

Document reference ID: 5703

# **Licensing Application Summary**

**Application ID:** 5703

**Applicant Name:** Slinkard & Smith Co., Llc

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

**Application Status:** In Review

**Application Submitted On:** 06/17/2025 01:44 PM AKDT

**Entity Information** 

Business Structure: Limited liability company

Alaska Entity Number (CBPL): 60877D

**Entity Contact Information** 

Entity Address: Po Box 89, Mile 224 George Parks Hwy, denali national park, AK, 99755, USA

**Initial Application Information** 

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

binding authority

Legal First Name: holly

Legal Last Name: slinkard

Email Address: hollyslinkard@yahoo.com

**Phone Number:** 907-223-6144

### Ownership / Principal Party Details

Principal Parent Entity	Principal Party	Role	%Ownership
Slinkard & Smith Co., Llc	Holly Slinkard	Member	50
Slinkard & Smith Co., Llc	Tracey Smith	Member	50

### **Premises Address**

Address: Mile 224 Parks Highway, Denali, AK, 99755, USA

Does the proposed site include a valid street address?

Yes

### Primary license number

Primary License Information License Number - 5673 - Beverage Dispensary

Tourism License (BDTL) - Denali

### **Basic Business information**

Business/Trade Name: McKinley Creekside Cabins

### Local Government and Community Council Details

City/Municipality No Local Government

**Borough** Denali Borough

## **Property Ownership**

location?

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

Yes

Property Utilization Status An Existing Facility

Property Ownership Deed abc deeds site map.pdf

## **Premises Diagram**

Will the license or permit embrace the entire Yes premises address?

#### **Premises Diagram**

• maps ABC.pdf

#### **Security Plan**

caterers permit 2025 sec plan ABC.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 : holly slinkard on 06/17/2025 01:44 PM AKDT

# Payment Info

Payment Type : CC

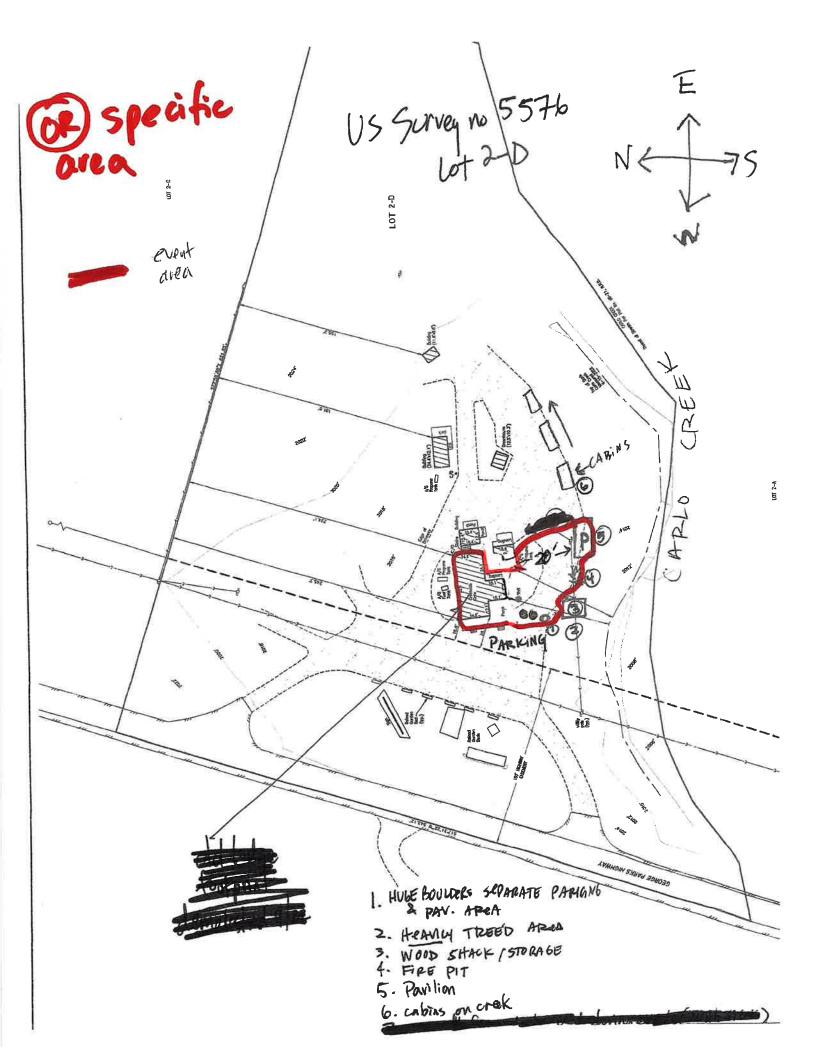
Payment Id: a8a8e7f0-f1d3-43f0-aa53-fbbbc9f58d0f

