



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:	Clover Pass Resort	License #:	248
License Type:	Beverage Dispensary - Tourism - Seasonal		

Section 2 – Tourism Statement

2.1. Explain how issuance of a liquor license at your establishment has/will encourage tourism.

A liquor license is a crucial part of our lodge business as potential guests overwhelmingly ask if alcohol is available when making inquiries and reservations. Currently, food and alcohol sales add 20-40% to annual sales of the lodge and many guests would go to our competitors without the ability to purchase on-site. While we could operate; we couldn't be competitive with other lodges in the area that do provide alcohol.

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

Our lodge has 32 guestrooms, a separate dining room building and a small bar area within the dining area; thereby meeting the statutory requirements. The buildings are wood frame with metal roof. There is an outside deck area and a small outdoor gazebo with outdoor firepit. We are currently in the process of updating all guestrooms.

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



2.4 If "no" who operates the tourism facility?



Alaska Alcoholic Beverage Control Board

Form AB-37: Beverage Dispensary Tourism Statement

2.5 Do you offer room rentals to the traveling public? YES ☒ NO ☐

If "yes" answer the following questions:

How many rooms are available?

We have 32 rooms available

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)?

all rooms have both a refrigerator and small microwave

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".

We have a separate dining room facility with a small bar space in the bac. The dining facility has an attached outdoor space.

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".

We own a fishing lodge that also includes boat or skiff rentals; sale of fuel, sundries, marina moorage, and fish processing services.



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.



Russell Thomas, LCC Managing Member

Printed name of licensee/affiliate

Signature of licensee/affiliate



Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

This transfer license application form is required for all individuals or entities seeking to apply for the transfer of ownership and/or location of an existing liquor license. Applicants should review **Title 04** of **Alaska Statutes** and **Chapter 305** of the **Alaska Administrative Code**. All fields of this form must be completed, per AS 04.11.260, AS 04.11.280, AS 04.11.290, 3 AAC 305.045 and 3 AAC 305.060.

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 – Transferor Information

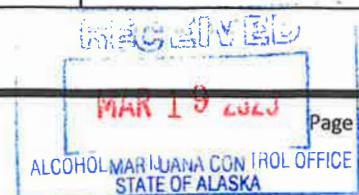
Enter information for the **current** licensee and licensed establishment.

Licensee:	Clover Pass Investments, LLC	License #:	248
License Type:	Beverage Dispensary Tourism Seasonal	Statutory Reference:	AS 04.11
Doing Business As:	Clover Pass Resort		AS 04.09.350
Premises Address:	708 N. Pt. Higgins Road - Ktn. AK		
City:	Ketchikan	State:	Alaska
		ZIP:	99901
Local Governing Body/Bodies:	Ketchikan Gateway Borough		

Transfer Type:

- ☐ Regular transfer
- ☐ Transfer with security interest
- ☐ Involuntary retransfer
- ☒ Controlling interest transfer
- ☐ Location transfer

OFFICE USE ONLY			
Complete Date:		Transaction #:	
Board Meeting Date:		License Years:	
Issue Date:		Examiner:	





Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 2 – Transferee Information

Enter information for the **new** applicant and/or location seeking to be licensed.

Licensee:	Clover Pass Investments, LLC				
Doing Business As:	Clover Pass Resort				
Premises Address:	708 N. Pt. Higgins Road				
City:	Ketchikan	State:	Alaska	ZIP:	99901
Community Council, (If applicable):	Ketchikan Gateway Borough n/a				
Mailing Address:	1600 Tongass Avenue				
City:	Ketchikan	State:	Alaska	ZIP:	99901
Email:	accounting@aseresorts.com	Phone:	907-228-2320		
Designated Licensee:	Russell Thomas - LLC Managing Member				
Contact Phone:	907-617-3619 (cell)	Business Phone:	907-228-2320		
Contact Email:	russellt@aseresorts.com				

Seasonal License? Yes ☒ No ☐ If "Yes", write your six-month operating period: ~~June - October~~ 5/1 to 10/31

Section 3 – Premises Information

Premises to be licensed is:

☒ an existing facility ☐ a new building ☐ a proposed building

The next two questions must be completed by beverage dispensary (including tourism) and package store applicants only:

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 (Must be in feet).

Turn right onto N. Point Higgins Road, drive/walk approximately .6 miles (3,168 feet) to Point Higgins Elementary School entrance. - Ketchikan, Alaska

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 (Must be in feet.)

