



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

**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:	<i>The Upper Deck</i>	License #:	<i>1993</i>
License Type:	<i>Beverage Disp. Tourism</i>		

**Section 2 – Tourism Statement**

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

*Please see attached tourism statement*

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

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?

*City of Kenai - Municipal Airport*



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### 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?

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)?

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".

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".

AMCO Received 12/16/21

# Upper Deck, LLC

dba

## The Upper Deck

Beverage Dispensary License Renewal Tourism Statement

The Upper Deck Lounge, located in the Kenai Municipal Airport Terminal, was established in 1990. Our lounge is often the first and last place tourists to our area visit. We do not offer any rooms as we are as previously stated, in the airport terminal; however, we do provide information to our area visitors regarding lodging. Our staff is knowledgeable and often provide travelers information regarding amenities in our area. Our establishment does not provide a dining facility as there is a restaurant located in the terminal. We do provide a limited menu of food available if the restaurant is closed or the visitor is short on time.

The City of Kenai operates the terminal building where the Upper Deck is located. The Kenai Municipal Airport is no longer under remodel construction with all improvements complete. The Upper Deck received some improvements including flooring, new PA system for the travelling public, lighting, and a flight board. We hope to continue to serve as the first stop for tourism on the Kenai.

Laura Peterkin manages the Upper Deck and is charge of all operations.

Thank you for your support.

Rodney A. Peterkin

Upper Deck, LLC

STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD

LICENSE NUMBER

FORM CONTROL

XXXX

# LIQUOR LICENSE

2993

ISSUED

3/16/2022

ABC BOARD

# TEMPORARY

LICENSE RENEWAL APPLICATION DUE  
DECEMBER 31, 2023 (AS 04.11.270(b))

THIS LICENSE EXPIRES MIDNIGHT  
FEBRUARY 28, 2024 UNLESS DATED BELOW

TYPE OF LICENSE: Beverage Dispenser

LICENSE FEE: \$2,500.00

1106

CITY / BOROUGH: Kenai  
Kenai Peninsula Borough

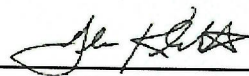
D/B/A: The Upper Deck  
305 N Willow Street

Mail Address:  
Upper Deck, LLC  
PO Box 11  
Kenai, AK 99611

This license cannot be transferred without permission  
of the Alcoholic Beverage Control Board

Special restriction - see reverse side

ISSUED BY ORDER OF THE  
ALCOHOLIC BEVERAGE CONTROL BOARD



DIRECTOR

04-900 (REV 7/21)

THIS LICENSE MUST BE POSTED IN A VISIBLE PLACE ON THE PREMISES

STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD

LICENSE NUMBER

FORM CONTROL

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ISSUED BY ORDER OF THE  
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# COPY

DIRECTOR

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04-900 (REV 7/21)



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):	ROONEY PETERKIN Upper Deck, LLC License #: 2993
License Type:	Beverage Dispensary - Tourism
Doing Business As:	The Upper Deck
Premises Address:	305 N. Willow St Kenai, AK 99641
Local Governing Body:	City of Kenai (KPB)
Community Council:	City of Kenai

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

Mailing Address:	P.O. Box 11		
City:	Kenai	State:	AK
		ZIP:	99641

## 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:	RODNEY PETERKIN	Contact Phone:	907.398.3021
Contact Email:	updeckkenai@gmail.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:	Laura Peterkin	Contact Phone:	907.398.3021
Contact Email:	updeckkenai@gmail.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 #:	135439
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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:	RODNEY A. PETERLIN				
Title(s):	Owner	Phone:	907-398-1578	% Owned:	100%
Mailing Address:	P.O. Box 11				
City:	Kenai	State:	Alaska	ZIP:	99611

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

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





# 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 <u>only</u> operated during a specific season each year. (Seasonal)<br><i>If your operation dates have changed, list them below:</i>   | <input type="checkbox"/>            | <input type="checkbox"/>            |
| _____ to _____  |                                     |                                     |
| 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.**



Alaska Alcoholic Beverage Control Board

Form AB-17: 2022/2023 License Renewal Application

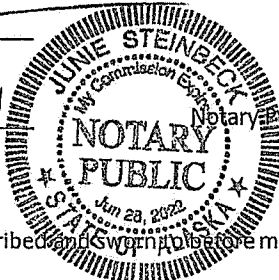
Section 6 - Certifications

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... I certify that all current licensees... I certify that this entity is in good standing with Corporations, Business and Professional Licensing (CBPL)... I certify that all licensees, agents, and employees who sell or serve alcoholic beverages... I certify that I have not altered the functional floor plan or reduced or expanded the area of the licensed premises...

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: Rodney A. Peters
Printed name of licensee: Rodney A. Peters



Signature of Notary Public: June Steinbeck

Notary Public in and for the State of: Alaska

My commission expires: 6/28/2022

Subscribed and sworn to before me this 16th day of December, 2021.

- 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

Table with 4 columns: License Fee (\$2500.00), Application Fee (\$300.00), Misc. Fee (\$), Total Fees Due (\$2800.00)



License Detail

## LICENSE DETAILS

**License #:** 997077[Print Business License](#)**Business Name:** UPPER DECK, LLC**Status:** Active**Issue Date:** 11/15/2013**Expiration Date:** 12/31/2023**Mailing Address:** P.O. BOX 11  
KENAI, AK 99611**Physical Address:** 305 N WILLOW  
KENAI, AK 99611

## Owners

UPPER DECK, LLC

## Activities

Line of Business	NAICS	Professional License #
72 - Accommodation and Food Services	722410 - DRINKING PLACES (ALCOHOLIC BEVERAGES)	

## Endorsements

No Endorsements Found

## 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](#)[Print Friendly Version](#)

Details

# ENTITY DETAILS

## Name(s)

Type	Name
Legal Name	UPPER DECK, LLC

**Entity Type:** Limited Liability Company

**Entity #:** 135439

**Status:** Good Standing

**AK Formed Date:** 5/25/2011

**Duration/Expiration:** Perpetual

**Home State:** ALASKA

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

**Entity Mailing Address:** P.O. BOX 11, KENAI, AK 99611

**Entity Physical Address:** 50622 UMIAT CIR, NIKISKI, AK 99635

## Registered Agent

**Agent Name:** James N Butler III

**Registered Mailing Address:** 125 N Willow Street, Kenai, AK 99611

**Registered Physical Address:** 125 N Willow Street, Kenai, AK 99611

## Officials

Show Former

AK Entity #	Name	Titles	Owned
	Rodney A. Peterkin	Member	100.00

## Filed Documents

Date Filed	Type	Filing	Certificate
5/25/2011	Creation Filing	<a href="#">Click to View</a>	
6/21/2011	Initial Report	<a href="#">Click to View</a>	
1/10/2013	Biennial Report	<a href="#">Click to View</a>	
11/23/2014	Biennial Report	<a href="#">Click to View</a>	
12/28/2016	Biennial Report	<a href="#">Click to View</a>	
7/24/2019	Biennial Report	<a href="#">Click to View</a>	
12/01/2020	Biennial Report	<a href="#">Click to View</a>	

[Close Details](#)

[Print Friendly Version](#)