

MAR 1 4 2024

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 Boargiate OF ALASKA Form AB-00: New License Application

Why is this form needed?

This new license application form is required for all individuals or entities seeking to apply for a new liquor license. Applicants should review **Title 04** of **Alaska Statutes** and **Chapter 304** of the **Alaska Administrative Code**. All fields of this form must be completed, per AS 04.11.260 and 3 AAC 304.105.

This form must be completed and submitted to AMCO's Anchorage office, along with all other required forms and documents, before any license application will be considered complete.

Section 1 - Establishment and Contact Information Enter information for the business seeking to be licensed. Aleutian Adventures LLC Licensee: **Statutory Reference:** AK Stat § 04.09,280 **License Type:** Outdoor Recreation Lodge License **Doing Business As:** Aleutian Rivers Angling 55.81228417583136, -161.2530474013331 **Premises Address:** ZIP: State: Alaska City: Outside City Limits **Local Governing Body:** Aleutians East Borough **Community Council:** none 717 K Street STE 200 Mailing Address: State: ZIP: Alaska 99501 City: Anchorage **Designated Licensee:** Luke Fanning **Business Phone:** 907-586-0161 **Contact Phone:** 907-586-0161 Ifanning@apicda.com **Contact Email:** If "Yes", write your six-month operating period: May-October Yes Seasonal License? **OFFICE USE ONLY** License #: License Years: Complete Date: Transaction #: **Board Meeting Date:**

Examiner:

Issue Date:





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Alaska Alcoholic Beverage Control Board

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	Section 2 - Pren	nises Info	rmation		
Premises to be licensed is:	2				
an existing facility	a new building	a proposed	l building		
The next two questions must be	completed by <u>beverage dispens</u>	ary (including to	ourism) and package	<u>store</u> applica	nts only:
	ortest pedestrian route from the earest school grounds? Include t				d premises to
none.					
	ortest pedestrian route from the				d premises to
none.					
Sect	ion 3 – Sole Propriet	or Owner	ship Informa	tion	
This section must be completed in the space is needed, please at the following information must be the sindividual is an:	ttach a separate sheet with the e completed for each licensee an	plying for a lice required inforn	nse. Entities should nation.		4 .
This section must be completed if more space is needed, please a The following information must be This individual is an: application must be needed.	by any sole proprietor who is ap ttach a separate sheet with the e completed for each licensee an	plying for a lice required inforn	nse. Entities should nation.		1 4 .
This section must be completed in the space is needed, please at the following information must be the sindividual is an:	by any sole proprietor who is ap ttach a separate sheet with the e completed for each licensee an	plying for a lice required inforn	nse. Entities should nation.		4.
This section must be completed if more space is needed, please a The following information must be This individual is an: application appl	by any sole proprietor who is ap ttach a separate sheet with the e completed for each licensee and affiliate	plying for a lice required inforn id each affiliate	nse. Entities should nation.	skip to Section	4.
This section must be completed if more space is needed, please a The following information must be This individual is an: application appl	by any sole proprietor who is ap ttach a separate sheet with the e completed for each licensee and affiliate	plying for a lice required inforn id each affiliate	nse. Entities should nation.	skip to Section	4.
This section must be completed if more space is needed, please a The following information must b This individual is an: applic Name: Address: City: This individual is an: applic	by any sole proprietor who is ap ttach a separate sheet with the e completed for each licensee and affiliate	plying for a lice required inforn id each affiliate	nse. Entities should nation.	skip to Section	4.



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Section 4 - Entity Ownership Information

This section must be completed by any entity, including a corporation, limited liability company (LLC), partnership, or limited partnership, that is applying for a license. Sole proprietors should skip to Section 5. If more space is needed, please attach a separate sheet with the required information.

- If the applicant is a corporation, the following information must be completed for each stockholder who owns 10% or more of the stock in the corporation, and for each president, vice-president, secretary, and managing officer.
- If the applicant is a limited liability organization, the following information must be completed for each member with an ownership interest of 10% or more, and for each manager.
- If the applicant is a partnership, including a limited partnership, the following information must be completed for each partner with an interest of 10% or more, and for each general partner.