Turn left onto N. Point Higgins Road, drive/walk approximately .7 miles (3,698 feet) to the entrance of Clover Pass Church - Ketchikan, Alaska

RECEIVED

MAR 19 2023

ALCOHOL MARIJUANA CONTROL OFFICE
STATE OF ALASKA



Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 4 – Sole Proprietor Ownership Information

This section must be completed by any sole proprietor who is applying for a license. Entities should skip to Section 5.

If more space is needed, please attach a separate sheet with the required information.

The following information must be completed for each licensee and each affiliate (spouse).

This individual is an: ☐ applicant ☐ affiliate

Name:					
Address:					
City:		State:		ZIP:	
Email:		Phone:			

This individual is an: ☐ applicant ☐ affiliate

Name:					
Address:					
City:		State:		ZIP:	
Email:		Phone:			

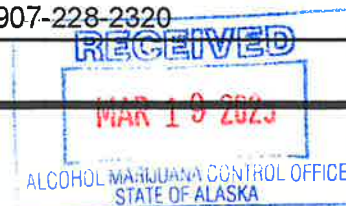
Section 5 – Entity Ownership Information

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 6.

If more space is needed, please attach a separate sheet with the required information.

- If the applicant is a corporation, the application shall be executed by an authorized officer of the Corporation. Information must be completed below 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, whether manager managed or member managed, the following information must be completed for each **member with an ownership interest of 10% or more** and for each **manager regardless of ownership share**.
- 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**.
- For any entity, identify all affiliates for your organization as defined at 3 AAC 305.950.

Entity Official:	Russell Thomas				
Title(s):	Managing Member	Phone:	907-617-3619	% Owned:	11.11
Address:	13047 N. Tongass Highway				
City:	Ketchikan	State:	AK	ZIP:	99901
Email:	russellt@aseresorts.com	Phone:	907-228-2320		





Type text here

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 Board

Form AB-01: Transfer License Application

Entity Official:	Thomas Family Trust				
Title(s):	Member	Phone:	907-228-2320	% Owned:	11.11
Address:	1600 Tongass Avenue				
City:	Ketchikan,	State:	Alaska	ZIP:	99901
Email:	kirkt@aseresorts.com	Phone:	907-821-6833		

Entity Official:	Rod Thomas				
Title(s):	Member	Phone:	907-617-3103	% Owned:	11.11
Address:	350 Icehouse Lane				
City:	Ketchikan	State:	Alaska	ZIP:	99901
Email:	rodlog@yahoo.com	Phone:	907-617-3103		

Entity Official:	Randy Olson				
Title(s):	Member	Phone:	253-381-2119	% Owned:	16.33
Address:	PO Box 930				
City:	Sumner,	State:	WA	ZIP:	98390
Email:	randy@donolsonconstruction.com	Phone:	253-381-2119		

PLEASE SEE ADDITIONAL PAGE 2 -- OWNERS/OFFICIALS

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). The registered agent is either an individual resident of the state or domestic corporation authorized to transact business in the state and whose business office is the same as the registered office.

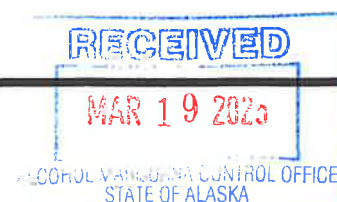
CBPL Entity #:	8035A [✓]	AK Formed Date:	3/6.13.2003	Home State:	Alaska
Registered Agent:	Russell Thomas		Agent's Phone:	907-617-3106	
Agent's Mailing Address:	1600 Tongass Avenue				
City:	Ketchikan	State:	Alaska	ZIP:	99901
Email:	russellt@aseresorts.com	Phone:	907-617-3106		

Residency of Agent:

Yes No

Does your registered agent satisfy the requirement of AS 04.11.430?

