

# Department of Commerce, Community, and Economic Development

Alcohol and Marijuana Control Office

550 West 7<sup>th</sup> Avenue, Suite 1600 Anchorage, AK 99501 Main: 907.269.0350

#### **MEMORANDUM**

TO: Alcoholic Beverage Control Board DATE: January 27, 2025

FROM: Sonya Irwin, Licensing Supervisor RE: 1117 Tangle River Inn, 3<sup>rd</sup> Waiver

of Operations

Applicable statute: AS 04.11.330(a)(3). An application requesting renewal of a license or endorsement shall be denied if the applicant has not operated the licensed premises for at least 240 hours during each of the two preceding calendar years, unless the board determines that the licensed premises are under construction or cannot be operated through no fault of the applicant;...

Applicable regulation: 3 AAC 305.120 Waiver of annual operating requirement and minimum operating requirements. (a) Except as provided in this section, the board will deny an application for renewal of a license or a license with one or more endorsements if the licensed premises were not operated for the time required under AS 04.11.330(a)(3) or (d).

- (b) A licensee may submit a waiver application to the board to request a waiver of the operating requirement in AS 04.11.330 (a)(3) or (d). Under AS 04.11.330(a)(3), the board will determine whether, through no fault of the licensee or because the premises are under construction, the licensed premises could not be operated for the required time during the preceding calendar year.
- (c) A waiver application for a calendar year must be made in writing to the board and must be accompanied by the non-refundable application fee of (1) an amount equal to one-half the applicable biennial license fee if a waiver application was not made for the previous year; or (2) double the amount of the fee paid for the previous waiver application.
- (d) A waiver application must include a statement from the licensee explaining why the licensed premises was not in compliance with <u>AS 04.11.330(a)(3)</u> or (d). The licensee must provide a copy of the waiver application to any local governing body with jurisdiction over the license and licensed premises.
- (e) The board may deny a third or subsequent, consecutive application for waiver (1) unless the licensee clearly shows that the licensed premises were not operated, because the premises were condemned or substantially destroyed by any cause; or (2) the licensee holds a common carrier dispensary license and is a boat weighing over 1,000 tons;
- (f) Absent circumstances to the contrary, the board will deny a third or subsequent, consecutive application for waiver in the event of condemnation or destruction of the premises if the premises

identified on an applicant's license are not leased or owned by the licensee Additionally, a third or subsequent consecutive application for waiver that does not identify a licensed premises location will be denied.

- (g) The board may impose conditions along with the approval of a waiver application.
- (h) If a waiver application is denied, an application for license renewal for the succeeding license period will be denied by the board under AS 04.11.330(a)(3).
- (i) In addition to the application fee under (c) of this section, the applicant shall pay \$1,000 for an application that is received too late for board consideration at its last meeting of the calendar year for which the waiver is requested.
- (j) In the event of the death of a licensee, destruction of the premises, or comparable circumstances showing extraordinary hardship, the board may waive the fees required under (c) and (i) of this section.
- (k) If a license is exercised only to satisfy the minimum operating requirement under AS 04.11.330(a)(3) or 3 AAC 305.110, a licensee shall operate in a similar fashion to other licensed premises of the same type by meeting the following operating requirements as appropriate for the license type: (1) provide signage of sufficient size and visibility to show that the premises is open for business, including the business name and hours of operation; (2) offer a variety of brewed beverages, wines, and distilled spirits for sale at the licensed premises, as appropriate to the type of license, (3) for a licensed package store premises, visibly display the alcoholic beverages stock; (4) for a beverage dispensary licensed premises, provide seating for at least one-half of the maximum number allowed by the occupancy permit; (5) comply with all state or municipal health, fire, and zoning laws or ordinances required for the operation of business; (6) maintain a record of all purchases of alcoholic beverages for resale on the licensed premises; and (7) record sales with a cash register or point of sale system that retains a record of transactions.
- (1) The licensee has the burden of proof to show that the licensed premises were operated for the minimum required period of time and met the operating requirements under (k) of this section. The licensee may provide receipts, invoices, photographs, permits, timecards, and other records to meet the burden of proof. If the licensee fails to provide proof that one or more of the operating requirements was met, the board may consider additional documentation provided by the licensee to determine whether the licensee has met the burden of proof.
- (m) If a new license is issued between November 20 and December 31, the licensee is exempt from filing a waiver of annual operating requirement for that year.

