



## Alaska Alcoholic Beverage Control Board

# Tourism Statement

A new, transfer, or renewal application for a Beverage Dispensary – Tourism or Restaurant/Eating Place – Tourism license must be accompanied by a written statement that explains how the establishment encourages tourism and meets the requirements listed under AS 04.11.400(d) and 3 AAC 304.325.

This document must be completed and submitted to AMCO's main office before any tourism license application will be reviewed.

### Section 1 – Establishment Information

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

Doing Business As:	Sophie Station Hotel <del>Zach's Restaurant</del>	License #:	2424
License Type:	Beverage Dispensary - Tourism		

### Section 2 – Tourism Statement

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

Providing vacation and business travellers with a 'full-service' hotel, by offering guests lodging, food, lounge with alcohol, and ground transportation services (airport shuttle).

2.2. Explain how the facility was/will be constructed or improved as required by AS 04.11.400(d)(1):

Ongoing improvements to Sophie Station Hotel over the past two years include; conversion to high efficiency guest room LED lighting and extensive carpet replacement, remodeling two suites into a combined, large, retreat / conference breakout room. Guests living rooms are being upgraded to larger flat screen TV's. Cable TV system has been completely replaced with higher quality and greater variety of channels and services.

2.3 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?



Alaska Alcoholic Beverage Control Board

# Tourism Statement

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

If "yes" answer the following questions:

How many rooms are available?

146 Guest rooms

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)?

All of the 146 guest rooms are 'full suite' which include a kitchen, pots and pans, utensils, dinnerware, refrigerator, stove, microwave oven and coffee pot.

Do you stock or plan to stock alcoholic beverages in guest rooms? YES  NO

If "no" 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".

Hotel facility includes Zach's restaurant, a dine-in, full service restaurant which also offers take-out and curb-side delivery, as well as year-round catering services for numerous meeting rooms.

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".

Additional amenities and attractions available to Sophie Station guests via seasonal shuttle include the World class Fountainhead Antique Auto Museum and a 100+ acre wildlife preserve including a wetlands lake and migratory waterfowl breeding areas. These two attractions are enjoyed by over 50,000 guests each year.



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**2022-2023 Master Checklist: Renewal License Application**

Doing Business As:	Sophie Station Hotel	License Number:	2424
License Type:	Beverage Dispensary - Tourism		
Examiner:	<i>Carrie</i>	Transaction #:	100301803

Document	Received	Completed	Notes
AB-17: Renewal Application	11/8	<i>12/2</i>	
App and License Fees	11/8	<i>11/8</i>	

Supplemental Document	Received	Completed	Notes
Tourism/Rec Site Statement	11/8	<i>11/8</i>	
AB-25: Supplier Cert (WS)			
AB-29: Waiver of Operation			
AB-30: Minimum Operation			
AB-33: Restaurant Affidavit			
COI / COC / 5 Star / FAA Cert			
FP Cards & Fees / AB-08a			
Late Fee			

Names on FP Cards:	
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	Yes	No	N/A
CBPL Entity Printout included?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Business License Copy included?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Background(s) Completed & Date: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Special Consideration: Tourism Board Meeting Date: 1/18/22

LGB Sent Date: 12/2/21 LGB Deadline Date: 1/31/22

LGB 1 Name: City of Fairbanks LGB 2 Name: FNSB

Waive  Protest  Lapsed  Waive  Protest  Lapsed



Alaska Alcoholic Beverage Control Board

# Form AB-17: 2022/2023 General Renewal Application

- This form and any required supplemental forms must be completed, signed by the licensee, and postmarked no later than 12/31/2021 per AS 04.11.270, 3 AAC 304.160, with all required fees paid in full, or a non-refundable \$500.00 late fee applies.
- Any complete application for renewal or any fees for renewal that have not been postmarked by 02/28/2022 will be expired per AS 04.11.540, 3 AAC 304.160(e).
- All fields of this application must be deemed complete by AMCO staff and must be accompanied by the required fees and all documents required, or the application will be returned without being processed, per AS 04.11.270, 3 AAC 304.105
- Receipt and/or processing of renewal payments by AMCO staff neither indicates nor guarantees in any way that an application will be deemed complete, renewed, or that it will be scheduled for the next ABC Board meeting.

