



Document reference ID : 5716

Licensing Application Summary

Transfer of Ownership

License ID:	2313
Application ID:	5716
Applicant Name:	Inlet Enterprises, Llc
License Type applied for:	Package Store License(PSL) (AS 04.09.230)
Application Status:	In Review
Application Submitted On:	07/29/2025 07:57 AM AKDT

Entity Information

Business Structure:	Limited liability company
FEIN/SSN Number:	██████████
Member Managed or Manager Managed:	Manager Managed
Alaska Entity Number (CBPL):	10315862
Alaska Entity Formed Date:	06/03/2025
Home State:	AK

Entity Contact Information

Mailing Address:	Po Box 3670, Homer, AK, 99603, USA
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Designated Licensee Information

Authority Type:	I am authorized user by the designated licensee with binding authority
Legal First Name:	Jonathan
Legal Last Name:	Erickson
Email Address:	jerickson@homerunoil.com
Phone Number:	907-299-4110

Additional Authorized Users

Legal Name	Relation with Applicant
Melinda Erickson	Family Member

Registered Agent Information

Name	Jonathan Erickson
Agent's Phone Number	907-299-4110
Agent's Email	jerickson@homerunoil.com
Address	Po Box 3670, Homer, AK, 99603, USA
The registered agent is either an individual resident of the state or a domestic corporation authorized to transact business in the state and whose business office is the same as the registered office?	Yes

Ownership / Principal Party Details

Principal Parent Entity	Principal Party	Role	%Ownership
Inlet Enterprises, Llc	The Blue Moose Trust	Member	100

Premises Address

Address:	34361 Old Sterling Highway, Anchor Point, AK, 99556, USA
Does the proposed site include a valid street address?	Yes

Basic Business information

Business/Trade Name:	Inlet Liquor
What is your primary business at this location?	Grocery/Market

Premises Contact Details

Contact Person Name	Jonathan Edens Erickson
Business Phone Number	907-299-4110
Email Address	jerickson@homerunoil.com

Local Government and Community Council Details

City/Municipality

No Local Government

Borough

Kenai Peninsula Borough

Measurement Information

What is the approximate 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? (in feet)

625

What is the approximate 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? (in feet)

1450

Property Ownership

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

No

Property Utilization Status

An Existing Facility

Are you operating under?

Lease

Add Copy of Lease\Sublease document

[Lease - Anchor River - Jon Erickson - Fully Executed 6.16.25.pdf](#)

Premises Diagram

Will the license or permit embrace the entire premises address?

No

Premises Diagram

- [aerial view 2_0001.pdf](#)
- [store layout_0001.pdf](#)

Other Licenses Involvement

Does any representative or owner named 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?

No

Public Notice Posting Attestation and Publishers Affidavit

Have you posted your application at both required locations for ten consecutive days?	Yes
What was the other conspicuous location of your post? (Please include the full address)	33790 STERLING HWY, Anchor Point AK 99556
What was the first day you posted your application?	07/08/2025
If the newspaper advertisement was published did you advertise once a week for three consecutive weeks or if by radio twice week for three successive weeks?	Yes
What was the final date your advertisement was published/broadcasted?	07/25/2025

Newspaper/Publishers Affidavit

[Peninsula Clarion Publishers Affidavit 2025_0001.pdf](#)

I attest that I have met the public posting notice requirement set forth under AS 04.11.310 by posting a copy of my application for the 10-day period at the location of the proposed licensed premises and at another conspicuous location in the area of the proposed premises as listed in this application.

I hereby attest 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.