Background: This is the third waiver requested for this license without including the Covid waivers. Licensee passed away March of 2024. Personal Representative for deceased licensee states they have identified an individual they wish to transfer this license to.

**Attachment**: Memo, 3<sup>rd</sup> Waiver Application for 2024, 2<sup>nd</sup> Waiver Application for 2023 (approved administratively), 1<sup>st</sup> Waiver Application for 2022 (approved administratively), Covid Waivers for 2020-2021, and Letter requesting time extension to submit transfer application – Approved at 9/10/2024 ABC

Board Meeting. Court documents assigning Donald & Janet Boylan as Personal Representatives for Nadidine O. Johnson.



alcohol.licensing@alaska.gov https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

#### Alaska Alcoholic Beverage Control Board

### Form AB-29: Waiver of Operation Application

#### Why is this form needed?

This form is the means by which a licensee may request that the Alcoholic Beverage Control (ABC) Board waive the operating requirement of AS 04.11.330(a)(3) or (d). If a recreational site license has not been operated at least once in a calendar year, or if a license of any other type has not been operated for at least 240 hours in each calendar year, then a complete copy of this form and the corresponding fees must be submitted for that calendar year, per 3 AAC 304.170.

This application must be accompanied by a non-refundable waiver application fee of:

- for a 1<sup>st</sup> request, an amount equal to ½ the applicable biennial license fee; or
- for a 2<sup>nd</sup> or subsequent request, double the amount of the fee paid for the previous waiver application.

The ABC Board will determine whether, through no fault of the licensee or because the premises are under construction, the licensed premises count not be operated for the required time during the calendar year. The ABC Board may impose conditions along with the approval of an application for waiver, and it may deny a third or subsequent application for waiver. If an application for waiver is denied, an application for license renewal for the succeeding license period will be denied by the Board. In addition to the waiver application fee, the applicant must pay a late fee of \$1,000 for an application that is received too late for Board consideration at its meeting before November 30 of the year for which the waiver is requested. Please check AMCO's website for meeting agenda deadlines.

Please note that a licensee must submit a separate completed copy of this form and pay a separate corresponding fee for each license and for each calendar year during which a license was not operated in compliance with AS 04.11.330.

	Section 1 - Es	stablishment In	formati	on		
Enter information for the lice	nse that has not been operate	ed for the time required	under AS 04	1.11.330.		
Licensee:	Naidine 6	O. Johnson	License	Number:	111	7
License Type:	Package Stor			ä	5.00	,
DBA:	Tangle Riv	ier Inn	U		•	<i>J</i>
Premises Address:	mile 20	Denali Hu	41			
City:	Paxson		State:	Alaska	ZIP:	99737
Local Governing Body:	Unergaini	zed Bourd	ugh			
			0			
	Section 2 – Reques	st Number and	Calenda	ar Year		
1 <sup>st</sup> Request	2 <sup>nd</sup> Request	3 <sup>rd</sup> Request		Oth	er	
Request for Calendar Year	2024					
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#### Alaska Alcoholic Beverage Control Board

# Form AB-29: Waiver of Operation Application

#### **Section 3 – Reason for Non-operation**

My mother Noidine Tohnson passed away
March 1st 2024 Its been in probate and
No one was able to open the lodge this
Summer. We plan on opening next great

Gas 2025 We had to do some Pepairs

to Lodge Leaks etc.

**Section 4 - Certifications** 

The following must be completed for establishments located within the boundaries of a local governing body:

Read the line below, and then sign your initials in the box to the right of the statement:

Initials

I certify that I will provide a true copy of this application to the local governing body listed on Page 1 of this form prior to ABC Board consideration 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.