☒ ☐



ALASKA ALCOHOLIC BEVERAGE CONTROL BOARD

FORM AB-01: TRANSFER LICENSE APPLICATION – LICENSE #248
– PAGE TWO OF MEMBERS / OFFICIALS

Entity Official: Donald Olson

Title: Member **% Owned:** 17.00

Address: PO Box 930 - Sumner, Washington 98390

Email: tami@donolsonconstruction.com

Phone: (253) 381-2701

Entity Official: Susan Marie Ruth Living Trust

Title: Member **% Owned:** 17.33

Address: 16 Port Rancho Mirage, California 92270

Email: susan@weruth.com

Phone: (206) 930-7091

Entity Official: Susan Marie Ruth

Title: Affiliate **% Owned:** 0

Address: 16 Port Rancho Mirage, California 92270

Email: susan@weruth.com

Phone: (206) 930-7091



Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 6 – Other Licenses

Ownership and financial interest in other alcoholic beverage businesses:

Yes No

Does any representative or owner named as a transferee in this application have any direct or indirect financial interest in any other alcoholic beverage business that does business in or is licensed in Alaska?

☐☒

If "Yes", disclose which individual(s) has the financial interest, what the type of business is, and if licensed in Alaska, which license number(s) and license type(s):

Section 7 – Authorization

Communication with AMCO staff:

Yes No

Does any person other than a licensee named in this application have authority to discuss this license with AMCO staff?

☒☐

If "Yes", disclose the name of the individual and the reason for this authorization:

Teresa Hicks -- Assistant to Russell Thomas, LLC Managing Member



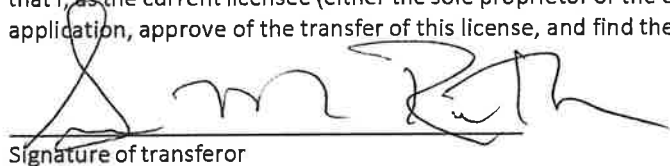
Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 8 – Transferor Certifications

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

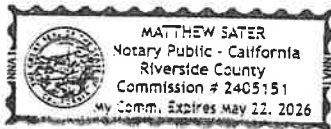
I declare under penalty of perjury that the undersigned represents a **controlling interest** of the current licensee. I additionally certify that I, as the current licensee (either the sole proprietor or the controlling interest of the currently licensed entity) have examined this application, approve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


Signature of transferor

Susan M Ruth, Personal Representative on behalf of William Ruth / for William Ruth Estate

Printed name of transferor

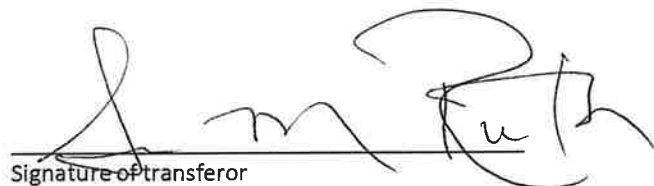
Subscribed and sworn to before me this 27 day of February, 2025




Signature of Notary Public

Notary Public in and for the State of California

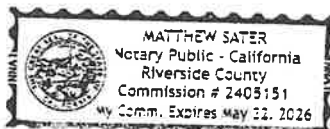
My commission expires: 5/22/2026

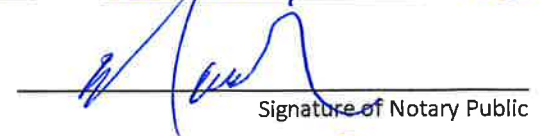

Signature of transferor

Susan M Ruth, Personal Representative on behalf of William Ruth / for William Ruth Estate

Printed name of transferor

Subscribed and sworn to before me this 27 day of February, 2025




Signature of Notary Public

Notary Public in and for the State of California

My commission expires: 5/22/2026





Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 8 – Transferor Certifications

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

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

Russell K. Thomas
Printed name of transferor

Subscribed and sworn to before me this 4th day of August, 2025




Signature of Notary Public

Notary Public in and for the State of ALASKA

My commission expires: 6/22/26


Signature of transferor

Rod M. Thomas
Printed name of transferor

Subscribed and sworn to before me this 4th day of August, 2025




Signature of Notary Public

Notary Public in and for the State of ALASKA

My commission expires: 6/22/26



Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 9 – Transferee 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.

RKT

I certify that all proposed licensees have been listed with the Division of Corporations.

RKT

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.

RKT

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.

RKT

I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application.

RKT

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 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.

RKT

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.

RKT



X 
Signature of transferee

Russell K. Thomas
Printed name LLC Managing Member


Signature of Notary Public

Notary Public in and for the State of ALASKAMy commission expires: 6/22/26Subscribed and sworn to before me this 4th day of August, 2026



Alaska Alcoholic Beverage Control Board

Form AB-01: Transfer License Application

Section 9 – Transferee 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.

I certify that all proposed licensees have been listed with the Division of Corporations.

