



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:	Hilton Garden Inn Anchorage	License #:	4236
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.

This operation is a full service hotel that caters to tourists and locals. The serving of alcoholic beverages is a critical ingredient in attracting customers to stay and execute their events at our property.

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

As all hotels, it is necessary to constantly keep upgrading and refurbishing the rooms and interior. This keeps the hotel competitive in today's market.

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
<input checked="" type="checkbox"/>	<input type="checkbox"/>

If "yes" answer the following questions:

How many rooms are available?

125

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 rooms provide microwaves and a mini fridge to guests but none have separate sinks for food prep and the hotel does not stock alcoholic beverages in room

Do you stock or plan to stock alcoholic beverages in guest rooms?

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

If "no" is your facility located within an airport terminal?

YES	NO
<input type="checkbox"/>	<input checked="" type="checkbox"/>

2.6 If your establishment includes a dining facility, please describe that facility. If it does not please write "none".

Full service restaurant available on the property

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".

Banquet rooms for parties and/or conferences

STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD

LICENSE NUMBER

FORM CONTROL

XXXX

ISSUED

02/17/2022

ABC BOARD

LIQUOR LICENSE

2022 - 2023

TEMPORARY

4236

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 Dispen

[Empty box for license details]

LICENSE FEE: \$2,500.00

1106

CITY / BOROUGH: Anchorage, Muni. of
Anchorage

D/B/A: Hilton Garden Inn Anchorage
4555 Union Square Drive

Mail Address:
CP Anchorage 4 LLC
740 Centre View Boulevard
Crestview Hills, KY 41017

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

XXXX

ISSUED

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Mailing Address:
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740 Centre View Boulevard
Crestview Hills, KY 41017

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ISSUED BY ORDER OF THE
ALCOHOLIC BEVERAGE CONTROL BOARD

COPY

DIRECTOR

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

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):	CP Anchorage 4, LLC	License #:	4236
License Type:	Beverage Dispensary-Tourism		
Doing Business As:	Hilton Garden Inn Anchorage		
Premises Address:	4555 Union Square Drive Anchorage AK 99503		
Local Governing Body:	Municipality of Anchorage		
Community Council:	Midtown		

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

Mailing Address:	740 Centre View Blvd.		
City:	Crestview Hills	State:	KY
		ZIP:	41017

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:	Thomas Drake	Contact Phone:	859-578-1100
Contact Email:	tdrake@columbiasussex.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:	Haley Wilson	Contact Phone:	9729541596
Contact Email:	hwilson@bluebonnetconsulting.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 #:	10174953
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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:	CP Crestview, LLC			
Title(s):	Member	Phone:	859-578-1100	% Owned: 100
Mailing Address:	740 Centre View Blvd.			
City:	Crestview Hills	State:	KY	ZIP: 41017

Name of Official:	William John Yung III			
Title(s):	Affiliate	Phone:	859-578-1100	% Owned: 0
Mailing Address:	350 Kings Town Drive			
City:	Naples	State:	FL	ZIP: 34102

Name of Official:	Thomas LeRoy Drake			
Title(s):	Affiliate	Phone:		% Owned: 0
Mailing Address:	709 Gallant Fox Lane			
City:	Union	State:	KY	ZIP: 41091



Form AB-17: 2022/2023 License Renewal Application

Section 2 – Entity or Community Ownership Information

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Alaska CBPL Entity #:	
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 - 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:	CP Management Inc			
Title(s):	Manager	Phone:	859-578-1139	% Owned: 0
Mailing Address:	740 Centre View Blvd,			
City:	Crestview Hills,	State:	KY	ZIP: 41017

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:	<input type="checkbox"/> Applicant	<input type="checkbox"/> Affiliate
Name:		
Contact Phone:		
Mailing Address:		
City:	State:	ZIP:
Email:		

This individual is an:	<input type="checkbox"/> Applicant	<input type="checkbox"/> 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)
<i>If your operation dates have changed, list them below:</i>
_____ 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.
<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>
<i>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.</i> | <input type="checkbox"/> | <input type="checkbox"/> |

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
<input type="checkbox"/>	<input checked="" type="checkbox"/>

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 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.

Handwritten signature of Thomas Drake

Signature of licensee

Thomas Drake

Printed name of licensee

Signature of Notary Public MARY SHEANSHANG
NOTARY PUBLIC
Notary Public in and for the State of Kentucky
My Commission Expires March 23, 2024
Notary I.D. KYNP4797

Notary Public in and for the State of

Notary Public, Kentucky State at Large
My Commission Expires March 23, 2024
Notary I.D. KYNP4797

Subscribed and sworn to before me this 8th 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 2 rows and 4 columns: License Fee (\$2500), Application Fee (\$300.00), Misc. Fee (\$), Total Fees Due (\$2800)

AMCO

DEC 14 2021

Department of Commerce, Community, and Economic Development
**CORPORATIONS, BUSINESS & PROFESSIONAL
 LICENSING**

[State of Alaska / Commerce / Corporations, Business, and Professional Licensing / Search & Database Download / Corporations / Entity Details](#)

ENTITY DETAILS

Name(s)

Type	Name
Legal Name	CP Anchorage 4, LLC

Entity Type: Limited Liability Company

Entity #: 10174953

Status: Good Standing

AK Formed Date: 9/29/2021

Duration/Expiration: Perpetual

Home State: DELAWARE

Next Biennial Report Due: 1/2/2023

Entity Mailing Address: 740 CENTRE VIEW BLVD, CRESTVIEW HILLS, KY 41017

Entity Physical Address: 740 CENTRE VIEW BLVD, CRESTVIEW HILLS, KY 41017

Registered Agent

Agent Name: Tracy Morgan

Registered Mailing Address: 101 W 48TH AVE, ANCHORAGE, AK 99503

Registered Physical Address: 101 W 48TH AVE, ANCHORAGE, AK 99503

Officials

Show Former (None on file)

AK Entity #	Name	Titles	Owned
	CP Crestview, LLC	Member	100.00
	CP Management, Inc	Manager	

Filed Documents

Date Filed	Type	Filing	Certificate
9/29/2021	Creation Filing	Click to View	Click to View

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Department of Commerce, Community, and Economic Development
**DIVISION OF CORPORATIONS, BUSINESS &
 PROFESSIONAL LICENSING**

[State of Alaska / Commerce / Corporations, Business, and Professional Licensing / Search & Database Download / Business License / License #2090906](#)

LICENSE DETAILS

License #: 2090906

[Print Business License](#)

Business Name: Hilton Garden Inn Anchorage

Status: Active

Issue Date: 08/06/2019

Expiration Date: 12/31/2022

Mailing Address: 740 Centre View Blvd
Crestview Hills, KY 41017

Physical Address: 740 centre view blvd
8595781139
crestview hills, KY 41017

Owners

CP Anchorage 4, LLC

Activities

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

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.