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 : Jonathan Erickson on 07/29/2025 07:57 AM AKDT

Payment Info

Payment Type : CC

Payment Id: 316f8597-a5b2-43b1-aa4f-47aded6b0b2a

Receipt Number: 101088179

Payment Date: 07/29/2025 08:02 AM AKDT

Documents

#	File Name	Type	Added On
1	Lease - Anchor River - Jon Erickson - Fully Executed 6.16.25.pdf	License Lease\Sublease document	06/27/2025 01:18 PM AKDT
2	aerial view 2_0001.pdf	License Location Diagram Document	06/27/2025 02:05 PM AKDT
3	store layout_0001.pdf	License Location Diagram Document	06/27/2025 02:05 PM AKDT
4	Creditor Affidavit_0001.pdf	Signed Creditors Affidavit	06/27/2025 02:23 PM AKDT
5	Peninsula Clarion Publishers Affidavit 2025_0001.pdf	Publishers Affidavit	07/29/2025 08:01 AM AKDT
6	Peninsula Clarion Publishers Affidavit 2025_0001.pdf	Transferee and Transferor Certifications Form	07/29/2025 08:01 AM AKDT



Alcoholic Beverage Control Office

Transferee and Transferor Certifications Form

Application for Transfer of Ownership

Application ID: 5716
License Type: Package Store License(PSL) AS 04.09.230
License Number: 2313

From Transferor:

Doing Business As: Anchor River Inn
Premises Address: 34361 Old Sterling Highway, Anchor Point, AK,
99556, USA

Licensee

Licensee Name: Anchor River Lodge, Llc
Type: Limited liability company
Licensee Mailing Address: PO Box 514, Anchor Point, AK, USA

Entity Officer, Stockholder/Shareholder

Entity Member #1
Type: Person
Name: Brittnay And Kyle Akee, Tbe
Title: Member
Percentage of Ownership: 60%

Entity Member #2
Type: Person
Name: Mamie And William Walker, Tbe
Title: Member
Percentage of Ownership: 40%

To Transferee:

Doing Business As: Inlet Liquor

AMCO Received 1/21/2026

Premises Address:

34361 Old Sterling Highway, Anchor Point, AK,
99556, USA

Licensee

Licensee Name:

Inlet Enterprises, Llc

Type:

Limited liability company

Licensee Mailing Address:

Po Box 3670, Homer, AK, 99603, USA

Entity Officer, Stockholder/Shareholder

Entity Member #1

Type:

Organization

Name:

Inlet Enterprises, Llc

Title:

Member


Percentage of Ownership:

100%

Mailing Address:

60998 East End Road, Homer, AK, 99603, USA

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

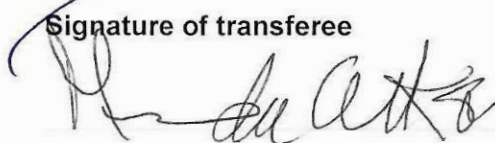

Signature of transferee

Jonathan Erickson

Printed name of transferee

1-20-26

Date


Signature of transferee

Melinda Erickson

Printed name of transferee

1/20/26

Date

Signature of transferee

Printed name of transferee

Date

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.

AMCO Received 1/21/2026



Signature of transferor

William Walker

Printed name of transferor

1/20/26

Date

Brittany Alice Uweroloni

Signature of transferor

Brittany Alice Uweroloni

Printed name of transferor

1/20/26

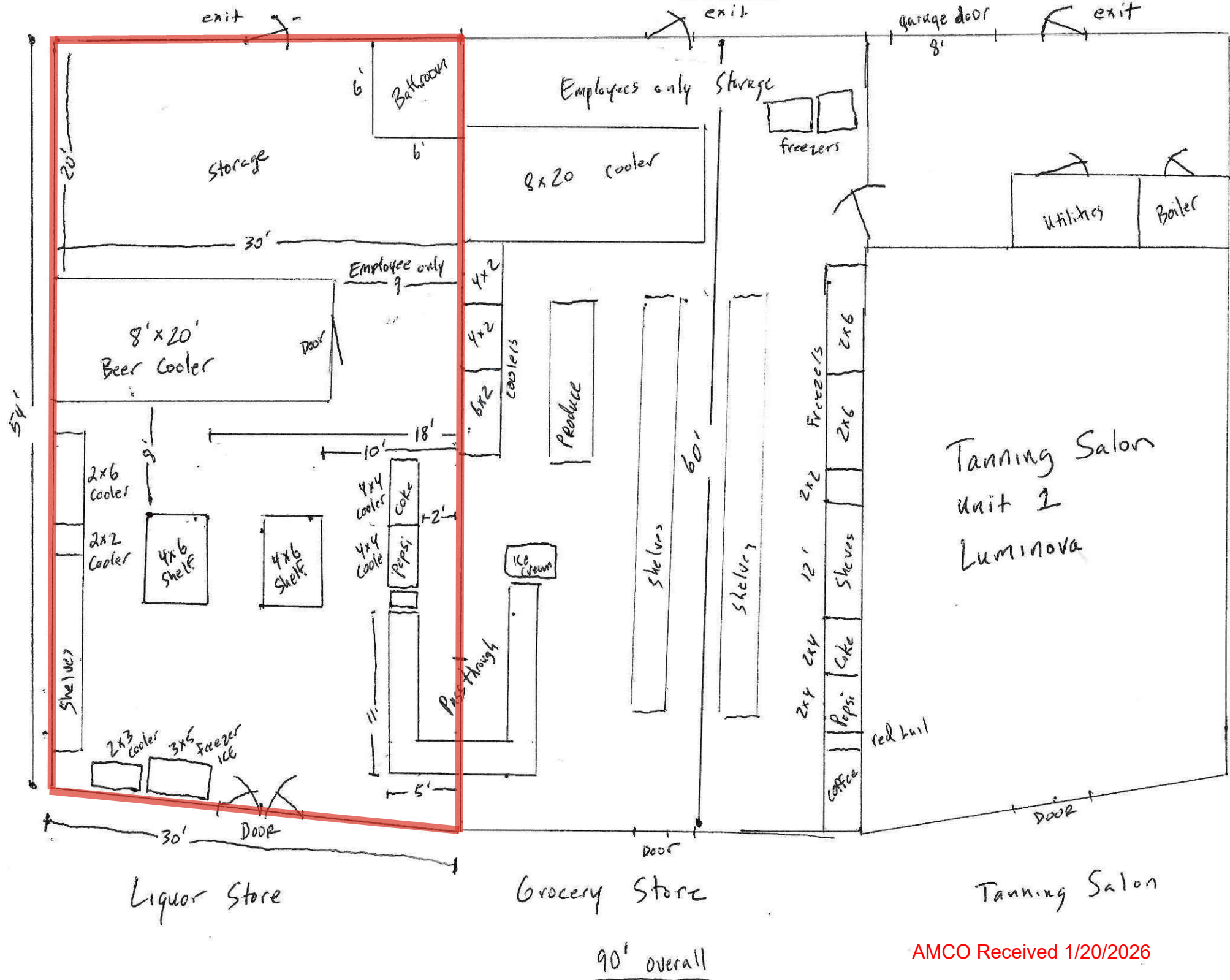
Date

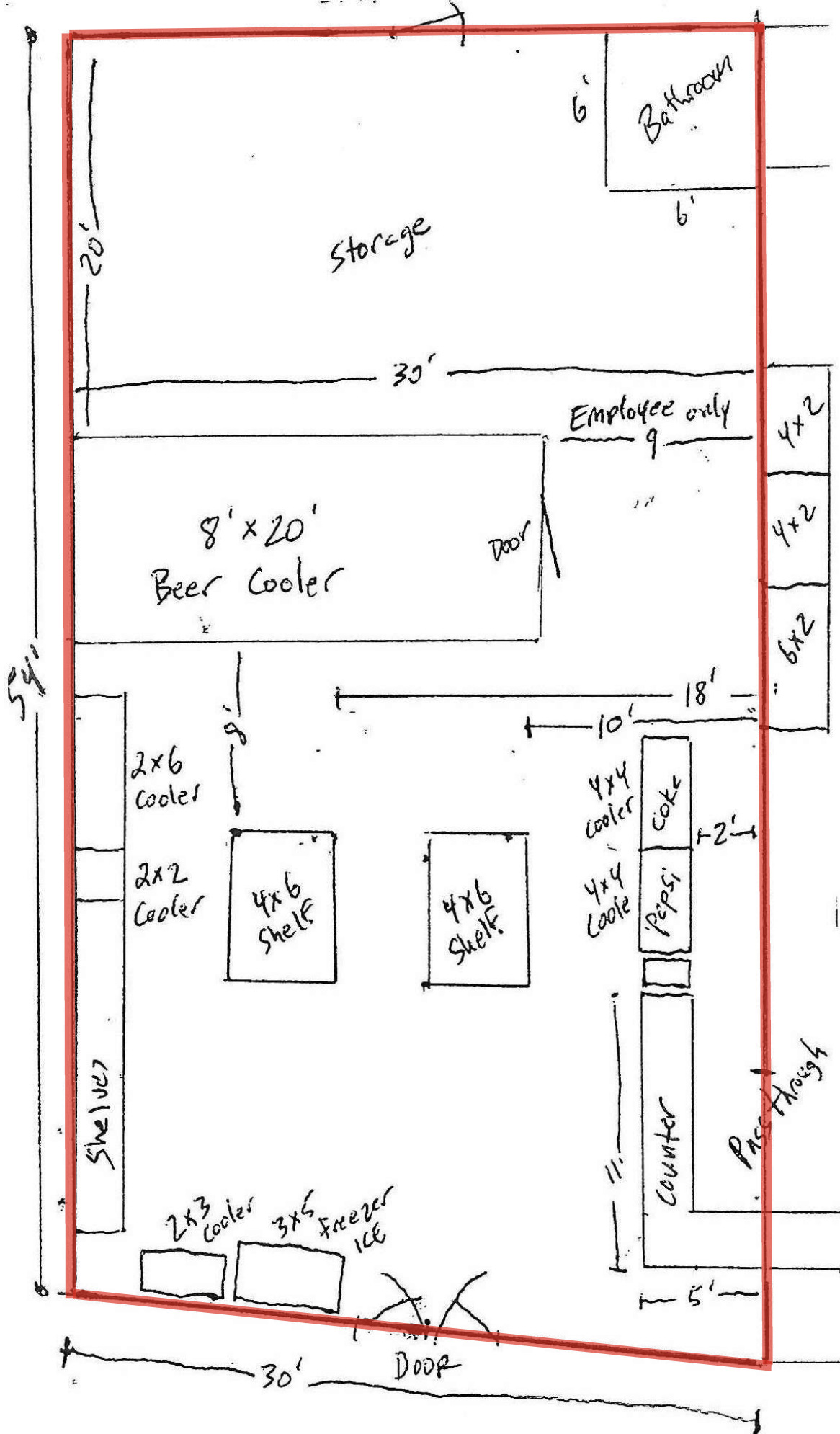
Signature of transferor

Printed name of transferor

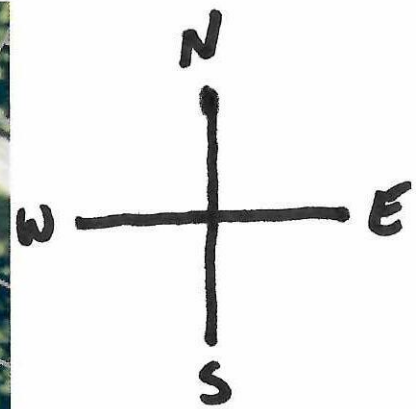