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 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 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 of transferee

Susan M Ruth, Personal Representative on behalf of William Ruth for William Ruth Estate

Susan M Ruth

Printed name

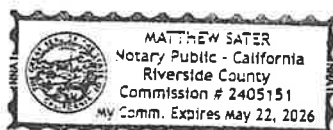
Signature of Notary Public

Notary Public in and for the State of

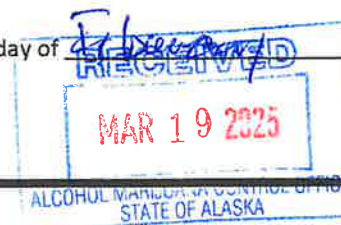
California

My commission expires:

5/22/2024



Subscribed and sworn to before me this 27 day of February, 2025.





Alaska Alcoholic Beverage Control Board

Form AB-02: Premises Diagram

Why is this form needed?

A detailed diagram of the proposed licensed premises is required for all alcohol license applications, per AS 04.11.260, 3 AAC 305.630 and 3 AAC 305.660. 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.

This form must be completed and submitted to AMCO's Anchorage office before any license application will be considered complete. You may attach blueprints or other detailed drawings that meet the requirements of this form.

The diagram MUST include:

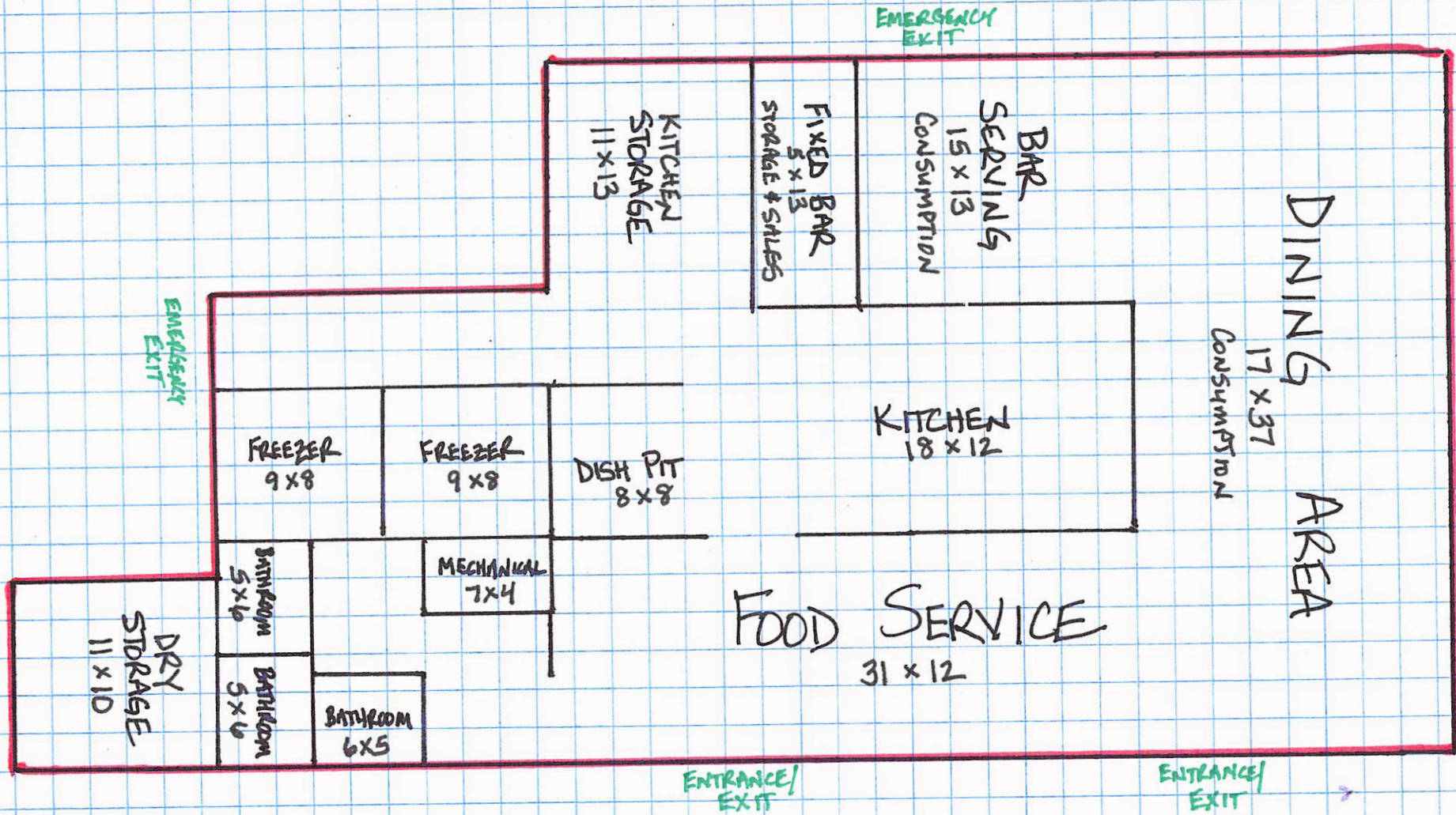
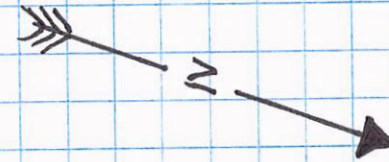
- You must use a **solid, contiguous red line** to outline the outer perimeter of your premises with no breaks or separations.
 - The red outline is required to follow a physical barrier (wall, fence and even across doorways).
 - There should be no red lines within the perimeter
- Each area should be clearly labeled in any color other than red where alcohol is:
 - Stored
 - Served/Sold
 - Manufactured
 - Consumed
- All diagrams must include:
 - Dimensions (AMCO does not accept diagrams drawn to scale)
 - Cross streets
 - Points of reference, such as a compass rose indicating True North
 - All entrances, exits, walls, bars, and fixtures
- If your premises include multiple floors, please include a separate diagram of each floor.
 - You must identify the stairs between each floor, and each hallway/corridor that leads to each set of stairs.
- If your premises includes multiple floors, please include a separate diagram of each floor. You must identify the stairs between each floor, and each hallway/corridor that leads to each set of stairs.
- 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.
- Any license applications that include outdoor space** are required to submit a security plan that includes information about the barriers, practices, and personnel that are to be used to ensure that alcohol is not introduced or removed from the permitted premises and to prevent the access of alcohol by a minor during the permitted event. A security plan may be requested for other proposed locations on a case-by-case basis.