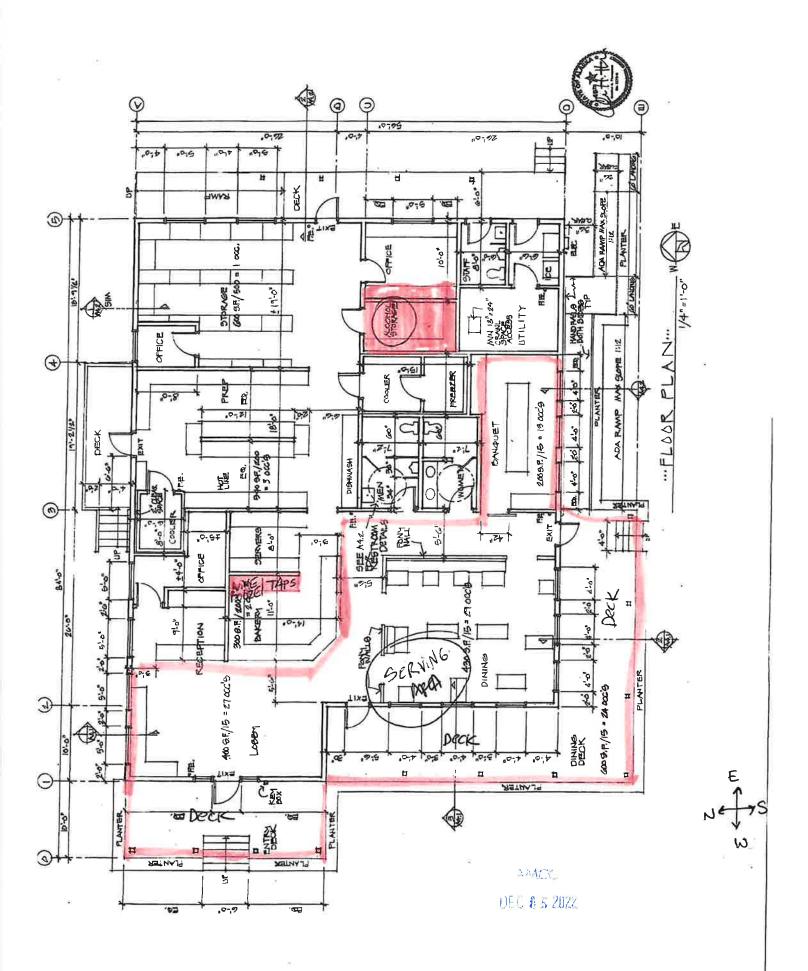
Receipt Number: 101079113

Payment Date: 06/17/2025 01:45 PM AKDT

### **Documents**

#	File Name	Туре	Added On
1	abc deeds site map.pdf	License property ownership document	06/17/2025 01:32 PM AKDT
2	maps ABC.pdf	License Location Diagram Document	06/17/2025 01:43 PM AKDT
3	caterers permit 2025 sec plan ABC.pdf	License Location Diagram Security Plan Document	06/17/2025 01:43 PM AKDT











McKinley Creekside Cabins & Cafe PO Box 89 / Mile 224 Parks hwy Denali National Park, Alaska 99755 Tel. (907) 683-2270/907-223-6144 cell www.mckinleycabins.com hollyslinkard@yahoo.com

## Slinkard and Smith Co. LLC

June 19, 2025

To : ABC

From: Holly Slinkard

Re : Security Plan for Hotel/Motel Endorsement

Security and Staffing-Owner(s) are present 100% and live on site all summer including all events and shall exercise control over conduct of the business in all areas of the licensed premises. One owner (Holly Slinkard) lives full-time at the property, year-round. The owner(s) plus a manager is on duty at all times, monitoring the movement and area for all patrons. All Front of house staff have their TAM certification and include mandatory training for responsible alcohol service including preventing the sale to minors. All people in the designated areas will have a valid government issued ID for the consumption of alcoholic drinks, staff members will refuse service to anyone who fails to produce their ID or show signs of intoxication.

Physical Barriers/Gates/Entrances – We have some natural boundaries in the designated outdoor areas and have put others in place. To the south is Carlo Creek, east are the cabins/picnic tables, north is the lodge/cafe, and west is a large woodshed in a heavily treed area, and huge boulders separating the parking lot. During events, staff/security monitor these access areas to prevent unauthorized access, in addition to signage. A temporary fence with proper height can be erected.

Security cameras are installed to monitor the outdoor area (including the fire pit) and the entrances /exits and are monitored by owners and managers.

All alcohol is securely stored inside the café in a designated locked room with security cameras, accessible to authorized personnel only.

Emergency protocols are in place for handling incidents related to alcohol violations, including working with local law enforcement, to enable a swift and coordinated response.

Kind regards, Holly Slinkard Co-Owner/Operator Slinkard & Smith Co LLC DBA McKinley Creekside Cabins 907-223-6144 cell