

# Department of Commerce, Community, and Economic Development

ALCOHOL AND MARIJUANA CONTROL OFFICE

550 West 7th Ave, Suite 1600 Anchorage, AK 99501 Main: 907.269.0350

#### **MEMORANDUM**

TO: Bob Klein, Chair, and Members of the

Alcoholic Beverage Control Board

DATE: June 12, 2018

FROM: Erika McConnell, Director RE: 5650 Adventure Karts

Requested

New license application

Action:

Statutory AS 04.06.090(b): "The board shall review all applications for licenses made under

**Authority:** this title and may order the director to issue, renew, revoke, transfer, or suspend

licenses and permits authorized under this title."

**Staff Rec.:** Deny the application

**Background:** This recreational site license application does not appear to meet the statutory requirements of the license type:

Sec. 04.11.210. Recreational site license.

- (a) The holder of a recreational site license may sell beer and wine at a recreational site during and one hour before and after a recreational event that is not a school event, for consumption on designated areas at the site.
- (b) The biennial fee for a recreational site license is \$800.
- (c) In this section, "recreational site" includes a location where baseball games, car races, hockey games, dog sled racing events, or curling matches are regularly held during a season.

According to their recreational site statement, Adventure Karts provides "seasonal ATV tours to cruise line guests and independent travelers...guests will have the opportunity to purchase alcohol while they de-gear, shop and wait for their transportation."

There appear to be no games, races, or other types of competitive events that are regularly held during a season.

Attachment: License application

Adventure Karts 4085 Tongass Ave Ketchikan, AK 99901 www.adventurekarts.com



#### To Whom It May Concern:

The Adventure Karts Expedition is a tour company based in Ketchikan Alaska that offers seasonal ATV tours to cruise line guests and independent travelers. We are submitting a liquor license application because we believe the ability to serve alcohol will enhance the customer experience for our guests.

Our hours of operation vary day to day. Departures often begin at 7:00am. There will not be an opportunity for guests to purchase alcohol at the start of their tour. Guests must wait until the driving portion of their tour is completed before purchasing and consuming any alcoholic beverages. For a 7:00am tour guests will return to our base no earlier than 9:00am. At this point guests will have the opportunity to purchase alcohol while they de-gear, shop and wait for their transportation. The tour timing allows approximately 30 minutes for this portion of the tour. The latest we have guests on our property is 6:00pm. Opened or closed containers will not be permitted off the premises and signage will be posted accordingly.

We only operate our scheduled ATV tours during the months of May through September and do not host outside events on the property. On average, we provide tours to 10,000 guests per season and believe that this figure number gives us the opportunity to have a positive economic impact for the community. By allowing us to serve alcohol, we hope to promote Alaskan business by providing Alaskan beers and recommendations for local bars and restaurants.

Thank you for your consideration,





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

Phone: 907.269.0350

#### Alaska Alcoholic Beverage Control Board

### Form AB-00: New License Application

#### What is this form?

Licensee:

Enter information for the business seeking to be licensed.

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 main office, along with all other required forms and documents, before any license application will be considered complete.

Alaska Rainforest Sanctuary, LLC

#### Section 1 - Establishment and Contact Information

License Type:	Recreational	Site		Statutory Reference:		04.11.210.	
Doing Business As:	Adventure Ka	Adventure Karts					
Premises Address:	12609 Whippl	e Spur Roa	ad				
City:	Ketchikan					99901	
Local Governing Body:	Ketchikan Ga	Ketchikan Gateway Borough					
Community Council:							
Mailing Address:	4005 T						
ivialing Address:	4085 Tongass	S Ave	_				
City:	Ketchikan		State:	AK		ZIP:	99901
Designated Licensee:  Contact Phone:  Contact Email:  Yes  Geasonal License?	Alaska Rainfo (907) 225-880 operations@a	00	Business arts.com	Phone:	(907) 8		290 ptember
		OFFICE U	ISE ONLY				
Complete Date:		License Years:	18	3/19	Licens	e #:	5650
Board Meeting Date:			Trans	action #:	513		03413/6341
Issue Date:			BRE:				DC
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#### Alaska Alcoholic Beverage Control Board