### Establishment Contact Information

Licensee (Owner):	Fountainhead Development, Inc.	License #:	2424
License Type:	Beverage Dispensary - Tourism		
Doing Business As:	Sophie Station Hotel		
Premises Address:	1717 University Avenue S		
Local Governing Body:	Fairbanks		
Community Council:	Fairbanks North Star Borough		

If your mailing address has changed, write the NEW address below:

Mailing Address:					
City:		State:		ZIP:	

### Section 1 – Licensee Contact Information

**Contact Licensee:** The individual listed below must be listed in Section 2 or 3 as an Official/Owner/Shareholder of your entity and must be listed on CBPL with the same name and title.

This person will be the designated point of contact regarding this license, unless the Optional contact is completed.

Contact Licensee:	Timothy T Cerny	Contact Phone:	907-458-6101
Contact Email:	timc@fdialaska.com		

**Optional:** If you wish for AMCO staff to communicate with anyone other than the Contact Licensee about your license, list them below:

Name of Contact:	Derik T Price	Contact Phone:	907-458-6104
Contact Email:	derikp@fdialaska.com		

Name of Contact:		Contact Phone:	
Contact Email:			

Name of Contact:		Contact Phone:	
Contact Email:			



# Form AB-17: 2022/2023 License Renewal Application

## Section 2 – Entity or Community Ownership Information

**Sole Proprietors should skip this Section.**

Use the link from Corporations, Business and Professional Licensing (CBPL) below to assist you in finding the Entity #.

<https://www.commerce.alaska.gov/cbp/main/search/entities>

Alaska CBPL Entity #:	36844D
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**READ BEFORE PROCEEDING:** Any new or changes to Shareholders (10% or more), Managers, Corporate Officers, Board of Directors, Partners, Controlling Interest or Ownership of the business license must be reported to the ABC Board within 10 days of the change and must be accompanied by a full set of fingerprints on FBI-approved card stock, AB-08a's, payment of \$48.25 for each new officer with a date-stamped copy of the CBPL change per AS 04.11.045, 50 & 55, or a Notice of Violation will be issued to your establishment and your application will be returned.

The only exception to this is a Corporation who can meet the requirements set forth in AS 04.11.050(c).

### DO NOT LIST OFFICERS OR TITLES THAT ARE NOT REQUIRED FOR YOUR ENTITY TYPE.

- Corporations of any type including non-profit must list ONLY the following:
  - All shareholders who own 10% or more stock in the corporation
  - Each President, Vice-President, Secretary, and Managing Officer regardless of percentage owned
- Limited Liability Corporations, of any type must list ONLY the following:
  - All Members with an ownership interest of 10% or more
  - All Managers (of the LLC, not the DBA) regardless of percentage owned
- Partnerships of any type, including Limited Partnerships must list ONLY the following:
  - Each Partner with an interest of 10% or more
  - All General Partners regardless of percentage owned

**Important Note:** All entries below must match our records, or your application will be returned per AS 04 11.270, 3 AAC 304 105. You must list full legal names, all required titles, phone number, percentage of shares owned (if applicable) and a full mailing address for each official of your entity whose information we require. **If more space is needed: attach additional completed copies of this page. Additional information not on this page will be rejected.**

Name of Official:	Timothy T Cerny				
Title(s):	President	Phone:	907-458-6101	% Owned:	100
Mailing Address:	1501 Queens Way				
City:	Fairbanks	State:	AK	ZIP:	99701

Name of Official:	Barbara A Cerny				
Title(s):	Secretary / Treasurer	Phone:	907-458-6120	% Owned:	
Mailing Address:	1501 Queens Way				
City:	Fairbanks	State:	AK	ZIP:	99701

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

AMCC



# Form AB-17: 2022/2023 License Renewal Application

## Section 3 – Sole Proprietor Ownership Information

**Corporations, LLC's and Partnerships of ALL kinds should skip this section.**

**READ BEFORE PROCEEDING:** Any new or changes to the ownership of the business license must be reported to the ABC Board within 10 days of the change and must be accompanied by a full set of fingerprints on FBI approved cardstock, AB-08a's, payment of \$48.25 for each new owner or officer and a date stamped copy of the CBPL change per AS 04.11.045, or a Notice of Violation will be issued to your establishment and your application will be returned.