Section 1 – Establishment Information

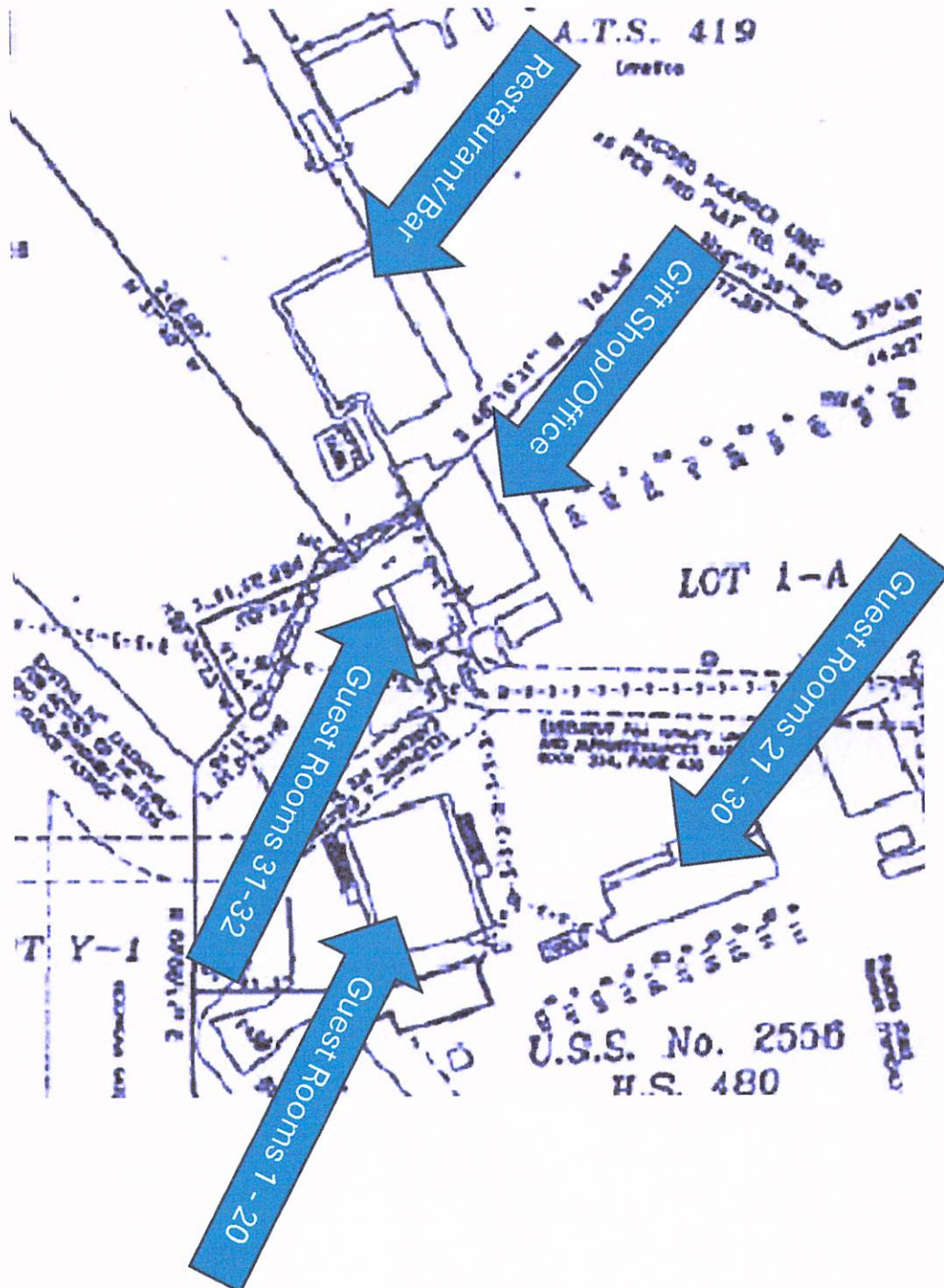
Enter information for the business seeking to be licensed, as identified on the license application.