Naidine O. Johnson

Kobecca S. Lane
Signature of licensee

for Abidia Johnson

Waiver Application Fee: \$1,500.00 Late Fee: None Transaction #: 100951601



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- for a 2<sup>nd</sup> or subsequent request, double the amount of the fee paid for the previous waiver application.

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Please note that a licensee must submit a separate completed copy of this form and pay a separate corresponding fee for <u>each license</u> and for <u>each calendar year</u> during which a license was not operated in compliance with AS 04.11.330.

#### Section 1 - Establishment Information

Enter information for the licer	nse that has not been operat	ed for the time required	under AS 04	.11.330.		
Licensee:	Naidine O	Johnson	License I		11	17
License Type:	Package	Store - S	easo	nal		
DBA:	Tanole R.	ver Inn				
Premises Address:	Milk 20.	Denali H	wy.	Pas	50n	AR
City:	Glennallen	1?)	State:	Alaska	ZIP:	
Local Governing Body:						
	Section 2 – Reque	st Number and	Calenda	ar Year		
1 <sup>st</sup> Request	2 <sup>nd</sup> Request	3 <sup>rd</sup> Request		Oth	er	
Request for Calendar Year	2023		DECE			
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#### Alaska Alcoholic Beverage Control Board

Provide an explanation as to why the licensed premises were not operated:

### Form AB-29: Waiver of Operation Application

#### **Section 3 – Reason for Non-operation**

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The following must be con			<b>Certifications</b> hin the boundaries of a lo	ocal governing boo	dy:	
Read the line below, and t	hen sign your initials in th	e box to the	right of the statement:			Initials
I certify that I will provide ABC Board consideration of	a true copy of this applica			on Page 1 of this f	orm prior to	3
I hereby certify that I am to application, and I know the other documents submitted response in this application denying or revoking a licer 11.56.210 to falsify an app	e full content thereof. I de ed are true and correct. I u n, or any attachment, or d se/permit. I further unde	clare that all nderstand th ocuments to rstand that it	of the information contair at any falsification or misr support this application, is is a Class A misdemeanor	ned herein, and ever epresentation of a s sufficient ground	vidence or any item or ds for	
Maidine ( Printed name of licensee	<u> Sohnso</u> n	Sign	Natanie O nature of licensee	John inet B	Poylow	resent
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Waiver Application Fee:		Late Fee:		Transaction #:	10083414	10



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#### Section 1 - Establishment Information

inter information for the licen	se that has not been opera	ted for the time required	under AS 04	.11.330.		
Licensee:	Naidine	O Johnson		Number:	111	17
License Type:	Package	Store-Sea	sona	1		
DBA:	Tangle Ri	ver Inn			2.77	
Premises Address:	Denali H	wy Mile 20	o Pa	XSON,	AK,	
City:	Glennallen	(?)	State:	Alaska	ZIP:	
Local Governing Body:	Unorgan	ized Borow	ugh			
Section 2 – Request Number and Calendar Year						
1 <sup>st</sup> Request	2 <sup>nd</sup> Request	3 <sup>rd</sup> Request		Oth	er	
Request for Calendar Year	2022		RECO			
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unable to help.					
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Read the line below, and then sign your initials in the	ne box to the r	ght of the statement:			Initials
I certify that I will provide a true copy of this applica ABC Board consideration of this application.	tion to the loca	al governing body listed o	n Page 1 of this f	orm prior to	8
I hereby certify that I am the person herein named a application, and I know the full content thereof. I do other documents submitted are true and correct. I use response in this application, or any attachment, or denying or revoking a license/permit. I further unde 11.56.210 to falsify an application and commit the content of the committee of	clare that all o inderstand tha locuments to s rstand that it is	f the information contain t any falsification or misre upport this application, is s a Class A misdemeanor u	ed herein, and ever epresentation of a sufficient ground	ridence or any item or ds for	B
Naidine O Johnson Printed name of licensee	Signa	ature of licensee	Juhn med Bi won w	son b oglan Cepresi	y ntati:
	Office	Use Only			
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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

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Alaska Alcoholic Beverage Control Board

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#### Section 1 - Establishment Information