**Important Note:** All entries below must match our records, or your application will be returned per AS 04.11.270, 3 AAC 304.105. You must list full legal names, phone number, and mailing address for each owner or partner whose information we require.

**If more space is needed, attach additional copies of this page. Additional owners not listed on this page will be rejected.**

This individual is an:  Applicant  Affiliate

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

This individual is an:  Applicant  Affiliate

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

## Section 4 – License Operation

**Check ONE BOX for EACH CALENDAR YEAR** that best describes how this liquor license was operated:

- |   | 2020                                | 2021                                |
|---|-------------------------------------|-------------------------------------|
| 1. The license was regularly operated continuously throughout each year. (Year-round)   | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| 2. The license was only operated during a specific season each year. (Seasonal)<br><i>If your operation dates have changed, list them below:</i><br>_____ to _____  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 3. The license was only operated to meet the minimum requirement of 240 total hours each calendar year.<br><i>A complete AB-30: Proof of Minimum Operation Checklist, and all documentation must be provided with this form.</i>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| 4. 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 calendar years. <i>A complete 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.</i> | <input type="checkbox"/>            | <input type="checkbox"/>            |

**If you have not met the minimum number of hours of operation in 2020 and/or 2021, you are not required to pay the fees, however a complete AB-29 is required with Section 2 marked "OTHER" and COVID is listed as the reason.**

## Section 5 – Violations and Convictions

Have **ANY** Notices of Violation been issued for this license **OR** 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 2020 or 2021? Yes  No

**If you checked YES, you MUST attach a list of all Notices of Violation and/or Convictions per AS 04.11.270(a)(2)**

**If you are unsure if you have received any Notices of Violation, contact the office before submitting this form.**

AMCO

NOV 08 2021



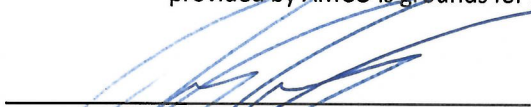
# Form AB-17: 2022/2023 License Renewal Application

## Section 6 – Certifications

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, are true, correct, and complete.

- I agree to provide all information required by the Alcoholic Beverage Control Board or requested by 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 and potentially expired if I do not comply with statutory or regulatory requirements.
- 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 this entity is in good standing with Corporations, Business and Professional Licensing (CBPL) and that all entity officials and stakeholders are current and accurately listed, and I have provided AMCO with all required changes of Shareholders (10% or more), Managers, Corporate Officers/Board of Directors, Partners, Controlling Interest or Ownership of the business license, and have provided all required documents for any new or changes in officers.
- I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check identification of patrons 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, if applicable for this license type as set forth in AS 04.21.025 and 3 AAC 304.465.
- 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 from what is currently approved and on file with the Alcoholic Beverage Control Board.

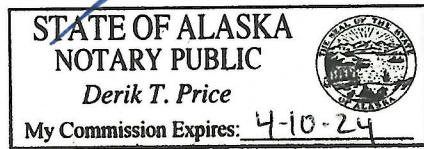
I certify on behalf of myself or of the organized entity that I understand that providing a false statement on this form or any other form provided by AMCO is grounds for rejection or denial of this application or revocation of any license issued.

  
 Signature of licensee  
**Timothy T. Cerny, President**

  
 Signature of Notary Public  
**Alaska**

Printed name of licensee

Notary Public in and for the State of: \_\_\_\_\_



4-10-2024

My commission expires: \_\_\_\_\_

1st November 21

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

- Restaurant/Eating Place** applications must include a completed AB-33: Restaurant Receipts Affidavit
- Recreational Site** applications must include a completed Recreational Site Statement
- Tourism** applications must include a completed Tourism Statement
- Wholesale** applications must include a completed AB-25: Supplier Certification
- Common Carrier** applications must include a current safety inspection certificate

All renewal and supplemental forms are available online

**Any application that is not complete or does not include ALL required completed forms and fees will not be processed and will be returned per AS 04.11.270, 3 AAC 304.105.**

### FOR OFFICE USE ONLY

License Fee:	\$ 2500	Application Fee:	\$ 300.00	Misc. Fee:	\$
<b>Total Fees Due:</b>					\$ 2800

AMCO

NOV 08 2021

# ENTITY DETAILS

## Name(s)

Type	Name
Legal Name	FOUNTAINHEAD DEVELOPMENT INC.

