#">Campaign 51004 signed.pdf</a>	Publishers Affidavit	08/19/2025 03:13 PM AKDT
3	<a href="#">Transferee and Transferor Certifications Form-5657.pdf</a>	Transferee and Transferor Certifications Form	08/19/2025 03:13 PM AKDT



What is the distance of the shortest pedestrian route from the public entrance of the building of your proposed premises to the outer boundaries of the nearest school grounds? Include the unit of measurement in your answer.

5,280 feet

What is the distance of the shortest pedestrian route from the public entrance of the building of your proposed premises to the public entrance of the nearest church building? Include the unit of measurement in your answer

1,096 feet

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**From:** Amanda S <ashawcross@eclawfirm.org>

**Sent:** Thursday, November 20, 2025 11:57 AM

**To:** Serezhenkov, Kristina R (CED) <kristina.serezhenkov@alaska.gov>

**Cc:** jl\_amco\_licensee@jlproperties.com; Sherman Ernouf <sernouf@eclawfirm.org>; CED ABC Alcohol Licensing (CED sponsored) <alcohol.licensing@alaska.gov>; Anton Villacorta <avillacorta@jlproperties.com>; Lance Baumgartner <lbaumgartner@jlproperties.com>; Stuart Newmark <stuart.newmark@jlhotelgroup.com>

**Subject:** Re: Alcohol License Transfer of Ownership #742-Initial Transfer Review- Additional Info- Distance

School is 1 mile, 5,280 feet

Church is 0.2 mile, 1,096 feet

Let me know if need anything else.

Thank you,

Amanda Shawcross  
Book Keeper, Paralegal, Office Manager  
Law Offices of Ernouf & Coffey, P.C.  
PO Box 212314  
Anchorage, Alaska 99521-2314  
Phone: (907) 274-3385  
Fax: (907) 274-4258  
[ashawcross@eclawfirm.org](mailto:ashawcross@eclawfirm.org)

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# Alcoholic Beverage Control Office

## Transferee and Transferor Certifications Form

### Application for Transfer of Ownership

**Application ID:** 5657  
**License Type:** Beverage Dispensary Tourism License (BDTL) AS  
04.09.350  
**License Number:** 742

#### From Transferor:

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**Doing Business As:** Voyager Inn  
**Premises Address:** 944 W 5th Avenue, Anchorage, AK, 99501, USA

#### Licensee

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**Licensee Name:** Hickel Investment Company  
**Type:** Corporation  
**Licensee Mailing Address:** 939 W 5th Avenue, Anchorage, AK, 99501, USA

#### Entity Officer, Stockholder/Shareholder

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##### Entity Stockholder/Shareholder #1

**Type:** Person  
**Name:** Robert J Hickel  
**Title:** Stockholder/Shareholder  
**Percentage of Ownership:** 13.79%

##### Entity Officer #2

**Type:** Person  
**Name:** Walter J Hickel Jr  
**Title:** Officer  
**Percentage of Ownership:** 17.99%

##### Entity Officer #3

**Type:** Person  
**Name:** Jack E Hickel  
**Title:** Officer

**Percentage of Ownership:**

18.67%

**Entity Secretary #4**

**Type:**

Person

**Name:**

Joseph W Hickel

**Title:**

Secretary

**Percentage of Ownership:**

13.23%

**Entity Officer #5**

**Type:**

Person

**Name:**

William K. Hickel

**Title:**

Officer

**Percentage of Ownership:**

21.85%

**Entity President #6**

**Type:**

Person

**Name:**

Donald Towslee

**Title:**

President

## **To Transferee:**

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**Doing Business As:**

### **Licensee**

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**Licensee Name:**

Voyager Hotel Ak, Llc

**Type:**

Limited liability company

**Licensee Mailing Address:**

P.O. Box 202845, Anchorage, AK, 99520, USA

### **Entity Officer, Stockholder/Shareholder**

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**Entity Affiliate #1**

**Type:**

Person

**Name:**

Jonathan Rubini

**Title:**

Affiliate

**Phone number:**

907-279-8068

**Email:**

JL\_AMCO\_Licensee@jlproperties.com

**Mailing Address:**

PO Box 202845, Anchorage, AK, 99520, USA

**Entity Affiliate #2**

**Type:** Person  
**Name:** Leonard Hyde  
**Title:** Affiliate  
**Phone number:** 907-279-8068  
**Email:** JL\_AMCO\_Licensee@jlproperties.com  
**Mailing Address:** PO Box 202845, Anchorage, AK, 99520, USA

**Entity Member #3**

**Type:** Organization  
**Name:** Double O Development, LLC  
**Title:** Member  
**Percentage of Ownership:** 50%  
**Mailing Address:** 1900 Premier Ct, Anchorage, AK, 99502, USA

**Entity Member #4**

**Type:** Organization  
**Name:** JL Voyager Hotel AK, LLC  
**Title:** Member  
**Percentage of Ownership:** 50%  
**Mailing Address:** PO Box 202845, Anchorage, AK, 99520, USA

Additional copies of this page may be attached, as needed, for the controlling interest of the current licensee to be represented.