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Licensee:	Vaidine O. Johnson		1117
License Type;	Package store		<b>Ø</b>
DBA:		_nn	
Premises Address:		العن تعر ١	
City:	Parson	State: Alaska	ZIP: 99737
Local Governing Body:	out side city Lim	its .	
	Section 2 – Request Number an	ıd Calendar Year	
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Alaska Alcoholic Beverage Control Board

### Form AB-29: Waiver of Operation Application

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Read the line below, and the	nen sign your initials in the	e box to the	right of the statement:	, e		Initials
I certify that I will provide a ABC Board consideration of	true copy of this applicat f this application.	ion to the lo	cal governing body listed o	n Page 1 of this fo	orm prior to	es:
I hereby certify that I am thapplication, and I know the other documents submitte response in this application denying or revoking a licen 11.56.210 to falsify an application of the submitted in the submitted i	full content thereof. I ded d are true and correct. I un n, or any attachment, or do se/permit. I further under	lare that all of the comments to stand that it	of the information contain at any falsification or misre support this application, is is a Class A misdemeanor i	ed nerein, and ev epresentation of a sufficient ground	any item or Is for	W
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Printed name of licensee		Sig	nature of licensee	O		
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#### Section 1 - Establishment Information Enter information for the license that has not been operated for the time required under AS 04.11.330. Licensee: License Type: DBA: Premises Address: City: State: Alaska ZIP: Local Governing Body: Section 2 - Request Number and Calendar Year Other Could 1<sup>st</sup> Request 3<sup>rd</sup> Request Request for Calendar Year 2020 25 [Form AB-29] (rev 3/1/2022) Page 1 of 2



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#### Alaska Alcoholic Beverage Control Board

### Form AB-29: Waiver of Operation Application

Section 3 - R	Reason for	Non-op	eration
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Provide an explanation as	to why the licensed pren	nises were no	t operated:			
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Now. of	2021	سالاه۸	t operated: Le husbar	rd pa	5519	
The following must be con			<b>Certifications</b> thin the boundaries of a lo	cal governing boo	ły:	
Read the line below, and t	hen sign your initials in th	ne box to the	right of the statement:			Initials
I certify that I will provide a		tion to the lo	cal governing body listed o	on Page 1 of this f	orm prior to	[U]
I hereby certify that I am the application, and I know the other documents submitted response in this application denying or revoking a licental 11.56.210 to falsify an application of the submitted in the submi	e full content thereof. I de d are true and correct. I u n, or any attachment, or d se/permit. I further unde	clare that all inderstand th locuments to rstand that it	of the information contain at any falsification or misr support this application, is is a Class A misdemeanor	ned herein, and ever epresentation of a s sufficient ground	ridence or any item or ds for	N.
Vaidine O Printed name of licensee Violet Dick	inson	<i>//</i> Sig	jolet icleus	on Chas	Leante	o Daidine Johnson
		Office	· Use Only			
Waiver Application Fee:		Late Fee:		Transaction #:		

June 24, 2024

From:
Donald and Janet Boylan
18609 Man O War
Eagle River, AK. 99577
907-244-0480

To: State of Alaska Alcoholic Beverage Control Board 550 W 7th Avenue Ste. 1600 Anchorage, AK. 99501

To whom it may concern:

We are acting as personal representatives for Naidine O Johnson.

She died on March 1, 2024.

Inclosed are a copy of the death certificate and the Letters of Testamentary.

We are charged with the sale of the Tangle River Inn at Mile 20 on the Denali Highway near Paxson, AK.

It will be very difficult to sell the lodge before the August deadline. Therefore we would like an extension of at least a year if possible to complete the legal paperwork and get the lodge sold. Other lodges have taken as long as two years to sell, and we owe it to the heirs to get as good a price as possible.

Licenses affected are: Liquor License #1116 Beverage Dispensary Tourism-Seasonal

License #1117 Package Store-Seasonal

anet Boylan

Also please direct future correspondence to us at the above address.