Entity Official:	APICDA Joint Ventures					
Title(s):	Member	Phone:	907-586-0161	-0161 % Owned: 100		100
Address:	302 Gold St STE 202					
City:	Juneau	State:	AK	ZIP:	998	301
Entity Official:	Luke Fanning					
Title(s):	Affiliate	Phone:	907-586-0161	% Owi	ned:	
Address:	302 Gold St STE 202					
City:	Juneau	State:	AK	ZIP:	998	301
Entity Official:						
Title(s):		Phone:		% Owi	ned:	
Address:			77	<u> </u>		
City:		State:		ZIP:		
Entity Official:						
Title(s):		Phone:		% Owi	ned:	
Address:						
City:		State:		ZIP:		
	-1					





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This subsection must be completed by any applicant that is a corporation or LLC. Corporations and LLCs are required to be in good standing with the Alaska Division of Corporations (DOC) and have a registered agent who is an individual resident of the state of Alaska.

DOCEMENT #:	10021051	AK FOITHEU Date.	05/19/2014	nome state.	ALAS	NA
Registered Agent:	Chris Mierzeje	ek	Agent's Phone:	907-929-52	73	
Agent's Mailing Address:	717 K Street S	STE 200				
City:	Anchorage	State:	AK	ZIP:	99501	
Residency of Agent:					Yes	No
Is your corporation or LL	C's registered agent a	n individual resident of	the state of Alaska?		✓	
	Sect	ion 5 – Other L	icenses			
Ownership and financial interes	est in other alcoholic l	peverage businesses:			Yes	No
Does any representative any other alcoholic beve				ancial interest in		X
If "Yes", disclose which indi license number(s) and licen	* *	ncial interest, what the	type of business is, a	and if licensed in Al	aska, whi	ch
		- 4				
	Sec	tion 6 – Author	rization			
Communication with AMCO st	aff:	et et			Yes	No
Does any person other the AMCO staff?	nan a licensee named	in this application have	auth or ity t o discuss t	his license with	✓	
If "Yes", disclose the name	of the individual and	the reason for this auth	norization:			
Chris Mierzejek, Reg	gistered Agent	*				



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Section 7 - Certifications

Read each line below, and then sign your initials in the box to the right of each statement:	Initials
I certify that all proposed licensees (as defined in AS 04.11.260) and affiliates have been listed on this application.	LF
I certify that all proposed licensees have been listed with the Division of Corporations.	4
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.	4
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 304.465.	UF
I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application.	CF
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	LF
STATE OF ALASKA OFFICIAL SEAL Monica Hinson-Wilson NOTARY PUBLIC My Commission Expires A-2-	
Signature of icensee Signature of Notary Public	
Luke Forming Notary Public in and for the State of Alaska	
Printed name of licensee My commission expires: 2/1/20	25
Subscribed and sworn to before me this 13 day of February	_, 20 <u>24</u>





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Why is this form needed?

A detailed diagram of the proposed licensed premises is required for all liquor license applications, per AS 04.11.260 and 3 AAC 304.185. Your diagram must include dimensions and must show all entrances and boundaries of the premises, walls, bars, fixtures, and areas of storage, service, consumption, and manufacturing. If your proposed premises is located within a building or building complex that contains multiple businesses and/or tenants, please provide an additional page that clearly shows the location of your proposed premises within the building or building complex, along with the addresses and/or suite numbers of the other businesses and/or tenants within the building or building complex.

The second page of this form may not be required. Blueprints, CAD drawings, or other clearly drawn and marked diagrams may be submitted in lieu of the second page of this form. The first page must still be completed, attached to, and submitted with any supplemental diagrams. An AMCO employee may require you to complete the second page of this form if additional documentation for your premises diagram is needed.

This form must be completed and submitted to AMCO's Anchorage office before any license application will be considered complete.

