



**Alaska Alcoholic Beverage Control Board**  
**Form AB-37: Tourism Statement**

This form needs to be included with your application for a beverage dispensary tourism license. A new, transfer, or renewal application for a beverage dispensary tourism license (AS 04.09.350) 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 form must be completed and submitted to AMCO before any tourism license application will be determined complete.**

**Section 1 – Establishment Information**

Enter information for the licensed establishment or the business seeking to be licensed.

<b>Doing Business As:</b>		<b>License #:</b>	
<b>License Type:</b>			

**Section 2 – Tourism Statement**

**2.1. Explain how the issuance, renewal, or transfer of the license to another person of the has/will encourage tourism.**

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

**2.3 Licensees licensed 12/31/23 and earlier. Does the licensee or applicant for this liquor license also operate the tourism facility in which this license is located?**

YES       NO

**2.4 If “no” who operates the tourism facility?**



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

If "yes" answer the following questions AND you must apply for a Hotel or Motel Endorsement under AS 04.09.430  
<https://www.commerce.alaska.gov/web/amco/AlcoholLicenseApplication.aspx> :

How many rooms are 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)?

Do you stock or plan to stock alcoholic beverages in guest rooms? If yes, you must apply for and qualify for a Hotel or Motel Endorsement under AS 04.09.430. YES  NO

If "no" to the question regarding rooms, 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".

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".



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**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.

\_\_\_\_\_  
Printed name of licensee/affiliate

*Mike Archiopoli*  
\_\_\_\_\_  
Signature of licensee/affiliate

## License Renewal

**Is this application being made by you for the benefit of someone else? If "YES," indicate below or attach explanation.**

No

**Has the applicant, applicant's spouse, partner, officer, director or stockholders, of the licensed entity become disqualified by law or by facts and conditions from holding a license or permit under the Alcohol and Cannabis Control Information System Alcoholic Beverage Code ? If "YES," indicate below or attach explanation.**

No

**Have there been changes since your original application that have not been reported on this or previous applications ? If "YES," indicate below or attach explanation.**

No

**How many hours did you operate in 2022 as set forth in AS 04.11.330?**

Operated to meet the minimum 240 hrs.

**How many hours did you operate in 2023 as set forth in AS 04.11.330?**

Operated to meet the minimum 240 hrs.

**Are you a seasonal license and has your operation times/dates/seasons changed?**

Yes

**Explanation**

Seasonal license to stay from April 1 through September 30 as described in 2023 license

**Has any person or entity in this application been convicted of a violation of Title 04, 3AAC 304 or a local ordinance adopted under AS 04.21.010 in 2022 or 2023.?**

No


**Have any Notices of Violation been issued for this license in 2022 or 2023?**

No

**# License Number:**  
3823

**# License Expiration Date:**  
12/31/2023

**# License Trade Name:**  
Resurrection Roadhouse

**Mailing Address:**  
 31772 Herman Leirer Rd  
Seward , AK  
99664



Document reference ID : 1143

# Licensing Application Summary

**Application ID:** 1143

**Applicant Name:** Catc Alaska Tourism Corporation

**License Type applied for:** Beverage Dispensary Tourism License (BDTL) (AS 04.09.350)

**Application Status:** In Review

**Application Submitted On:** 12/11/2023

## Entity Information

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**Business Structure:** Corporation

**Alaska Entity Number (CBPL):** 60827D

## Entity Contact Information

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**Entity Address:** 509 W 4th Avenue, Anchorage, AK, USA

## Ownership / Principal Party Details

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Principal Parent Entity	Principal Party	Role	%Ownership
Catc Alaska Tourism Corporation	Alaskan Park Properties, Inc.	Stockholder/Shareholder	100
Catc Alaska Tourism Corporation	David William Barry	President	
Catc Alaska Tourism Corporation	Fernando Christopher Salvador	Vice President	

Catc Alaska Tourism Corporation	Derek Linde	Vice President,Secretary
Catc Alaska Tourism Corporation	Ellen Ingersoll	Vice President
Catc Alaska Tourism Corporation	Samuel Auck	Vice President
Catc Alaska Tourism Corporation	Jason Creed	Vice President

## Premises Address

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**Nearest municipality, city, and/or borough:** Outside City Limits

**Country, State, Zip:** AK, United States,

## Basic Business information

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**Business/Trade Name:** Resurrection Roadhouse

## Local Government and Community Council Details

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**City/Municipality** No Local Government

**Borough** Kenai Peninsula Borough

## Ninety Day Sign Requirements

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**Posted the 90 day sign:** No

## Seasonal Information

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**Are you conducting seasonal business?** Yes

**Please Provide your six-month operating period** 4/1-9/30

## Restaurant Detail

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Dining after standard closing hours: AS 04.16.010(c)	Yes
Dining by persons 16 – 20 years of age: AS 04.16.049(a)(2)	Yes
Dining by persons under the age of 16 years, accompanied by a person over the age of 21: AS 04.16.049(a)(3)	Yes
Employment for any persons under 21 years of age: AS 04.16.049(c)	Yes
Employment for any persons under 21 years of age: AS 04.16.049(c)	Yes

## Food Service Permit

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## Entertainment & Service

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## Public Notice Posting Attestation and Publishers Affidavit

### Attestations

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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.

The proposed changes conform to all applicable public health, fire, and safety laws.

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.

## Signature

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Electronic Signature not collected; application submitted based on paper form.

## Payment Info

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Payment Type : CC

PaymentId: 6bc3c243-6231-42a9-8c09-725bd2612b09

Receipt Number: