



Alaska Alcoholic Beverage Control Board

Master Checklist: Renewal Liquor License Application

Doing Business As:	Glacier Sound Inn	License Number:	3523
License Type:	Beverage Dispensary - Tourism		
Examiner:	JOHN	Transaction #:	979390

Document	Received	Completed	Notes
AB-17: Renewal Application	11/27/18	12/17/18	
App and License Fees	11/27/18	11/27/18	

Supplemental Document	Received	Completed	Notes
Tourism/Rec Site Statement	11/27/18	11/27/18	
AB-25: Supplier Cert (WS)			
AB-29: Waiver of Operation			
AB-30: Minimum Operation			
AB-33: Restaurant Affidavit			
COI / COC / 5 Star			
FP Cards & Fees / AB-08a			
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 and contact information different than in database (if yes, update database)?	<input checked="" type="checkbox"/>	<input 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"/>

LGB 1 Response:

☐

Waive

☐

Protest

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Lapsed

LGB 2 Response:

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Waive

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Protest

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Lapsed



Alaska Alcoholic Beverage Control Board

Beverage Dispensary – Tourism License

Form AB-17d: 2019/2020 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, 2018. 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. Receipt and/or processing of renewal payments by AMCO staff neither indicates nor guarantees that an application will be considered complete, or that a license will be renewed.

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:	Glacier Sound Inn Inc.	License #:	3523
License Type:	Beverage Dispensary - Tourism	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 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.

Contact Licensee:	MYUNG H WON	Contact Phone:	(206) 434-8401
Contact Email:	myungwon1963@yahoo.com		

Optional: If you wish for AMCO staff to communicate with individual who is not a licensee named on this form (eg: legal counsel) about this application and other matters pertaining to the license, please provide that person's contact information in the fields below.

Name of Contact:		Contact Phone:	
Contact Email:			

**Form AB-17d: 2019/2020 Tourism Renewal License Application****Section 3 – Sole Proprietor Ownership Information**

This section must be completed by any licensee who directly holds the license as an **individual or multiple individuals** and is applying for license renewal. If more space is needed, please attach a separate sheet that includes all of the required information. Entities should skip to Section 4. The following information must be completed for each licensee and each affiliate (spouse).

This individual is an: ☐ applicant ☐ affiliate (spouse)

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

This individual is an: ☐ applicant ☐ affiliate (spouse)

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

Section 4 – 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 set forth in AS 04.21.025 and 3 AAC 304.465.

Section 5 – License Operation

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

2017 2018

The license was regularly operated continuously throughout each year.

<input type="checkbox"/>	<input type="checkbox"/>
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The license was regularly operated during a specific season each year.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
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The license was only operated to meet the minimum requirement of 240 total hours each calendar year.

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.

<input type="checkbox"/>	<input type="checkbox"/>
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The license was not operated at all or was not operated for at least the minimum requirement of 240 total hours each year, 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, unless a complete copy of the form (including fees) has already been submitted for that year.

<input type="checkbox"/>	<input type="checkbox"/>
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**Form AB-17d: 2019/2020 Tourism Renewal License Application****Section 6 – Violations and Convictions**

Applicant violations and convictions in calendar years 2017 and 2018:

Yes No

Have any notices of violation (NOVs) been issued to this licensee in the calendar years 2017 or 2018?

☐ ☒

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 2017 or 2018?

☐ ☒

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

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 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.

☐

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 approved and on file with the Alcoholic Beverage Control (ABC) Board.

☐

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.

☐

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.

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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 or AMCO staff 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

MYUNG H WON

Signature of Notary Public

Notary Public in and for the State of

Alaska

My commission expires:

09/19/2020

Subscribed and sworn to before me this

21st day of November, 2018.

Yes

No

Seasonal License?

☒☐

If "Yes", write your six-month operating period: MAY TO OCTOBER

License Fee:	\$ 2500.00	Application Fee:	\$ 300.00	TOTAL:	\$ 2800.00
Miscellaneous Fees:					
GRAND TOTAL (if different than TOTAL):					

GLACIER SOUND INN, INC.

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

November 21, 2018

State of Alaska
Alcohol and Marijuana Control Office
550 W. 7th Avenue, Suite 1600
Anchorage, AK 99501
Tel: 907 269 0350

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. 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 2018: Obtained building permit from City of Valdez for construct parapet wall in front of building and replace some of siding in spring of 2019.

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

AMCO

NOV 27 2018

Details

ENTITY DETAILS

Name(s)

Type	Name
Legal Name	GLACIER SOUND INN, INC.

Entity Type: Business Corporation**Entity #:** 55034D**Status:** Good Standing**AK Formed Date:** 12/14/1994**Duration/Expiration:** Perpetual**Home State:** ALASKA**Next Biennial Report Due:** 1/2/2020**Entity Mailing Address:** PO BOX 570, VALDEZ, AK 99686**Entity Physical Address:**

Registered Agent

Agent Name: Myung H Won**Registered Mailing Address:** BOX 570, VALDEZ, AK 99686**Registered Physical Address:** 210 EGAN DR, VALDEZ, AK 99686

Officials

AK Entity #	Name	Titles	<input type="checkbox"/> Show Former
			Owned
	Jin H Won	Director, Shareholder, Treasurer, Secretary	50
	Myung H Won	Director, President, Shareholder	50

Filed Documents

Date Filed	Type	Filing	Certificate
12/14/1994	Creation Filing	Click to View	
9/18/1996	Biennial Report	Click to View	
9/11/1998	Biennial Report	Click to View	
1/04/2001	Biennial Report	Click to View	