



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:	Borealis Basecamp, LLC	License #:	5849		
License Type:	Outdoor Recreation Lodge	Statutory Reference:	04.09.280		
Doing Business As:	Borealis Basecamp				
Premises Address:	2640 Himalaya Rd.				
City:	Fairbanks	State:	AK	ZIP:	99701
Local Governing Body/Bodies:	Fairbanks North Star 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

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### Section 2 – Transferee Information

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

Licensee:	Borealis Basecamp, LLC				
Doing Business As:	Borealis Basecamp				
Premises Address:	2640 Himalaya Rd.				
City:	Fairbanks	State:	AK	ZIP:	99701
Community Council, (If applicable):	Fairbanks City Council				

Mailing Address:	803 Bidwell Ave.				
City:	Fairbanks	State:	AK	ZIP:	99701
Email:	adriel@borealisbasecamp.net	Phone:	360.359.2136		

Designated Licensee:	Adriel Butler			
Contact Phone:	360.359.2136	Business Phone:	360.359.2136	
Contact Email:	adriel@borealisbasecamp.net			

Seasonal License?    Yes ☐    No ☒    If "Yes", write your six-month operating period: \_\_\_\_\_

### 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).

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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.)

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**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:	Adriel Butler				
Title(s):	President	Phone:	360.359.2136	% Owned:	0
Address:	3551 E 144th Ave				
City:	Anchorage	State:	AK	ZIP:	99516
Email:	adriel@borealisbasecamp.net	Phone:	360.359.2136		



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Entity Official:	Stellar Collection, LLC				
Title(s):	Member/Manager	Phone:		% Owned:	100
Address:	188 West Northern Lights Blvd., Suite 920				
City:	Anchorage	State:	AK	ZIP:	99503
Email:	kpayne@ptcapital.com	Phone:	206.818.1044		

Entity Official:					
Title(s):		Phone:		% Owned:	
Address:					
City:		State:		ZIP:	
Email:		Phone:			

Entity Official:					
Title(s):		Phone:		% Owned:	
Address:					
City:		State:		ZIP:	
Email:		Phone:			

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 #:	10062473	AK Formed Date:	6/27/17	Home State:	Alaska
Registered Agent:	C T Corporation System	Agent's Phone:	855.316.8944		
Agent's Mailing Address:	8585 Old Dairy Road, Ste 208				
City:	Juneau	State:	AK	ZIP:	99801
Email:		Phone:	360.359.2136		

Residency of Agent: Yes No

Does your registered agent satisfy the requirement of AS 04.11.430?





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## 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:

Susan Johnson, Max Fujii, and Nealy Evans, Stoel Rives LLP  
Michael Mills and Michele Rupp, Dorsey & Whitney



Alcohol and Marijuana Control Office

550 W 7<sup>th</sup> Avenue, Suite 1600

Anchorage, AK 99501

[alcohol.licensing@alaska.gov](mailto: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

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

Adriel Butler - Member of AW Go LLC

Printed name of transferor

Subscribed and sworn to before me this 7<sup>th</sup> day of November, 2024



  
Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: January 31, 2027

Signature of transferor

Jeremy Rogers

Printed name of transferor

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

Notary Public in and for the State of \_\_\_\_\_

My commission expires: \_\_\_\_\_



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

**Adriel Butler**

Printed name of transferor

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

Notary Public in and for the State of \_\_\_\_\_.

My commission expires: \_\_\_\_\_

  
Signature of transferor

**- Managing Member of  
Jeremy Rogers Revontulet Holdings, LLC**

Printed name of transferor

Subscribed and sworn to before me this 6<sup>th</sup> day of November, 20 24.

STATE OF ALASKA  
NOTARY PUBLIC

**Hailey Holloway**  
My Commission Ends May 1, 2028



  
Signature of Notary Public

Notary Public in and for the State of Alaska.

My commission expires: 5.1.2028





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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.

KP

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

KP

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.

KP

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.

KP

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

KP

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.

KP

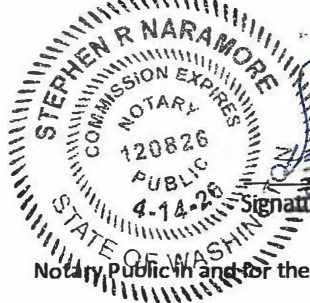
I certify that I and any individual identified in the business entity ownership section of this application, has, or will read AS 04 and its implementing regulations.