Licensee:	Clover Pass Investments, LLC	License Number:	248
License Type:	Beverage Dispensary Tourism License Seasonal		
Doing Business As:	Clover Pass Resort		
Premises Address:	708 N. Point Higgins Road		
City:	Ketchikan	State:	AK
		ZIP:	99901

CLOVER PASS RESORT PREMISES DIAGRAM



$$\boxed{\frac{1}{4}"} = 2'$$







Alaska Alcoholic Beverage Control Board **Restaurant Endorsement Application**

This endorsement application form is required to apply for a restaurant endorsement to support your underlying license or pending license application. Applicants should review and become familiar with AS 04.09.450, **Title 04 of Alaska Statutes and Chapter 305 of the Alaska Administrative Code**. This form must be completed and submitted along with all other required forms and documents before any endorsement application will be considered complete and placed in the queue for our licensing examiners review.

Section 1 – Establishment and Contact Information

Enter information for the **current** licensee and licensed establish.

Licensee:	Clover Pass Investments, LLC	License #:	248		
Doing Business As:	Clover Pass Resort	License Type:	Beverage Dispensary Tourism Seasonal		
Licensee Mailing Address:	1600 Tongass Avenue	Phone Number:	907 228 2320		
Full Premises Address:	708 N. Point Higgins Road				
City:	Ketchikan	State:	AK	ZIP:	99901
Local Governing Body:	Ketchikan Gateway Borough	Email:	accounting@aseresorts.com		

Section 2 – Endorsement Requested

Restaurant Endorsement:	AS 04.09.450. A restaurant endorsement authorizes the holder of a beverage dispensary license, fair license, golf course license, sporting activity or event license, club license, outdoor recreation lodge license, destination resort license, or beverage dispensary tourism license. The biennial fee for a restaurant endorsement is \$200 with a \$25 application fee.	
-------------------------	--	--

An application for a restaurant endorsement must specify the establishment or portion of the establishment that constitutes a bona fide restaurant, that there is supervision on the premises adequate to reasonably ensure that a person under 21 years of age will not obtain alcoholic beverages. This **endorsement** application is for the request of a designation as a bona fide restaurant, hotel, or eating place for purposes of AS 04.16.010(c) or AS 04.16.049, and for the request of the following designation(s) (check all that apply):

- ☒ Dining after standard closing hours: AS 04.16.010(c)
- ☒ Dining by persons 16 – 20 years of age: AS 04.16.049(a)
- ☒ Dining by persons under the age of 16 years, accompanied by a person over the age of 21: AS 04.16.049(a)
- ☒ Employment for any persons under 21 years of age: AS 04.16.049(c)

NOTE: Under AS 04.16.049(d), a Department of Labor and Workforce Development work permit is not required to employ a person 18 – 20 years of age.

Section 3 – Access to Persons Under 21 Years of Age

Review AS 04.16.049(a); AS 04.16.049(c)

Be specific in your list where within the premises persons under 21 years of age are anticipated to have access in the course of either dining or employment as designated in Section 2. (Example: Persons under 21 years of age will only be allowed in the dining area OR will only be employed and present in the kitchen)

Guests under age of 21 are only permitted in the dining area; buffet serving area and bathrooms; with adult ID check if necessary.

Employees are only permitted in the dining area; kitchen; food prep areas; cleaning areas and bathrooms; adult supervision is at all times while on the area.

SCANNED



Alaska Alcoholic Beverage Control Board **Restaurant Endorsement Application**

Describe the policies, practices and procedures that will be in place to ensure that persons under 21 years of age do not gain access to alcoholic beverages while dining or employed at your premises. Outline how and where alcoholic beverages are stored on premises. Acknowledge that employees who sell and serve alcoholic beverages must have a current Server Education Card.

The small bar area is located in the back of the dining area and has limited hours. The entire property is monitored by interior cameras as well as adult supervision for both under age guests and/or employees. All employees who serve have current Server Cards and alcohol is locked when the bar is not open. Because the bar is essentially open as a compliment to the dining experience and is not open to the general public when the dining room is closed; stock is actually quite limited compared to other venues. Current hours of the bar are: 5:00 pm - 9:00 pm. It is locked when closed.

Is an owner, manager, or assistant manager who is 21 years of age or older always present on the premises during business hours?

Yes



No



Section 4 – Food Service Establishment Permit

Per AS 04.21.080(b) for an establishment to qualify as a bona fide restaurant, a Food Service Permit or (for licenses within the Municipality of Anchorage) corresponding Department of Health and Human Services documentation is required.

Link to the Alaska Department of Environmental Conservation (ADEC) Food Safety Website:

<http://dec.alaska.gov/eh/fss/food/>

Link to the Municipality of Anchorage Food Safety Website:

<http://www.muni.org/Departments/health/Admin/environment/FSS/Pages/fssfood.aspx>

If you are unable to certify the below statement, please discuss the matter with the AMCO office:

I have attached a copy of the current food service permit for this premises OR the plan review approval.

Initials



***Note:** If a plan review approval is submitted, a final permit will be required before finalization of any permit or license application.

Section 5 – Hours of Operation

Review AS 04.16.010(c).

Include variances in weekend/weekday hours, and indicate AM/PM:

Days/Hours of Operation **Restaurant Hours** BAR open From 5:00pm - 9:00pm

Weekday	From Time of Day	To Time of Day
Sunday	5:30 am	9:00 pm
Monday	5:30 am	9:00 pm
Tuesday	5:30 am	9:00 pm
Wednesday	5:30 am	9:00 pm
Thursday	5:30 am	9:00 pm
Friday	5:30 am	9:00 pm
Saturday	5:30 am	9:00 pm



Alaska Alcoholic Beverage Control Board Restaurant Endorsement Application

Section 6 – Areas Covered by Endorsement

Does the endorsement apply to your entire licensed premises as approved by the ABC Board?

Yes ☒

No ☐

Does the requested endorsement expand your currently licensed premises?

Yes ☐

No ☒

- If no, attach the approved diagram, no larger than 8 1/2" x 11" of the layout, and identify the portions of the premises covered by various requested endorsements. You must use a solid, contiguous colored line in any color other than red to outline the outer perimeter of the area of the premises covered by the requested endorsement(s).
- If endorsements are overlapping, provide a conspicuous means to distinguish each endorsement from the other (e.g., keyed map with varying colors for each requested endorsement).
- **Your drawing MUST include:**
 - Dimensions in feet **not** square feet of all exterior walls and major interior walls (we do not accept diagrams drawn to scale)
 - Include cross-streets
 - A north arrow, and any significant geographical features. Points of reference, such as a compass showing North.
 - All entrances, exits, walls, bars, and fixtures
- **If your premises includes multiple floors, please include a separate diagram of each floor.** You must identify the stairs between each floor, and each hallway/corridor that leads to each set of stairs.
- **Any endorsement application that includes outdoor space** are required to submit a security plan that includes information about the barriers, practices, and personnel that are to be used to ensure that alcohol is not introduced or removed from the permitted premises and to prevent the access of alcohol by a minor during the permitted event. A security plan may be requested for other proposed locations on a case-by-case basis.

