



Alaska Alcoholic Beverage Control Board

Renewal License Application

Form AB-17d: Beverage Dispensary – Tourism

What is this form?

This renewal license application form is required for all individuals or entities seeking to apply for renewal of an existing beverage dispensary – tourism license that will expire on December 31, 2016. All fields of this form must be complete and correct, or the application will be returned to you in the manner in which it was received, per AS 04.11.270 and 3 AAC 304.105. The Community Council field only needs to be verified/completed by licensees whose establishments are located within the Municipality of Anchorage or outside of city limits within the Matanuska-Susitna Borough.

This form must be completed correctly and submitted to the Alcohol & Marijuana Control Office (AMCO)'s main office, along with all other required documents and fees, before any renewal license application will be considered complete.

Section 1 – Establishment and Contact Information

Enter information for the business seeking to have its license renewed.

| | | | |
|-----------------------|---|------------|-----------------|
| Licensee: | Glacier Sound Inn Inc. | License #: | 3523 |
| License Type: | Beverage Dispensary-Tourism AS 04.11.400(d) | Statute: | AS 04.11.400(d) |
| Doing Business As: | Glacier Sound Inn | | |
| Premises Address: | 210 Egan Drive | | |
| Local Governing Body: | City of Valdez | | |
| Community Council: | None | | |

| | | | | | |
|------------------|-------------|--------|----|------|-------|
| Mailing Address: | P O Box 570 | | | | |
| City: | VALDEZ | State: | AK | ZIP: | 99686 |

Enter information for the licensee who will be designated as the primary point of contact regarding this application and the license.

| | | | |
|----------------------|---------------------------|-----------------|----------------|
| Designated Licensee: | MYUNG H WON | | |
| Contact Phone: | (206) 434-8401 | Business Phone: | (907) 835-4485 |
| Contact Email: | glaciersoundinn@yahoo.com | | |

Seasonal License? ☒ Yes ☐ No If "Yes", write your six-month operating period: MAY TO OCTOBER





Alaska Alcoholic Beverage Control Board

Renewal License Application

Form AB-17d: Beverage Dispensary – Tourism

Section 2 – Sole Proprietor Ownership Information

This section must be completed by any sole proprietor who is applying for a license. Entities should skip to Section 3.

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: | | | | | |
| Contact Phone: | | | | | |

This individual is an: ☐ applicant ☐ affiliate

| | | | | | |
|----------------|--|--------|--|------|--|
| Name: | | | | | |
| Address: | | | | | |
| City: | | State: | | ZIP: | |
| Email: | | | | | |
| Contact Phone: | | | | | |

Section 3 – Entity Ownership Information

This subsection must be completed by any licensee that is a corporation or LLC. Corporations and LLCs are required to be in good standing with the Alaska Division of Corporations (DOC). Partnerships may skip to Page 3. Sole proprietors should skip to Section 4.

| | |
|----------------------|---------|
| Alaska DOC Entity #: | 55034 D |
|----------------------|---------|

Alaska Division of Corporations: GLACIER SOUND INN, INC.

☒ Yes ☐ No

Is your entity in good standing with the Alaska Division of Corporations?

☒ ☐





Alaska Alcoholic Beverage Control Board

Renewal License Application

Form AB-17d: Beverage Dispensary – Tourism

This subsection must be completed by any entity, including a corporation, limited liability company (LLC), partnership, or limited partnership, that is applying for renewal. If more space is needed, please attach additional completed copies of this page.

- If the applicant is a corporation, 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 limited liability organization, 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 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*.

| | | | | | |
|------------------|-------------|--------|----------------|----------|-------|
| Entity Official: | MYUNG H WON | | | | |
| Title(s): | PRESIDENT | Phone: | (907) 835-4485 | % Owned: | 50 % |
| Address: | P O BOX 570 | | | | |
| City: | VALDER | State: | AK | ZIP: | 99686 |

| | | | | | |
|------------------|---------------------|--------|----------------|----------|-------|
| Entity Official: | JIN H WON | | | | |
| Title(s): | SECRETARY/TREASURER | Phone: | (907) 835-4485 | % Owned: | 50% |
| Address: | P O BOX 570 | | | | |
| City: | VALDER | State: | AK | ZIP: | 99686 |

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

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

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





Alaska Alcoholic Beverage Control Board

Renewal License Application

Form AB-17d: Beverage Dispensary – Tourism

Section 4 – 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:

Section 5 – License Operation

Check the box that best describes your liquor license operations in calendar years 2015 and 2016:

The license was regularly operated continuously throughout each year, for 8 or more hours each day.