KP

Signature of transferee

Kevin Payne

Printed name



Signature of Notary Public

Notary Public in and for the State of

WA

My commission expires:

7.14.2026

Subscribed and sworn to before me this 1 day of November, 2024.





# Alcoholic Beverage Control Office

## Public Notice

### Application for Transfer of Controlling Interest

**Application ID:** 5204  
**License Type:** Outdoor Recreation Lodge License (ORL)  
AS 04.09.280  
**License Number:** 5849  
**Seasonality:** Year-round

#### From Transferor:

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**Doing Business As:** Borealis Basecamp  
**Premises Address:** 2640 Himalaya Rd, Fairbanks, AK, 99712,  
USA  
**City/Municipality:** No Local Government  
**Borough:** Fairbanks North Star Borough

#### Licensee

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**Licensee Name:** Borealis Basecamp Llc  
**Type:** Limited liability company  
**Licensee Mailing Address:** P.O. Box 111831, Anchorage, AK, 99511,  
USA

#### Entity Officer, Stockholder/Shareholder

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##### Entity Member #1

**Type:** Organization  
**Name:** Aw Go, Llc  
**Title:** Member  
**Percentage of Ownership:** 22.95%

##### Entity Member #2

**Type:** Organization  
**Name:** Revontulet Holdings, Llc  
**Title:** Member  
**Percentage of Ownership:** 22.95%

**Entity Member #3**

**Type:** Organization  
**Name:** Stellar Collection, Llc  
**Title:** Member  
**Percentage of Ownership:** 49%

**Entity Manager, Member #4**

**Type:** Person  
**Name:** Adriel Butler  
**Title:** Manager, Member  
**Percentage of Ownership:** 2.55%  
**Phone number:** 360-359-2136  
**Email:** adriel@borealisbasecamp.net  
**Mailing Address:** 3551 E 144th Ave, Anchorage, AK, 99516,  
USA

**Entity Manager, Member #5**

**Type:** Person  
**Name:** Jeremy Rogers  
**Title:** Manager, Member  
**Percentage of Ownership:** 2.55%  
**Phone number:** 907-415-1247  
**Email:** jeremy@borealisbasecamp.net  
**Mailing Address:** P.O. Box 111831, Anchorage, AK, 99511,  
USA

**Entity Manager #6**

**Type:** Person  
**Name:** Kevin Payne  
**Title:** Manager

## To Transferee:

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**Doing Business As:** Borealis Basecamp

## Licensee

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**Licensee Name:** Borealis Basecamp Llc  
**Type:** Limited liability company  
**Licensee Mailing Address:** P.O. Box 111831, Anchorage, AK, 99511,  
USA

## Entity Officer, Stockholder/Shareholder

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### Entity Manager, Member #1

Type:	Organization
Name:	Stellar Collection, Llc
Title:	Manager, Member
Percentage of Ownership:	100%
Mailing Address:	600 Barrow Street, Suite 200, Anchorage, AK, 99501, USA

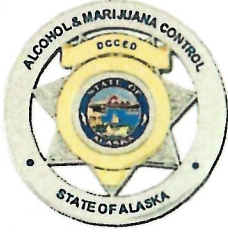
### Entity Manager, Member #2

Type:	Person
Name:	Adriel Butler
Title:	Manager, Member
Phone number:	360-359-2136
Email:	adriel@borealisbasecamp.net
Mailing Address:	3551 E 144th Ave, Anchorage, AK, 99516, USA

Interested persons may object to the application by submitting a written statement of reasons for the objection to their local government, the applicant, and the Alcohol & Marijuana Control Office (AMCO). Written comments should be sent to AMCO at [alcohol.licensing@alaska.gov](mailto:alcohol.licensing@alaska.gov) or to 550 W 7th Ave. Suite 1600, Anchorage, AK 99501.

Posting Date:

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Alcohol and Marijuana Control Office  
550 W 7<sup>th</sup> Avenue, Suite 1600  
Anchorage, AK 99501  
[alcohol.licensing@alaska.gov](mailto:alcohol.licensing@alaska.gov)  
<https://www.commerce.alaska.gov/web/amco>  
Phone: 907.269.0350

## Alaska Alcoholic Beverage Control Board

# Form AB-02: Premises Diagram

### What is this form?

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 is not 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 main 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.