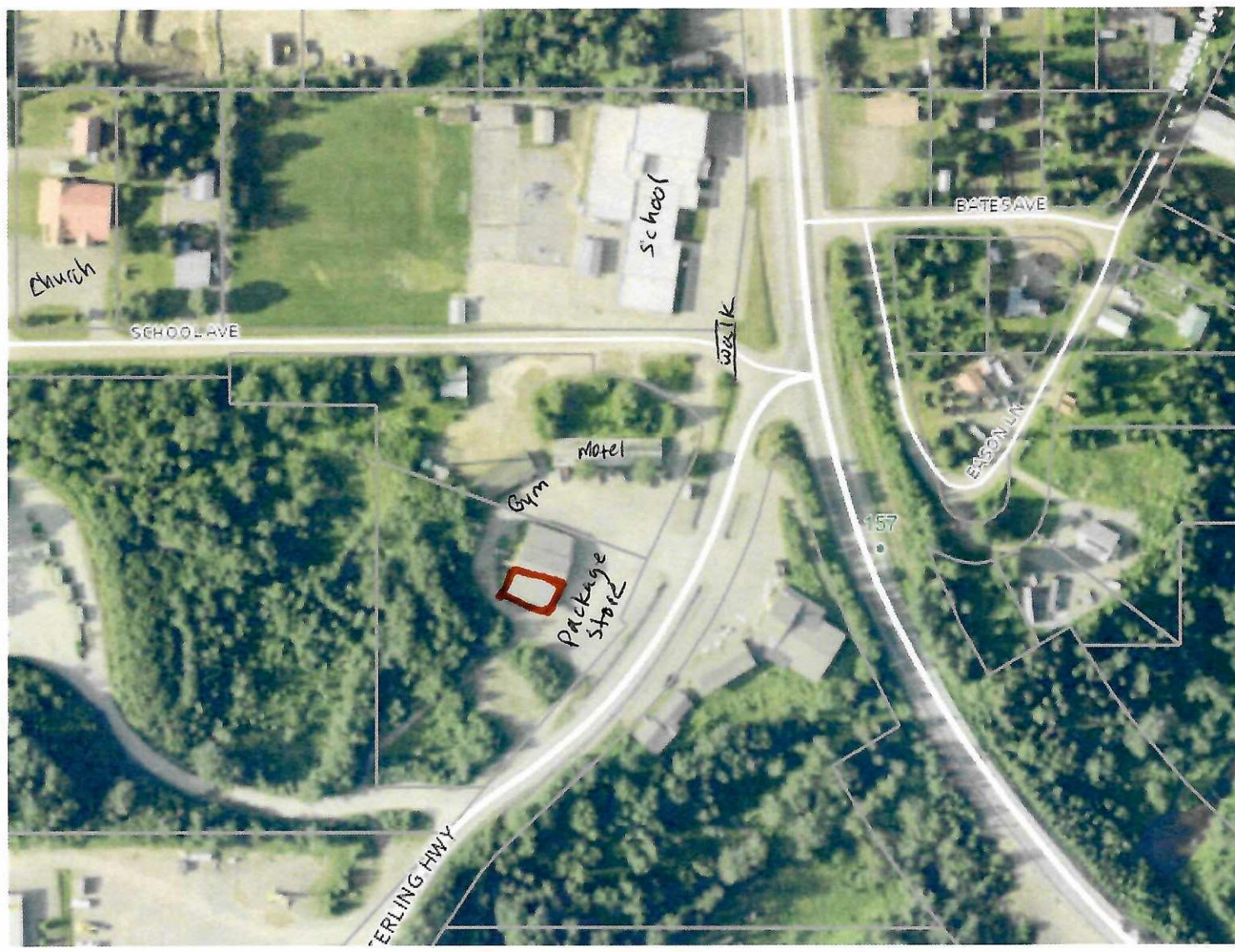
AMCO Received 1/21/2026

Date





Liquor Store





Document reference ID : 7337

Licensing Application Summary

Application ID: 7337

Applicant Name: Inlet Enterprises, LLC

License Type applied for: Package Store Shipping Endorsement (PSSE) (AS 04.09.460)

Application Status: In Review

Application Submitted On: 01/20/2026 10:08 AM AKST

Entity Information

Business Structure: Limited liability company

FEIN/SSN Number: [REDACTED]

Member Managed or Manager Managed: Manager Managed

Alaska Entity Number (CBPL): 10315862

Alaska Entity Formed Date: 06/03/2025

Home State: AK

Entity Contact Information

Name	Phone	Email	Relation
Jonathan Erickson	907-299-4110	jerickson@homerunoil.com	Designated Licensee

