



## Alaska Alcoholic Beverage Control Board

**Master Checklist: Renewal Liquor License Application**

License Type:	BD - Tourism	License Number:	5310
Doing Business As:	Mountain Sky Hotel Restaurant		
Examiner:	Carrie	Transaction #:	1020876

Document	Received	Completed	Notes
AB-17: Renewal Application	1/2	2/1	
App and License Fees	1/2	2/1	

Supplemental Document	Received	Completed	Notes
Tourism/Rec Site Statement	1/2	2/1	
AB-25: Supplier Cert (WS)			
AB-29: Waiver of Operation			
AB-30: Minimum Operation			
Fingerprint Cards & Fees / AB-08a: Crim. History			
Late Fee			

Names on FP Cards:	
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	Yes	No
Selling alcohol in response to written order (package stores)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mailing address different than one in database?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
In "Good Standing" with CBPL (skip this and next question for sole proprietor)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Officers and stockholders match CBPL and database (if "No", determine if transfer necessary)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>



Alcohol and Marijuana Control Office  
550 W 7<sup>th</sup> Avenue, Suite 1600  
Anchorage, AK 99501  
[alcohol.licensing@alaska.gov](mailto:alcohol.licensing@alaska.gov)  
<https://www.commerce.alaska.gov/web/amco>  
Phone: 907.269.0350

## Alaska Alcoholic Beverage Control Board

### Beverage Dispensary – Tourism License

# Form AB-17d: 2018/2019 Renewal License Application

#### 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 liquor license that will expire on December 31, 2017. 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 should 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. If any populated information is incorrect, please contact AMCO.

Licensee:	Kae Soung Hotel Enterprises, Inc.	License #:	5310
License Type:	Beverage Dispensary - Tourism	Statute:	AS 04.11.400(d)
Doing Business As:	Mountain Sky Hotel Restaurant		
Premises Address:	101 Meals Avenue		
Local Governing Body:	City of Valdez		
Community Council:	None		

Mailing Address:	PO Box 568				
City:	VALDEZ	State:	AK	ZIP:	99626

Enter information for the individual who will be designated as the primary point of contact regarding this application. This individual must be a licensee who is required to be listed in and authorized to sign this application.

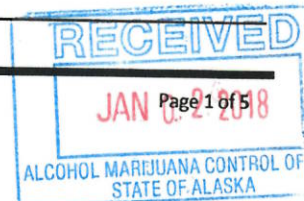
Point of Contact:	Soung Hong		
Contact Phone:	(206) 999-4749	Business Phone:	(907) 835-4445
Contact Email:	MANAGER@MOUNTAINSKYHOTEL.COM		

Seasonal License? ☐ Yes ☒ No

If "Yes", write your six-month operating period: \_\_\_\_\_

[Form AB-17d] (rev 10/16/2017)

License #5310 DBA Mountain Sky Hotel Restaurant







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Alaska Alcoholic Beverage Control Board

Beverage Dispensary – Tourism License

## Form AB-17d: 2018/2019 Renewal License Application

### Section 2 – 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:

JASON HORTON — HOTEL GM (SON OF SANDY HORTON)

### Section 3 – Sole Proprietor Ownership Information

This section must be completed by any sole proprietorship who is applying for license renewal. Entities should skip to Section 4.  
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:					
Mailing Address:					
City:		State:		ZIP:	
Email:					
Contact Phone:					

This individual is an: ☐ applicant ☐ affiliate

Name:					
Mailing Address:					
City:		State:		ZIP:	
Email:					
Contact Phone:					





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Alaska Alcoholic Beverage Control Board

Beverage Dispensary – Tourism License

## Form AB-17d: 2018/2019 Renewal License Application

### Section 4 – 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, Business & Professional Licensing (CBPL). You may view your entity's status or find your CBPL entity number by visiting the following site: <https://www.commerce.alaska.gov/cbp/main/search/entities>  
Partnerships may skip to the second half of this page. Sole proprietorships should skip to Section 5.

Alaska CBPL Entity #:	10018462
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You must ensure that you are able to certify the following statement before signing your initials in the box to the right: Initials

I certify that this entity is in good standing with CBPL and that all current entity officials and stakeholders (listed below) are also currently and accurately listed with CBPL.



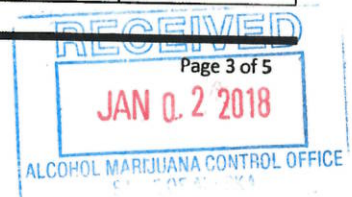
This subsection must be completed by any community or entity, including a corporation, limited liability company, partnership, or limited partnership, that is applying for renewal. If more space is needed, please attach additional completed copies of this page.

- 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 Name:	KAE HOLLY				
Title(s):	PRESIDENT	Phone:	(206) 909-1193	% Owned:	51
Mailing Address:	PO Box 568				
City:	VALDEZ	State:	AK	ZIP:	99686

Entity Official Name:	SALLY HOLLY				
Title(s):	SECRETARY, VP	Phone:	(206) 999-4749	% Owned:	49
Mailing Address:	PO Box 568				
City:	VALDEZ	State:	AK	ZIP:	99686

Entity Official Name:					
Title(s):		Phone:		% Owned:	
Mailing Address:					
City:		State:		ZIP:	







# Beverage Dispensary – Tourism License Form AB-17d: 2018/2019 Renewal License Application

## Section 5 – License Operation

Check a single box for each calendar year that best describes how this liquor license was operated:

2016 2017

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, a complete copy of Form AB-30: Proof of Minimum Operation Checklist, and all necessary documentation must be provided with this 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, a complete copy of Form AB-29: Waiver of Operation Application and corresponding fees must be submitted with this application for each calendar year during which the license was not operated for at least the minimum requirement.