## Form AB-00: New License Application

Section 2 – Premises Information							
Premises to be licensed is:							
✓ an existing facility	a new b	ouilding	a propos	ed building			
The next two questions mus	st be completed by <u>b</u>	everage dispens	ary (including	tourism) and package sto	<u>re</u> applica	nts only:	
				nce of the building of you asurement in your answe		d premises to	
5 Miles							
				nce of the building of you surement in your answer.		d premises to	
5 Miles							
This section must be completed in more space is needed, plete The following information m	eted by any <u>sole prop</u> ase attach a separate	orietor who is appered to the contract of the	olying for a lic	mation.		1 <b>4</b> .	
Name:				NATIONAL TO THE PARTY OF THE PA			
Address:							
City:			State:		ZIP:		
This individual is an:	applicant	affiliate					
Name:							
Address:						1301 F 3383 7000	
City:			State:		ZIP:		





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Alaska Alcoholic Beverage Control Board

### Form AB-00: New License Application

#### **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 <u>corporation</u>, 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 <u>limited liability organization</u>, 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 <u>partnership</u>, including a <u>limited partnership</u>, the following information must be completed for each *partner with an interest of 10% or more*, and for each *general partner*.

	or more, and for each general partner	•				
Entity Official:	Gerald O'Brien Salazar	<b>-</b>	_			
Title(s):	Member, Manager	Phone:	(907) 225-8800	% Owr	ned:	100
Address:	4085 Tongass Ave				V	1000000
City:	Ketchikan	State:	AK	ZIP:	999	901
<b>r</b>						
Entity Official:						
Title(s):		Phone:		% Owr	ned:	
Address:		100000				
City:		State:		ZIP:		
Entity Official:						
Title(s):		Phone:		% Owr	ned:	
Address:						
City:		State:		ZIP:		
Entity Official:						
Title(s):		Phone:		% Owr	ned:	
Address:						
City:		State:		ZIP:		







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Alaska Alcoholic Beverage Control Board

## Form AB-00: New License Application

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.

DOC Entity #:	83509D	AK Formed Date:	08/25/2005	Home State:	AK	
Registered Agent:	Gerald O'Brie	n Salazar	Agent's Phone:	(907) 225-8	800	<u> </u>
Agent's Mailing Address:	PO Box 8495					
City:	Ketchikan	State:	AK	ZIP:	99901	
Residency of Agent:					Yes	No
Is your corporation or LL	C's registered agent a	n individual resident of	the state of Alaska?		<b>✓</b>	
	Sect	ion 5 – Other L	icenses	·		
Ownership and financial intere	est in other alcoholic i	peverage businesses:			Yes	No
Does any representative any other alcoholic beve				ancial interest in	1 · · · · · · · · · · · · · · · · · · ·	<b>✓</b>
If "Yes", disclose which indi license number(s) and licen	vidual(s) has the fina se type(s):	ncial interest, what the	type of business is,	and if licensed in A	laska, whi	ch
	Sec	tion 6 – Autho	rization			
Communication with AMCO st	aff:				Yes.	No
Does any person other to AMCO staff?	han a licensee named	in this application have	authority to discuss	this license with	<b>✓</b>	,
If "Yes", disclose the name	of the individual and	the reason for this aut	horization:			
Lawrence Gaffaney					-	

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1. Name of Entity:

Department of Commerce, Community, and Economic Develop

Corporations, Business, and Professional Licensing

Corporations Section

PO Box 110808

AK Entity #: 83509D

Date Filed: 09/09/2005 08:00 AM
State of Alaska
Department of Commerce Juneau AK 99811-0808

#### STATEMENT OF CHANGE

Registered Agent or Registered Agent Address

Pursuant to Alaska Statutes the undersigned entity submits the following statement for the purpose of changing its registered agent or the registered agent address in the State of Alaska.

Alaska	Rainforest Si	refuery LLC	83509			
The redistered agent	must be an individual	resident of Al	aska or a corporation in agent. The registered	good standin agent addres	g authorized to is must be in A	transact
2. Prior Registered A	gent Information:					
Name:	H Clay	Keene	<u>.                                    </u>			
Mailing Address:	540 Wat	er St. Sk.30	City: Kekhikan	State: AK	Zip Code:	99901
Physical Address if Mailing Address is a Post Office Box:						
3. New Registered A	gent Information:				, , , , , , , , , , , , , , , , , , , ,	
Name: ,	Geraldo.S	alazar				
Mailing Address:	P.O. Box 849	<b>1</b> 5	City: Kc thillan	State: AK	Zip Code:	99801
Physical Address if Mailing Address is a Post Office Box:		•				
Check this box i	f this is also the prir	icipal office a	address for the entity s	hown above	•	I
4. Authorization:						
Date this change wa	is authorized:	8/251	05		·	
This change was au appropriate box)			n of the board of director r (Limited Liability Comp Partner (Limited Partners	any) hip or Limited	Liability Parine	ership)
The president or vic	e president of the co	orporation, a	member of a limited list must sign this staten	ability compa	iny, or a gener	al partner
Signature of Authori			Title		Date	
Could Of	A Memb		Monaging Mers	be	8/25/0	25
If you have specific le professional to assist	gal questions or conc you. Mail the comple	ems about thi ted filing and	is filing, you are strongly the \$25.00 fee (in U.S. o	advised to co dollars) to:	onsult an attome	ey or other
State of Alaska Corporations S PO Box 11080	ection 8					șt. cu
Juneau, AK 99				Sta	te of Alaska	APR 1
For additional informa	ation or forms please	visit our web s	iile at: www. [	Filling C	hanges 1 Page(s)	
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## Form AB-00: New License Application