Thank you,

Janet Boylan

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JUN 2 8 2024

Dept. of Commerce AMCO

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA  ATPALMER
In the Matter of the Estate of: ) ) )
NAIDINE OLIVE JOHNSON  Person who Died (Decedent)  Date of Birth:  CASE NO. 3PA-24-00186 PR
ACCEPTANCE OF DUTIES BY PERSONAL REPRESENTATIVE (Filed by personal representative when there IS a will)
I accept the appointment of personal representative and agree to perform the following duties:
<ol> <li>Complete Form P-340, Information to Heirs and Devisees.</li> <li>Deal with creditors:         <ul> <li>(a) Complete Form P-341, Notice to Creditors.</li> </ul> </li> </ol>
<ul> <li>(b) Complete Form P-345, Notice to Creditors Allowing or Disallowing the Claim.</li> <li>(3) Handle the estate property of the person who died:</li> <li>(a) Gather the estate property.</li> <li>(b) Complete an inventory of estate property by completing Form P-370, Inventory</li> </ul>
of Property.  (c) Determine the assets and liabilities of the estate property and transfer estate property by completing P-380, Accounting and Proposed Distribution.
(4) Pay homestead, exempt property, and family allowances to surviving spouse and/or minor children.
(5) Pay required state and federal taxes (income, property, estate).
<ul> <li>(6) Pay required costs of administering the probate, including any bond.</li> <li>(7) Tell the court my address and phone number in writing.</li> </ul>
<ul> <li>(7) Tell the court my address and phone number in writing.</li> <li>(8) Wrap up the final business affairs of the person who died</li> </ul>
(see www.courts.alaska.gov/shc/probate/probate-after-death.htm#legal-tasks).
(9) Close the estate as soon as appropriate.
I swear or affirm that I read this document and believe all statements made are true.
4-16-24 Janet Boylan
Date Signature of Personal Representative Printed Name
18609 Man O'War Drive 907-694-5387
Address Line 1 Eagle River, Alaska 99687 Phone Number joneslawinak@yahoo.com
Address Line 2 E-mail Address
Subscribed and sworn to or affirmed before me at (date)  Notary Public TIMOTHY HALL  Clerk of Court, Notary Public or other person
States Alaska authorized to administer oaths
My Commission Expires May 12, 2025 My commission expires: 5/12/25

8.	Right to be Appointed as Personal Representative. The court finds that <a href="mailto:line">[name] Don Boylan</a> Tovet Boylan is 19 years or older and:  I has priority for appointment as personal representative.  I may be appointed as the personal representative because all persons with greater or equal priority to serve as personal representative have consented to the appointment.
9.	Additional Findings.
10.	Notice. Any notice required by Alaska law has been given.
	PROCEDURAL ORDER
The c	ourt orders that:
1.	The will is admitted to informal probate.
2.	No bond is required.   A bond is required in the amount of \$
3.	The appointed personal representative is [name] Don Rayton & Janet Royla and he or she assumes the responsibilities after posting a bond, is required.
4.	The court will issue Letters Testamentary after the personal representative files Form P-335, Acceptance of Duties by Personal Representative and Letters Testamentary by Court.
5.	Other:
5 Date	19/24 Signature of Registrar Deve & Voelle
	Printed Name
5/	المحور المحدد ا
ß	Clerk of the inal courts
Page 2	of 2 By Deputy Date AS 13.16.115