☒ ☐

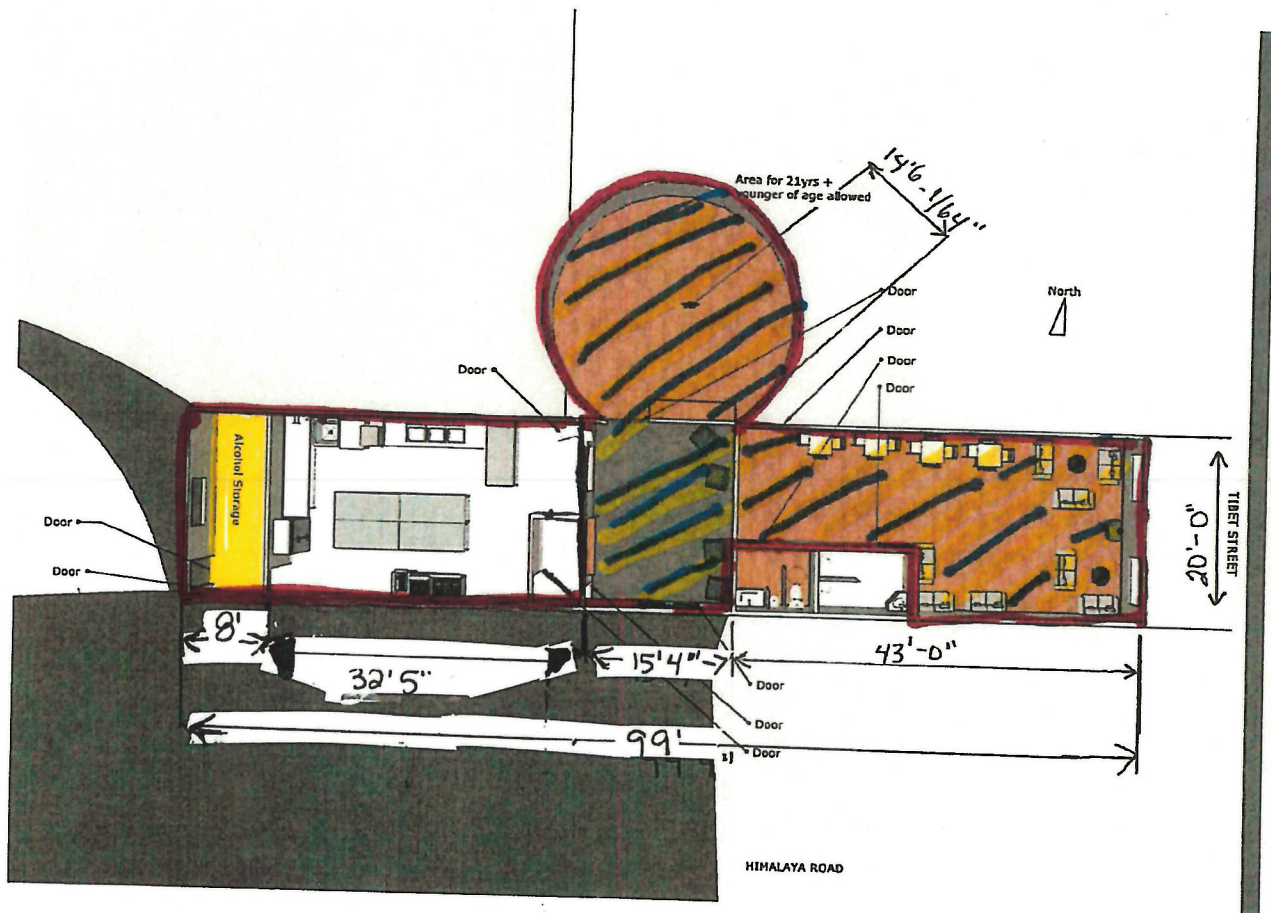
## Section 1 – Establishment Information