Mailing Address: Po Box 3670, Homer, AK, 99603, USA

Designated Licensee Information

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

Legal First Name: Jonathan

Legal Last Name: Erickson

Email Address: jerickson@homerunoil.com

Phone Number: 907-299-4110

Registered Agent Information

Name	Jonathan Erickson
Agent's Phone Number	907-299-4110
Agent's Email	jerickson@homerunoil.com
Address	Po Box 3670, Homer, AK, 99603, USA
The registered agent is either an individual resident of the state or a domestic corporation authorized to transact business in the state and whose business office is the same as the registered office?	Yes

Ownership / Principal Party Details

Principal Parent Entity	Principal Party	Role	%Ownership
Inlet Enterprises, Llc	The Blue Moose Trust	Member	100

Premises Address

Address:	34361 Old Sterling Highway, Anchor Point, AK, 99556, USA
Does the proposed site include a valid street address?	Yes

Primary license number

Primary License Information	Application ID - 5716 - License Transfer Application - In Review
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Basic Business information

Business/Trade Name:	Inlet Liquor
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Local Government and Community Council Details

City/Municipality	No Local Government
Borough	Kenai Peninsula Borough

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 : Jonathan Erickson on 01/20/2026 10:07 AM AKST

Payment Info

Payment Type : CC

Payment Id: 9bf76a30-253a-465e-b21b-e3d36b22b33f

Receipt Number: 101266262

Payment Date: 01/20/2026 10:23 AM AKST



Document reference ID : 7338

Licensing Application Summary

Application ID: 7338

Applicant Name: Inlet Enterprises, LLC

License Type applied for: Package Store Repackaging Endorsement (PSRE) (AS 04.09.480)

Application Status: In Review

Application Submitted On: 01/20/2026 10:16 AM AKST

Entity Information

Business Structure: Limited liability company

FEIN/SSN Number: [REDACTED]

Member Managed or Manager Managed: Manager Managed

Alaska Entity Number (CBPL): 10315862

Alaska Entity Formed Date: 06/03/2025

Home State: AK

Entity Contact Information

Name	Phone	Email	Relation
Jonathan Erickson	907-299-4110	jerickson@homerunoil.com	Designated Licensee
Mailing Address:		Po Box 3670, Homer, AK, 99603, USA	

Designated Licensee Information

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

Legal First Name: Jonathan

Legal Last Name: Erickson

Email Address: jerickson@homerunoil.com

Phone Number: 907-299-4110

Registered Agent Information

Name	Jonathan Erickson
Agent's Phone Number	907-299-4110
Agent's Email	jerickson@homerunoil.com
Address	Po Box 3670, Homer, AK, 99603, USA
The registered agent is either an individual resident of the state or a domestic corporation authorized to transact business in the state and whose business office is the same as the registered office?	Yes

Ownership / Principal Party Details

Principal Parent Entity	Principal Party	Role	%Ownership
Inlet Enterprises, Llc	The Blue Moon Trust	Member	100

Premises Address

Address:	34361 Old Sterling Highway, Anchor Point, AK, 99556, USA
Does the proposed site include a valid street address?	Yes

Primary license number

Primary License Information	Application ID - 5716 - License Transfer Application - In Review
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Basic Business information

Business/Trade Name:	Inlet Liquor
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Local Government and Community Council Details

City/Municipality	No Local Government
Borough	Kenai Peninsula Borough

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 : Jonathan Erickson on 01/20/2026 10:12 AM AKST

Payment Info

Payment Type : CC

Payment Id: 9bf76a30-253a-465e-b21b-e3d36b22b33f

Receipt Number: 101266262

Payment Date: 01/20/2026 10:23 AM AKST



Document reference ID : 7339

Licensing Application Summary

Application ID: 7339

Applicant Name: Inlet Enterprises, LLC

License Type applied for: Package Store Delivery Endorsement (PSDE) (AS 04.09.470)

Application Status: In Review

Application Submitted On: 01/20/2026 10:19 AM AKST

Entity Information

Business Structure: Limited liability company

FEIN/SSN Number: [REDACTED]

