



Document reference ID : 4563

Licensing Application Summary

Application ID:	4563
Applicant Name:	Hickel Investment Company
License Type applied for:	Beverage Dispensary Tourism License (BDTL) (AS 04.09.350)
Application Status:	In Review
Application Submitted On:	03/07/2025 02:29 PM

Entity Information

Business Structure:	Corporation
Alaska Entity Number (CBPL):	5652D

Entity Contact Information

Entity Address:	939 W 5th Avenue, Anchorage, AK, 99501, USA
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Ownership / Principal Party Details

Principal Parent Entity	Principal Party	Role	%Ownership
Hickel Investment Company	Robert J Hickel	Stockholder/Shareholder	13.79
Hickel Investment Company	Walter J Hickel Jr	Officer	17.99
Hickel Investment Company	Jack E Hickel	Officer	18.67
Hickel Investment Company	Joseph W Hickel	Secretary	13.23
Hickel Investment Company	William K. Hickel	Officer	21.85

Premises Address

Address: 944 W 5th Avenue, Anchorage, Muni. of, AK, USA

Does the proposed site include a valid street address? Yes

Basic Business information

Business/Trade Name: Voyager Inn

Local Government and Community Council Details

City/Municipality Anchorage (Municipality of)

Community Council Name Downtown

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.

Signature

This application was digitally signed by : Donald J Towslee on 3/7/2025 3:15:35 PM

Payment Info

Payment Type : CC

Payment Id: 83755bdb-a705-456d-9504-09fe1b0a3e02

Receipt Number: 101045510

Payment Date: 3/7/2025 3:18:53 PM

Documents

#	File Name	Type	Added On
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Document reference ID : 4563

Renewal Application Summary

Application ID:	4563
License No:	742
License Type applied for Renewal:	Beverage Dispensary Tourism License (BDTL)
Licensee Name:	Hickel Investment Company
Application Status:	In Review
Application Submitted On:	03/07/2025 02:29 PM

Entity Information

Business Structure:	Corporation
FEIN/SSN Number:	
Alaska Entity number (CBPL):	5652D
Alaska Entity Formed Date:	
Home State:	

Entity Contact Information

Entity Address:	939 W 5th Avenue, Anchorage, AK, 99501
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Renewal Information

Are there any changes to your ownership structure that have not been reported to AMCO prior to this application?:

No

As set forth in AS 04.11.330, how many hours did you operate during the first calendar year for this renewal period?:

The license was not operated at all or was operated for less than the minimum of 240 hours in the first calendar year of the renewal period.

I have completed a Waiver of Operations self-service transaction.

As set forth in AS 04.11.330, how many hours did you operate during the second calendar year for this renewal period?:

The license was not operated at all or was operated for less than the minimum of 240 hours in the second calendar year of the renewal period.

I have completed a Waiver of Operations self-service transaction.

Please select the seasonality:

Year-round

Has any person or entity in this application been convicted or disciplined for a violation of Title 04, 3 AAC 304 or 305, or a local ordinance adopted under AS 04.21.010 in the preceding two calendar years?:

No

Have any notices of violation or citations been issued for this license during the preceding two years?:

No

Tourism Statement

Explain how issuance of a alcoholic beverage license at your establishment has/will encourage tourism.

While we have been unable to reopen to the public since Covid due to aforementioned staffing difficulties, In the past the Voyager Inn has been very popular with both our tourist and corporate guests. When open, the Voyager Inn adds to the very limited number of available hotel rooms during the main tourism season

Explain how the facility was/will be constructed or improved as required by AS 04.11.400(d)(1)

We continue to make improvements to keep it operational. But, as noted previously, it is not currently open to the public.

Does the licensee or applicant for this liquor license also operate the tourism facility in which this license is located? Yes

Do you offer room rentals to the traveling public? No

If your establishment includes a dining facility, please describe that facility. If it does not please write "none".

None

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

Attestations

As an applicant for a liquor license renewal, I declare under penalty of perjury that I have read and am familiar with AS 04 and 3 AAC 305, and that this application, including all accompanying schedules and statements, are true, correct, and complete.

I agree to provide all information required by the Alcoholic Beverage Control Board or requested by AMCO staff in support of this application and understand that failure to do so by any deadline given to me by AMCO staff will result in this application being returned and the license being potentially expired if I do not comply with statutory or regulatory requirements.

I certify that in accordance with AS 04.11.450, no one other than the licensee(s), as defined in AS 04.11.260, has a direct or indirect financial interest in the licensed business.