FILED in the TRIAL COURTS State of Alaska Third District at Palmer, Alaska

	IN THE SU	IPERIOR COURT FOR THE STATE  AT  PALMER	
	70	ATPALIVIER	MAY 0 9 2024
In the Matter of the Estate of:		)	Clerk of the Trial Courts
		)	ByDeputy
NAID	INE OLIVE JOHNSON	) }	
	n Who Died (Decedent)	}	
	Date of Birth:	) CASE NO. 3:	PA-24-00186 PR
	STATEME	NT STARTING INFORMAL PRO	
		SONAL REPRESENTATIVE WH robate of Will and Appointment or	
proba	sonal representative, the	mej DON BOYLAN died] NAIDINE OLIVE JO court makes the following finding	to open informal DHNSON's last will and appoint s and order based on that
		FINDINGS	
1.	<b>Application.</b> The applior affirmation that the s	ication appears to be complete ar statements are true to the best of	nd includes the requestor's oath the requestor's belief.
2.	<b>Interest.</b> The requestor is a person with an interest in the estate because he or she is a spouse, relative, person named in the will, beneficiary, creditor, or fiduciary representing an interested person.		
3.	Person Who Died (Decedent). The decedent died on [date] 3/01/2024  At least five full days have passed since the death.		
4.	X lived in this judicia	is the correct court to file in becand it district at the time of death.  Ska at the time of death, but had a confideath.	
5.	Iess than three ye	obate is within the required time pars have passed since the person ears have passed but late probate	died.
6.	Will. The person who original will (or an authority)	died made a valid will on [date]_ enticated copy of the will probate	1/22/2002 . The court has the d in another jurisdiction).
7.	A court appointed a  A court appointed [n	ted a personal representative of to personal representative, but later name]	ended that appointment as personal representative

FILED in the TRIAL COURTS State of Alaska Third District at Palmer, Alaska

IN THE SUPERIOR COURT F ATPAL	OR THE STATE OF AL MER	ASKA MAY 09 2024
In the Matter of the Estate of: )		Clerk of the Trial Courts  ByDeput
NAIDINE OLIVE JOHNSON  Person who Died (Decedent)  Date of Birth:	CASE NO3	BPA-24-00186 PR
**Leave This Portion Blank	for the Court to Fil	!/ Out**
(Court Opens Probate and Appoints a Person The will of the decedent was admitted to probate Don Boslan & Janes Boslan	onal Representative W	
The personal representative is:  not supervised.  supervised. The personal representative or exercise the following powers without	ve shall not make any it prior order of the co	distribution of the estate ourt:
5/9/24 Date	Signature of Registra  Devek  Printed Name	Hughler ar or Judicial Officer <sup>1</sup> Koehler
Cert. Copy-Jones 5/16/24 BP	70	s is a true and correct if lie in my office: erk of the Trial Courts Date

<sup>&</sup>lt;u>Informal</u> appointment under AS 13.16.115 can be made by the <u>registrar</u> without hearing or notice. <u>Formal</u> appointment under AS 13.16.145 must be made by a <u>judge</u> after hearing and notice.

# Department of Commerce, Community, and Economic Development ALCOHOL & MARIJUANA CONTROL OFFICE

State of Alaska / Commerce / Intranet / ABC License / Home / Add/Update License

## ADD/UPDATE A LICENSE

License No.:	1116	Expiration Year:	2023	
Data Entry:		Last Update:	7/1/2022 9:28:19 AM	
Form No.:	191	Entered By:		
	Valid OPending O Expired	Updated By:	SOA\krserezhenkov	
DBA/Establishme	Tangle River Inn			
Owner:	1102 Naidine O Johnson ✓			
Location:	Mile 20 Denali Hwy	,		
	PO Box 520855	Community Council:		
City:	Big Lake	EIN:		
State:	AK			
Zip:	99652		deejack37@gmail.com	
		Phone:	907-350-4145; 907-317-6942	
		Fax:		
Citv Code:	Outside City Limits •	Start Season:	5/1	
	Unorganized Borough ✓	End Season:		
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Department of Commerce, Community, and Economic Development ALCOHOL & MARIJUANA CONTROL OFFICE

State of Alaska / Commerce / Intranet / ABC License / Home / Owner/Enterprise

# ADD/UPDATE OWNER OR ENTERPRISE

ID:	1102	LICENSES		
Name:	Naidine O Johnson	1116	Tangle River Inn	Mile 20 Denali Hwy
\ddress:	PO Box 520855	1117	Tangle River Inn	Mile 20 Denali Hwy
City:	Big Lake			
State:	AK			
ZIP:	99652			
Email:	deejack37@gmail.com			
Email:				
	Save Cancel			

# INT

	~	
Add Interested Party		
No Interested Parties for this Owner/Enterprise		

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