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

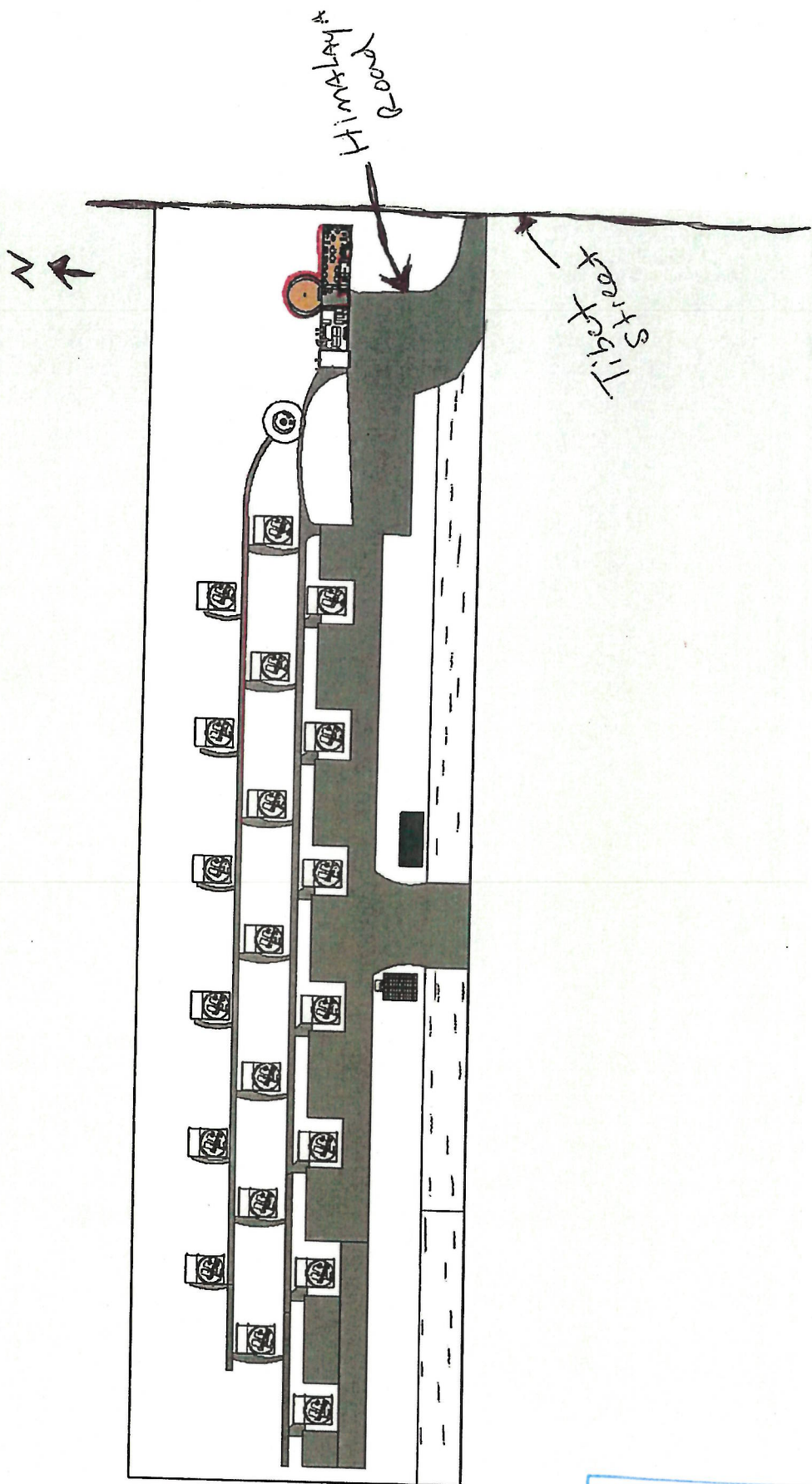
Licensee:	Borealis Basecamp, LLC	License Number:			
License Type:	Outdoor Recreation Lodge				
Doing Business As:	Borealis Basecamp				
Premises Address:	2640 Himalaya Road				
City:	Fairbanks	State:	Alaska	ZIP:	99712

AMCO  
AUG 28 2019

 = Area for 21 years & younger of age allowed







RECEIVED  
SEP 24 2019  
ALCOHOL MARIJUANA CONTROL OFFICE  
STATE OF ALASKA





### **Menu Items**

#### **Breakfast:**

Fresh Juice | Coffee | Tea

Continental Breakfast – Fresh Omelettes, Waffles, Breakfast Sandwiches

#### **Lunch:**

Daily Soup

Garden Salad | Fried Noodles | Mac & Cheese | Blackened Tacos | Borealis Burger | Grilled Cheese | Bahn Mi | Grilled Chicken Sandwich | Spicy Turkey Sandwich | French Dip Sandwich | Philly Cheesesteak

#### **Dinner:**

Soup or House Salad

Appetizer:

Crispy Pork Belly | Spicy Sockeye Poke | Kodiak Scallop

Entree:

Prime Ribeye | Duck Breast | Pork Belly | Red King Crab | Alaskan Halibut | Kodiak Scallops | Mushroom Risotto | House Made Pasta

#### **Dessert:**

Seasonal Cheesecake | Warm Fudge Brownie

#### **Pub:**

Latitude 65 Signature Burger | Salmon Burger | Baked Chicken Pasta | Cottage Pie