Section 7 – Entertainment & Service

Are any forms of entertainment offered or available within the licensed business or within the proposed licensed premises?

Yes ☐ No ☒

If yes, describe the entertainment offered or available and the hours in which the entertainment may occur.

Entertainment as described by AS 04.09.210, includes dancing, karaoke, live performances, or similar activities, but does not include recorded or broadcast performances without live participation.

Food and beverage service offered or anticipated is:



Table Service



Buffet Service



Counter Service



Other: _____





Alaska Alcoholic Beverage Control Board
Restaurant Endorsement Application

Section 8 – Attestations

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.

Initials

RKT

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 3AAC 305.340.

RKT

I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application.

RKT

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 of 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, and or endorsement. I further understand that this is a Class A misdemeanor under AS 11.56.210 to falsify an application and commit the crime of unsworn falsification.

RKT

Russell Thomas

Printed name of licensee


Signature of licensee

8-11-25
Date

**Clover Pass Investments, LLC
Dba Clover Pass Resort
708 N. Point Higgins Road
Ketchikan, Alaska 99901
(907) 228-2320**

**ATTACHMENT FOR ABC-AMCO Restaurant Endorsement Application
Liquor License #248 – Ketchikan, Alaska**

Menu Upload

Clover Pass Resort is a Fishing Lodge that has a dining room for serving guests. We are not open for food services to the general public. We do not have a regular Menu; but rather the meals are planned and prepared daily by the head Chef and would therefore vary from day to day, week to week throughout the May-October season we are open.

Breakfast: Breakfast is served buffet style and is typically a variation of eggs; sausage, bacon, toast and fruit.

Lunch: Soups/Chili and a sandwich bar are the daily lunch offerings; again served buffet style. As most guests are out fishing; we typically offer them a sandwich bag lunch for them to take or they can make their own.

Dinner: The evening meals are Chef's choice and are typically a variation of salads, vegetables and meat offerings; including beef; fish and crab. A variety of dessert options are offered as well. Dinner is also buffet style.

Liquor License Menu Upload

We do not have a regular Liquor License Menu as we have limited alcoholic beverages; serving beer, wine and limited mixed drinks. We are not open to the general public and serve alcohol during meal service for our fishing lodge guests. We do not have alcohol service outside.





Alaska Food Code 2025 Establishment Permit

Division of Environmental Health
Food Safety & Sanitation Program

Permit Number: 8397
Issued to: **CLOVER PASS INVESTMENTS LLC**
For: **CLOVER PASS RESORT**
For Operation Of: **FN-4 Tavern/Bar**
Located at: **708 N Point Higgins RD Ketchikan, AK 99901**

This permit, issued under the provisions of 18 AAC 31, is valid until the noted expiration date or unless suspended or revoked by the department.

This permit is not transferable for change of ownership, facility location, or type of operation. It must be posted in plain view in the establishment and is the property of the State of Alaska.

Expiration Date:
December 31, 2025

Program Manager:

A handwritten signature in black ink, appearing to read "Amulya S. S.", is written over the printed name of the Program Manager.

**If you have questions or concerns regarding safe food handling practices call or text
907-764-9825 or visit our website to file a complaint
(dec.alaska.gov/eh/fss/report-illness-issue/)**





Alaska Food Code 2025 Establishment Permit

Division of Environmental Health
Food Safety & Sanitation Program

Permit Number: 8393
Issued to: **CLOVER PASS INVESTMENTS LLC**
For: **CLOVER PASS RESORT**
For Operation Of: **FF-1 Food Service**
Located at: **708 N Point Higgins RD Ketchikan, AK 99901**

This permit, issued under the provisions of 18 AAC 31, is valid until the noted expiration date or unless suspended or revoked by the department.

This permit is not transferable for change of ownership, facility location, or type of operation. It must be posted in plain view in the establishment and is the property of the State of Alaska.

Expiration Date:
December 31, 2025

Program Manager:

A handwritten signature in black ink, appearing to read "Hendry 88V", is written over the printed name of the Program Manager.

**If you have questions or concerns regarding safe food handling practices call or text
907-764-9825 or visit our website to file a complaint
(dec.alaska.gov/eh/fss/report-illness-issue/)**



SCANNED