I certify that this entity is in good standing with Corporations, Business and Professional Licensing (CBPL) and that all entity officials and stakeholders are current and I have provided AMCO with all required changes of the ownership structure of the business license and have provided all required documents for any new or changes of officers.

I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check identification of patrons have completed an alcohol server education course approved by the ABC Board and keep current, valid copies of their course completion cards on the licensed premises during all working hours, if applicable for this license type as set forth in AS 04.21.025 and 3 AAC 305.700.

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.

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Documents

#	File Name	Type	Added On
1	Form AB 29 first request waiver of operation - 2023 and 2024.pdf	Renewal Additional Document	03/07/2025 02:44 PM



Alaska Alcoholic Beverage Control Board

Form AB-29: Waiver of Operation Application**Why is this form needed?**

This form is the means by which a licensee may request that the Alcoholic Beverage Control (ABC) Board waive the operating requirement of AS 04.11.330(a)(3) or (d). If a recreational site license has not been operated at least once in a calendar year, or if a license of any other type has not been operated for at least 240 hours in each calendar year, then a complete copy of this form and the corresponding fees must be submitted for that calendar year, per 3 AAC 304.170.

This application must be accompanied by a non-refundable waiver application fee of:

- for a 1st request, an amount equal to ½ the applicable biennial license fee; or
- for a 2nd or subsequent request, double the amount of the fee paid for the previous waiver application.

The ABC Board will determine whether, through no fault of the licensee or because the premises are under construction, the licensed premises count not be operated for the required time during the calendar year. The ABC Board may impose conditions along with the approval of an application for waiver, and it may deny a third or subsequent application for waiver. If an application for waiver is denied, an application for license renewal for the succeeding license period will be denied by the Board. In addition to the waiver application fee, the applicant must pay a late fee of \$1,000 for an application that is received too late for Board consideration at its meeting before November 30 of the year for which the waiver is requested. Please check AMCO's website for meeting agenda deadlines.

Please note that a licensee must submit a separate completed copy of this form and pay a separate corresponding fee for each license and for each calendar year during which a license was not operated in compliance with AS 04.11.330.

Section 1 – Establishment Information

Enter information for the license that has not been operated for the time required under AS 04.11.330.

Licensee:	Hickel Investment Co	License Number:	742		
License Type:	Beverage Dispensary - Tourism				
DBA:	Voyager Inn				
Premises Address:	944 W 5th Ave				
City:	Anchorage	State:	Alaska	ZIP:	99501
Local Governing Body:	Municipality of Anchorage				

Section 2 – Request Number and Calendar Year

<input type="checkbox"/> 1 st Request	<input checked="" type="checkbox"/> 2 nd Request	<input type="checkbox"/> 3 rd Request	<input type="checkbox"/> Other _____
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Request for Calendar Year 2023



Alaska Alcoholic Beverage Control Board

Form AB-29: Waiver of Operation Application**Section 3 – Reason for Non-operation**

Provide an explanation as to why the licensed premises were not operated:

We continue to experience workforce shortages and as such we have been unable to staff the Voyager Inn to appropriate levels and have been forced to contract out the facility instead of being open to the public. Accordingly our service of alcohol has also ceased.

Section 4 – Certifications

The following must be completed for establishments located within the boundaries of a local governing body:

Read the line below, and then sign your initials in the box to the right of the statement:

Initials

I certify that I will provide a true copy of this application to the local governing body listed on Page 1 of this form prior to ABC Board consideration 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.

Donald J Towslee

Printed name of licensee

Signature of licensee

Office Use Only

Waiver Application Fee:		Late Fee:		Transaction #:	
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Alaska Alcoholic Beverage Control Board

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License Type:	Beverage Dispensary - Tourism				
DBA:	Voyager Inn				
Premises Address:	944 W 5th Ave				
City:	Anchorage	State:	Alaska	ZIP:	99501
Local Governing Body:	Municipality of Anchorage				

Section 2 – Request Number and Calendar Year

☐ 1st Request ☐ 2nd Request ☒ 3rd Request ☐ Other _____

Request for Calendar Year 2024



Alaska Alcoholic Beverage Control Board

Form AB-29: Waiver of Operation Application**Section 3 – Reason for Non-operation**

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Donald J Towslee

Printed name of licensee

Signature of licensee

Office Use Only

Waiver Application Fee:		Late Fee:		Transaction #:	
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