☐ ☐

## Section 6 – Violations and Convictions

Applicant violations and convictions in calendar years 2016 and 2017:

Yes No

Have any notices of violation (NOVs) been issued to this licensee in the calendar years 2016 or 2017?

☐ ☒

Has any person or entity 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 2016 or 2017?

☐ ☒

If "Yes" to either of the previous two questions, attach a separate page to this application listing all NOVs and/or convictions.

## Section 7 – Alcohol Server Education

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

Initials

I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check identification of a patron have completed an alcohol server education course approved by the ABC Board and keep current, valid copies of their course completion cards on the licensed premises during all working hours, as required under AS 04.21.025 and 3 AAC 304.455.

☒

[Form AB-17d] (rev 10/16/2017)

License #5310 DBA Mountain Sky Hotel Restaurant

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**Form AB-17d: 2018/2019 Renewal License Application****Section 8 – 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.

Sjt

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.

Sjt

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, managers, general partners, or stakeholders) from what is currently on file with the Alcoholic Beverage Control Board.

Sjt

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.

Sjt

I am submitting as part of this application a written statement that meets the attached Tourism Statement Guidelines, for review by the Alcoholic Beverage Control Board.

Sjt

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

Printed name of licensee

Signature of Notary Public

Notary Public in and for the State of

My commission expires:

Subscribed and sworn to before me this 29 day of December, 2017.

License Fee:	\$ 2500.00	Application Fee:	\$ 200.00	TOTAL:	\$ 2700.00
Late Fee of \$500.00 – if received or postmarked after 01/02/2018:					
Miscellaneous Fees:					
GRAND TOTAL (if different than TOTAL):					\$2700 —





A liquor license is vital to our operation as we do offer our guests a dining experience. People from all over the world come to Alaska to experience what the locals do, eat, and drink. A majority of our guests inquire about local Alaskan beers and we offer them a variety products from Alaskan Brewery, Glacier Brewhouse, and many others.

Our facility houses tourists from all over the world. Our primary business is a hotel that offers food. We recently removed our pool to cater and put in a conference room. Our reason for changing it to a conference room is to cater to smaller budget groups that would have had to pay high fees to rent at the civic center. We have hosted meetings for the Valdez Snowmachine Club and catered other small events.

The owners have been on site the past 4 years and operate the liquor license in the restaurant and in the conference room.

We do offer room rentals to the traveling public. We currently have contracts with numerous tour companies that operate in Alaska during the summer travel months. We currently have 95 rooms, of which 80 rooms are available to the public. Every room has a microwave, mini fridge, and coffee maker. Some of our suites (extended stay suites) do have a small kitchenette and larger upright fridge. We currently offer 2 of these suites. We do NOT stock alcoholic drinks in any of our rooms.

Our facility does have a restaurant on site. Some of our tour groups do arrange a meal plan for their clients and we enjoy preparing and serving an array of Alaskan themed food.

We do not personally have any additional amenities for our guests, but we are in close contact with the VCVB and can send a guest to them or give additional information for glacier tours, kayaking tours, fishing charters and hiking info to them at any time.



Department of Commerce, Community, and Economic Development  
Division of Corporations, Business and Professional  
Licensing

State of Alaska > Commerce > Corporations, Business, & Professional Licensing > Search & Database Download > Corp. > Corporation Details

## NAME(S)

Type	Name
Legal Name	Kae Soung Hotel Enterprises Inc

## ENTITY DETAILS

**Entity Type:** Business Corporation  
**Entity #:** 10018462  
**Status:** Good Standing  
**AK Formed Date:** 2/4/2014  
**Duration/Expiration:** Perpetual  
**Home State:** WASHINGTON  
**Next Biennial Report Due:** 1/2/2020  
**Entity Mailing Address:** PO BOX 568, VALDEZ, AK 99686  
**Entity Physical Address:** 101 MEALS AVE, STE 170, VALDEZ, WA 99686

## REGISTERED AGENT

**Agent Name:** Soung Hong  
**Registered Mailing Address:** PO BOX 568, VALDEZ, AK 99686  
**Registered Physical Address:** 100 MEALS AVE, VALDEZ, AK 99686

## OFFICIALS

☐ Show Former (None on file)

AK Entity #	Name	Titles	Owned
	Kae Hong	President, Shareholder	51
	Soung Hong	Shareholder, Secretary, Vice President	49

## FILED DOCUMENTS

Date Filed	Type	Filing	Certificate
2/04/2014	Creation Filing	<a href="#">Click to View</a>	<a href="#">Click to View</a>
5/01/2014	Change of Officials	<a href="#">Click to View</a>	
3/15/2016	Biennial Report	<a href="#">Click to View</a>	
12/29/2017	Biennial Report	<a href="#">Click to View</a>	

### Juneau Mailing Address

P.O. Box 110806  
 Juneau, AK 99811-0806

### Physical Address

333 Willoughby Avenue  
 9th Floor  
 Juneau, AK 99801-1770

### Phone Numbers

Main Phone: (907) 465-2550  
 FAX: (907) 465-2974

### Anchorage Mailing/Physical Address

550 West Seventh Avenue  
 Suite 1500  
 Anchorage, AK 99501-3567

### Phone Numbers

Main Phone: (907) 269-8160  
 FAX: (907) 269-8156