**Entity Type:** Business Corporation

**Entity #:** 36844D

**Status:** Good Standing

**AK Formed Date:** 10/21/1985

**Duration/Expiration:** Perpetual

**Home State:** ALASKA

**Next Biennial Report Due:** 1/2/2023

**Entity Mailing Address:** 1501 QUEENS WY, FAIRBANKS, AK 99701

**Entity Physical Address:** 1501 QUEENS WAY, FAIRBANKS, AK 99701

## Registered Agent

**Agent Name:** TIMOTHY T CERNY

**Registered Mailing Address:** 1501 QUEENS WAY, FAIRBANKS, AK 99701

**Registered Physical Address:** 1501 QUEENS WAY, FAIRBANKS, AK 99701

## Officials

Show Former

AK Entity #	Name	Titles	Owned
	BARBARA CERNY	Director, Secretary, Treasurer	
	Cassandra Ferree	Director	
	TIMOTHY T CERNY	Director, President, Shareholder	100.00
	Wyatt Cerny	Director	

## Filed Documents

Date Filed	Type	Filing	Certificate
10/21/1985	Creation Filing	<a href="#">Click to View</a>	
2/02/1987	Biennial Report		
12/09/1988	Biennial Report		
1/11/1991	Biennial Report		
12/14/1992	Biennial Report	<a href="#">Click to View</a>	
1/09/1995	Biennial Report	<a href="#">Click to View</a>	
12/18/1996	Biennial Report	<a href="#">Click to View</a>	



Date Filed	Type	Filing	Certificate
12/09/1998	Biennial Report	<a href="#">Click to View</a>	
11/27/2000	Biennial Report	<a href="#">Click to View</a>	
1/17/2003	Biennial Report	<a href="#">Click to View</a>	
1/17/2005	Biennial Report	<a href="#">Click to View</a>	
12/18/2006	Biennial Report	<a href="#">Click to View</a>	
12/30/2008	Biennial Report	<a href="#">Click to View</a>	
12/20/2010	Biennial Report	<a href="#">Click to View</a>	
12/10/2012	Biennial Report	<a href="#">Click to View</a>	
12/12/2014	Biennial Report	<a href="#">Click to View</a>	
11/30/2016	Biennial Report	<a href="#">Click to View</a>	
12/04/2018	Biennial Report	<a href="#">Click to View</a>	
12/28/2018	Change of Officials	<a href="#">Click to View</a>	
12/28/2018	Agent Change	<a href="#">Click to View</a>	
12/08/2020	Biennial Report	<a href="#">Click to View</a>	

[Close Details](#)

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# LICENSE DETAILS

**License #:** 265759

[Print Business License](#)

**Business Name:** SOPHIE STATION HOTEL

**Status:** Active

**Issue Date:** 08/11/1999

**Expiration Date:** 12/31/2022

**Mailing Address:** 1501 QUEENS WAY  
FAIRBANKS, AK 99701

**Physical Address:** 1717 UNIVERSITY AVENUE  
FAIRBANKS, AK 99701

## Owners

FOUNTAINHEAD DEVELOPMENT INC.

## Activities

Line of Business	NAICS	Professional License #
72 - Accommodation and Food Services	721110 - HOTELS (EXCEPT CASINO HOTELS) AND MOTELS	

## Endorsements

End #	Issue	Renew	Expiration	Action End	Action Note	Address
1	12/16/2004		12/31/2006			1717 UNIVERSITY AVENUE, FAIRBANKS, AK 99709

## License Lapse(s)

If this business license lapsed within the last four years the lapsed periods will appear below. Lapsed periods are the unlicensed period between an expiration date and renewal date.

No Lapses on record for the last 4 years.

[Close License Detail](#)

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