	Yes	No
I have attached blueprints, CAD drawings, or other supporting documents in addition to, or in lieu of, the second page of this form.	X	

Section 1 - Establishment Information

Enter information for the business seeking to be licensed, as identified on the license application.

Licensee:	Aleutian Adventures LLC	License				
License Type:	Outdoor Recreation Lodge License			•		
Doing Business As:	Aleutian Rivers Angling					
Premises Address:	55.81228417583136, -161.2530474013331					
City:	Outside City Limits	State:	AK	ZIP:		



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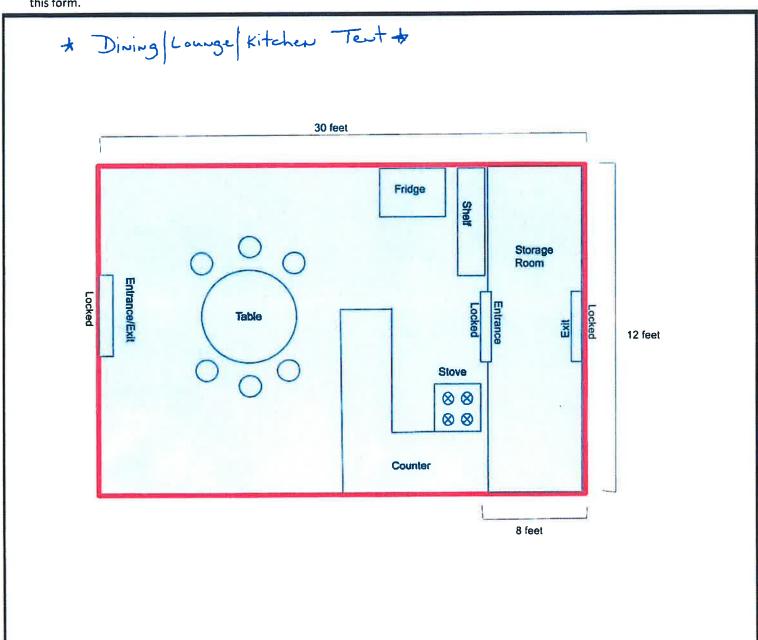
Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Form AB-02: Premises Diagram

Section 2 - Detailed Premises Diagram

Clearly indicate the boundaries of the premises and the proposed licensed area within that property. Clearly indicate the interior layout of any enclosed areas on the proposed premises. Clearly identify all entrances and exits, walls, bars, and fixtures, and outline in red the perimeter of the areas designated for alcohol storage, service, consumption, and manufacturing. Include dimensions, cross-streets, and points of reference in your drawing. You may attach blueprints or other detailed drawings that meet the requirements of this form.



[Form AB-02] (rev 2/28/2022) Page 2 of 2



Aleutian RIvers Angling - Sapsuk RIver Camp

Aerial Photo of the Camp Facility.



- 1) Kitchen/Dining/Lounge Tent Detail shown on Form AB-02
- 2) Guest Tents/Cabins (double occupancy rooms)
- 3) Staff Tent
- 4) Outhouses
- 5) Bathhouse/Shower
- 6) Storage/Maintenance Structures

Outdoor Recreation Lodge Statement

SANDY RIVER LODGE

Our lodge facility consists of several structures including main lodge (2 double occupancy bedrooms, 2 full baths, lounge, kitchen/dining room, hallway/storage room), three standalone single room staff cabins, a maintenance/storage building, and a guest accommodation building (4 double occupancy bedrooms and 2 full baths). Here we offer seasonal sportfishing programs from June through October. We host about 90 anglers each season.

ALEUTIAN RIVERS ANGLING

Our facility includes several permanent Weather port tent structures including a kitchen/dining/lounge tent, 3 double occupancy guest tents, 1 staff tent, 2 outhouses, 1 bathhouse/shower, and a few covered storage/maintenance tents. Our plan is to store and serve alcohol in the main kitchen/dining/lounge structure. Here we offer seasonal sportfishing programs from June through October. We host about 86 anglers each season.