Signature of transferee Printed name of transferee Date

Signature of transferee Printed name of transferee Date

Signature of transferee Printed name of transferee Date

I declare under penalty of perjury that the undersigned represents a controlling interest of the current licensee. I additionally certify that I, as the current licensee (either the sole proprietor or the controlling interest of the currently licensed entity) have examined this



Signed by:  
Jonathan Rubini  
4EC1853331954C7...

Jonathan B Rubini

11/3/2025

Signature of transferee

Printed name of transferee

Date

Signature of transferee

Printed name of transferee

Date

Signature of transferee

Printed name of transferee

Date

I declare under penalty of perjury that the undersigned represents a controlling interest of the current licensee. I additionally certify that I, as the current licensee (either the sole proprietor or the controlling interest of the currently licensed entity) have examined this application, approve of the transfer of this license, and find the information on this application to be true, correct, and complete.



Signature of transferor

William Karl Hitzel

Printed name of transferor

11/4/25

Date



Signature of transferor

DONALD J. TOWSLEE

Printed name of transferor

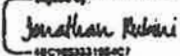
11/4/25

Date

Signature of transferor

Printed name of transferor

Date


	Jonathan B Rubini 2020 Family Exempt Trust	11/3/2025
<b>Signature of transferee</b>	<b>Printed name of transferee</b>	<b>Date</b>

<b>Signature of transferee</b>	<b>Printed name of transferee</b>	<b>Date</b>
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<b>Signature of transferee</b>	<b>Printed name of transferee</b>	<b>Date</b>
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I declare under penalty of perjury that the undersigned represents a controlling interest of the current licensee. I additionally certify that I, as the current licensee (either the sole proprietor or the controlling interest of the currently licensed entity) have examined this application, approve of the transfer of this license, and find the information on this application to be true, correct, and complete


<b>Signature of transferor</b>

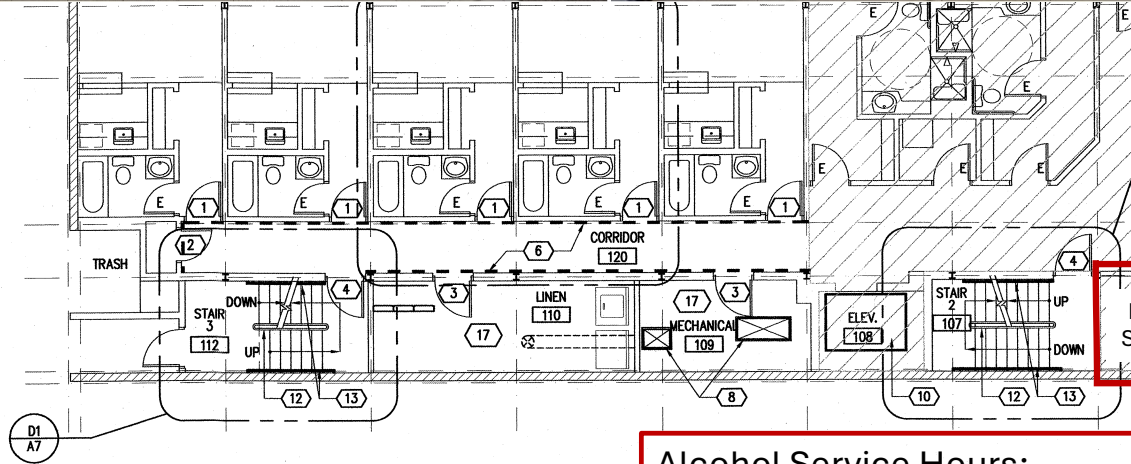
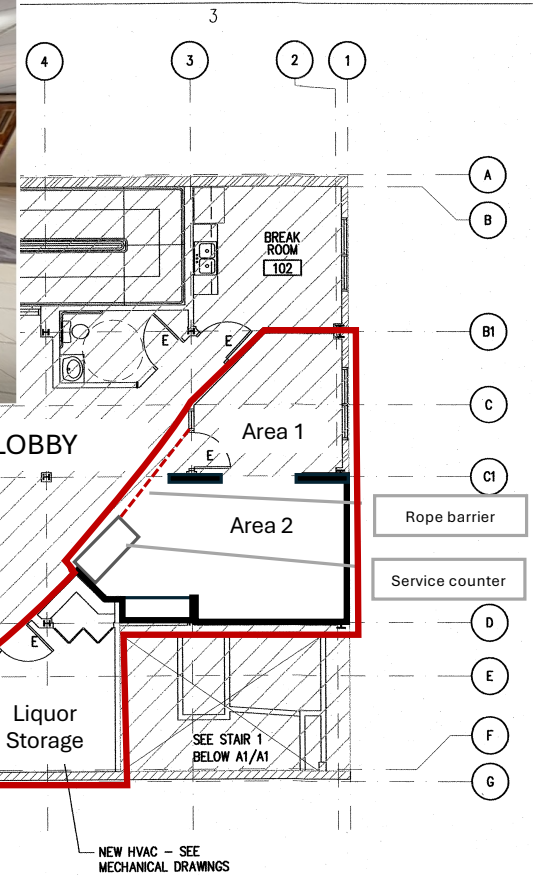
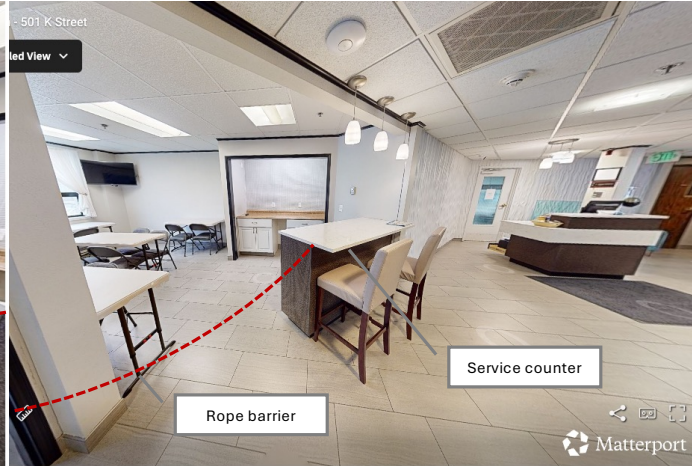
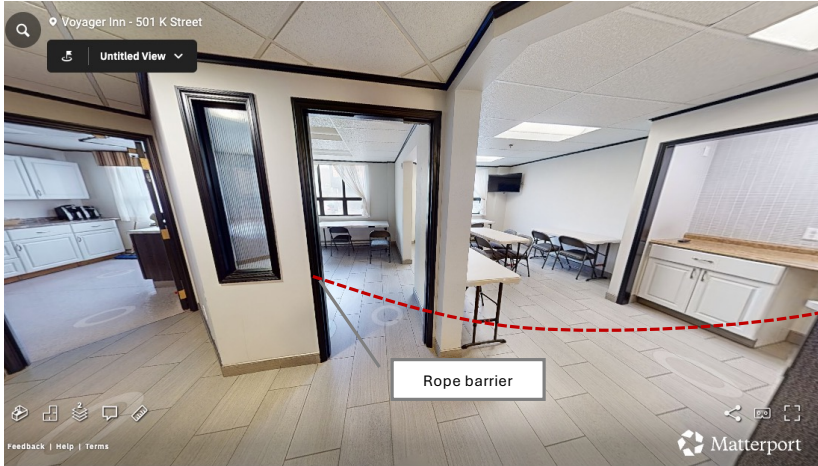
William Karl Hickel	
<b>Printed name of transferor</b>	<b>Date</b>