☐

The license was regularly operated during a specific season each year, for 8 or more hours each day.

☒

The license was only operated to meet the minimum requirement of 30 days each year, 8 hours each day.
If this box is checked, an AMCO employee will contact you after reviewing your application.

☐

The license was not operated at all or was not operated for at least the minimum requirement of 30 days each year, 8 hours each day, during one or both of the calendar years.
If this box is checked, an AMCO employee will contact you after reviewing your application.

☐

Section 6 – Convictions

Applicant convictions in calendar years 2015 and 2016:

Yes No

Has any person named in this application been convicted of a violation of Title 04, of 3 AAC 304, or a local ordinance adopted under AS 04.21.010 in the calendar years 2015 or 2016?

☐☒

If "Yes", list all convictions:





Alaska Alcoholic Beverage Control Board Renewal License Application Form AB-17d: Beverage Dispensary – Tourism

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 current licensees (as defined in AS 04.11.260) and affiliates have been listed on this application, and if the licensee is an organized entity, that all current entity officials and stakeholders are listed with the Alaska Division of Corporations.

wh

I certify on behalf of myself or of the organized entity 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.

wh

I certify that in accordance with AS 04.11.450, no one other than the licensee(s) has a direct or indirect financial interest in the licensed business.

wh

I certify that I have not altered the functional floor plan or reduced or expanded the area of the licensed premises, and I have not changed the business name or the ownership (including officers or stakeholders) from what is currently on file with the Alcoholic Beverage Control Board.

wh

I certify that I have not violated any restrictions pertaining to this particular license type, and that this license has not been operated in violation of a condition or restriction imposed by the Alcoholic Beverage Control Board.

wh

I have submitted a written statement as part of this application that meets the attached Tourism Statement Guidelines.

wh

As an applicant for a liquor license renewal, I declare under penalty of perjury that I have read and am familiar with AS 04 and 3 AAC 304, and that this application, including all accompanying schedules and statements, is true, correct, and complete. I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application and understand that failure to do so by any deadline given to me by AMCO staff will result in this application being returned to me as incomplete.

Signature of licensee

MYUNG H WON

Printed name of licensee

Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: 01-01-2018

Subscribed and sworn to before me this 30th day of December 2016.

| | | | | | |
|--|------------|-------------|-----------|--------|------------|
| License Fee: | \$ 2500.00 | Filing Fee: | \$ 200.00 | TOTAL: | \$ 2700.00 |
| Late Fee of \$500.00 – if received or postmarked after 01/03/2017: | | | | | |
| Miscellaneous Fees: | | | | | |
| GRAND TOTAL (if different than TOTAL): | | | | | \$ 2700.00 |



GLACIER SOUND INN, INC.

P. O. BOX 570 / 210 EGAN DR.
VALDEZ, AK 99686

December 30, 2016

State of Alaska

Alcoholic Beverage Control Board

550 W. 7th Avenue, Suite 1600
Anchorage, AK 99501

Renewal for Tourism License Written Statement under AS 04.11.400. (d) as follow:

1. Explain how issuance of a liquor license at your establishment has / will encourage tourism.

Since year 2009 I have been promote to Korean, Chinese and other tour company to bring in their tour group to Valdez, last two years in 2015 and 2016 their increase 30% more group to our property. They would like to have more entertainment option in Valdez such as music, refreshment, better food and others to enjoy their visit in Valdez. I would like to keep provide their needs.

2. Explain how the facility was/will be constructed or improved in accordance with this application.

In Year 2015, Entire exterior building has been painted and replaced new beds. In Year 2016, Painted in bar and restaurant, fire sprinkler system upgrade.

3. Who operated the facility for which a liquor license is being applied?

Glacier Sound Inn, Inc. operated itself.

4. Do you offer room rental to the traveling public? : Yes

How many rooms are available? : 40 Rooms

Do any of the rental rooms have kitchen facilities? : No

Do you stock alcoholic beverages in guest rooms? : No

5. Do you establishment include a dining facility? : Yes

6. Are additional amenities available to your guests though your establishment?

Yes: Booking for Glacier tour and Fishing charter.

Sincerely,



Myung Won
President