Member Managed or Manager Managed: Manager Managed

Alaska Entity Number (CBPL): 10315862

Alaska Entity Formed Date: 06/03/2025

Home State: AK

Entity Contact Information

Name	Phone	Email	Relation
Jonathan Erickson	907-299-4110	jerickson@homerunoil.com	Designated Licensee
Mailing Address:		Po Box 3670, Homer, AK, 99603, USA	

Designated Licensee Information

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

Legal First Name: Jonathan

Legal Last Name: Erickson

Email Address: jerickson@homerunoil.com

Phone Number: 907-299-4110

Registered Agent Information

Name	Jonathan Erickson
Agent's Phone Number	907-299-4110
Agent's Email	jerickson@homerunoil.com
Address	Po Box 3670, Homer, AK, 99603, USA
The registered agent is either an individual resident of the state or a domestic corporation authorized to transact business in the state and whose business office is the same as the registered office?	Yes

Ownership / Principal Party Details

Principal Parent Entity	Principal Party	Role	%Ownership
Inlet Enterprises, Llc	The Blue Moon Trust	Member	100

Premises Address

Address:	34361 Old Sterling Highway, Anchor Point, AK, 99556, USA
Does the proposed site include a valid street address?	Yes

Primary license number

Primary License Information	Application ID - 5716 - License Transfer Application - In Review
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Basic Business information

Business/Trade Name:	Inlet Liquor
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Local Government and Community Council Details

City/Municipality	No Local Government
Borough	Kenai Peninsula Borough

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.

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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 : Jonathan Erickson on 01/20/2026 10:18 AM AKST

Payment Info

Payment Type : CC

Payment Id: 9bf76a30-253a-465e-b21b-e3d36b22b33f

Receipt Number: 101266262

Payment Date: 01/20/2026 10:23 AM AKST



Document reference ID : 7340

Licensing Application Summary

Application ID: 7340

Applicant Name: Inlet Enterprises, LLC

License Type applied for: Package Store Sampling Endorsement (PSE) (AS 04.09.490)

Application Status: In Review

Application Submitted On: 01/20/2026 10:21 AM AKST

Entity Information

Business Structure: Limited liability company

FEIN/SSN Number: [REDACTED]

Member Managed or Manager Managed: Manager Managed

Alaska Entity Number (CBPL): 10315862

Alaska Entity Formed Date: 06/03/2025

Home State: AK

Entity Contact Information

Name	Phone	Email	Relation
Jonathan Erickson	907-299-4110	jerickson@homerunoil.com	Designated Licensee

Mailing Address: Po Box 3670, Homer, AK, 99603, USA

Designated Licensee Information

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

Legal First Name: Jonathan

Legal Last Name: Erickson

Email Address: jerickson@homerunoil.com

Phone Number: 907-299-4110

Registered Agent Information

Name	Jonathan Erickson
Agent's Phone Number	907-299-4110
Agent's Email	jerickson@homerunoil.com
Address	Po Box 3670, Homer, AK, 99603, USA
The registered agent is either an individual resident of the state or a domestic corporation authorized to transact business in the state and whose business office is the same as the registered office?	Yes

Ownership / Principal Party Details

Principal Parent Entity	Principal Party	Role	%Ownership
Inlet Enterprises, Llc	The Blue Moon Trust	Member	100

Premises Address

Address:	34361 Old Sterling Highway, Anchor Point, AK, 99556, USA
Does the proposed site include a valid street address?	Yes

Primary license number

Primary License Information	Application ID - 5716 - License Transfer Application - In Review
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Basic Business information

Business/Trade Name:	Inlet Liquor
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Local Government and Community Council Details

City/Municipality	No Local Government
Borough	Kenai Peninsula Borough

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 : Jonathan Erickson on 01/20/2026 10:21 AM AKST

Payment Info

Payment Type : CC

Payment Id: 9bf76a30-253a-465e-b21b-e3d36b22b33f

Receipt Number: 101266262

Payment Date: 01/20/2026 10:23 AM AKST