#### 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.	18
I certify that all proposed licensees have been listed with the Division of Corporations.	65
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.	65
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.	by
I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application.	65
As an applicant for a liquor license, I declare under penalty of perjury that I have read and am familiar with AS 04 and 3 AAC 3 that this application, including all accompanying schedules and statements, is true, correct, and complete.	04, and
Signature of licensee  Signature of Notary Public  Notary Public in and for the State of Alaska  Printed name of licensee	
My commission expires: $\frac{425}{20}$	20
Subscribed and sworn to before me this	20 <u>18</u> .



Alaska Alcoholic Beverage Control Board

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### 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 <u>second page</u> 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.	<b>✓</b>	

#### Section 1 - Establishment Information

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

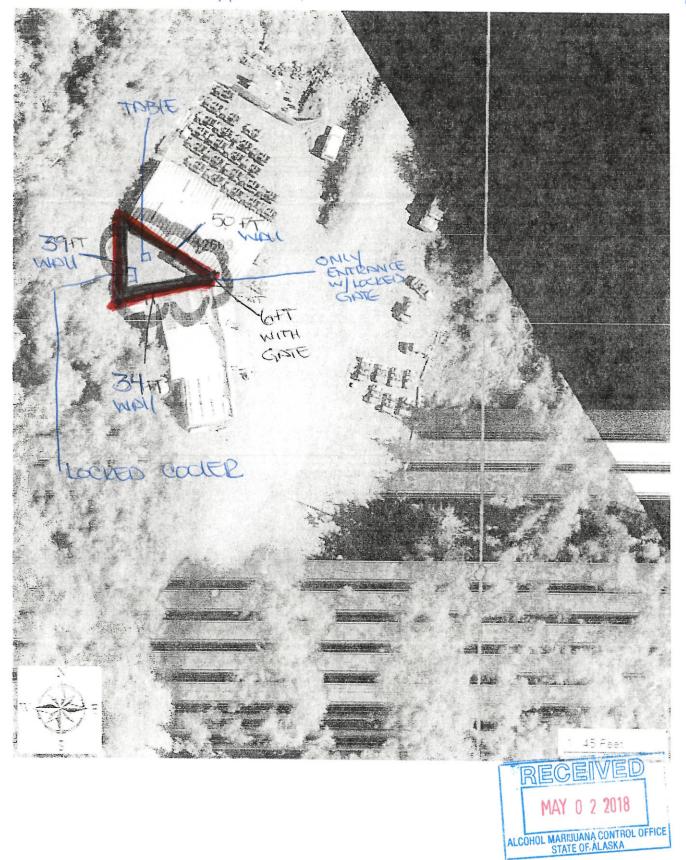
Licensee:	Alaska Rainforest Sanctuary, LLC	:			
License Type:	Recreational Site				· · · · · · · · · · · · · · · · · · ·
Doing Business As:	Adventure Karts				
Premises Address:	12069 Whipple Spur Road				
City:	Ketchikan	State:	AK	ZIP:	99901

[Form AB-02] (rev 06/24/2016)

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# 12609 WHIPPIE SPOR RD KETCHIKAN, AK 9990



To whom it may concern:

Our proposed licensed premises is an outdoor area. This area is gated in. We will provide a security personnel on site at all times. This personnel will be checking IDs to ensure there will be no underage consumption. Our gate, to enter is nine (9) feet tall and guests must show ID before entering outdoor area. Once guests are in the gated premises there will be an employee working at a locked cooler. He will be administering the alcoholic beverages and then guests are welcome to walk around the courtyard or sit at designated tables within the gated area. There is no bar at this time.

Thank you.