<u>Wally Hickel, Jr.</u>
<small>Wally Hickel, Jr. (Nov 11, 2025 14:11:28 PST)</small>
<b>Signature of transferor</b>

Walter J. Hickel, Jr.	Nov 11, 2025
<b>Printed name of transferor</b>	<b>Date</b>


<b>Signature of transferor</b>

Joe Hickel	11-12-25
<b>Printed name of transferor</b>	<b>Date</b>



Alcohol Service Hours:  
7 days a week: 5pm to 12am

# FIRST FLOOR PLAN

1/8" = 1'-0"

## **Voyager Inn Security Plan.**

1. Is the bar/counter included in the lobby area for only alcohol service or are other hotel services offered at this bar/counter? (This refers to the bar/counter attached and coming out of the area labelled 'Liquor Storage'.

There is a check in desk behind the carpeted area. You can see a second counter which will be used as the bar area to serve people seated at the tables and chairs which are collocated there. The area with the cupboards beside the 2nd counter is where alcohol will be stored and locked.

2. What is your alcohol service model? It appears you have a bar in the lobby. Are there chairs? Are there tables? I don't see any included in the premises diagram. Is there any service of food or is this strictly an alcohol service only area?

There are tables and chairs set up behind entry desk where an employee will be stationed to check identifications and assure minors do not enter the back enclosed area where the alcohol is being served to the patrons seated at the tables. The premises is separated from the lobby—it is an offshoot of the lobby—and can be properly monitored for service. Please note that this facility was previously permitted in this area. There will be finger foods when alcohol is sold. There is no full kitchen since a majority of the rental rooms have kitchenettes.

3. Are minors allowed in the lobby area? If so, how will the licensee control this area to ensure minors are accompanied by an adult as appropriate and do not gain access to alcohol?

Minors are allowed in the lobby. The 2nd counter will be the alcohol area and minors will not be permitted in that area. There is a TAP/TIP trained employee stationed at all times when alcohol is being served at counter area for insuring minors do not go into the area where alcohol is being served to of age patrons.

3. Reference to AS 04.16.010 Hours of sale and presence on licensed premises (standard closing hours). <https://www.akleg.gov/basis/statutes.asp#04.16.010>. There is no exception for your license type to allow a person to be on licensed premises between the hours of 5:00am and 8:00am each day. This is not practical for a typical hotel lobby.

No minors will be allowed in the licensed premises which again is segregated from the lobby and monitored at all times by a trained employee and manager on site when alcohol is served.

Rope Barriers will be in place to section off the licensed premises area from the lobby area.