



Alaska Alcoholic Beverage Control Board  
**Form AB-37: 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 Anchorage office before any tourism license application will be reviewed.

**Section 1 – Establishment Information**

Enter information for the licensed establishment or the business seeking to be licensed.

Doing Business As:	Clover Pass Resort	License #:	#248
License Type:	Beverage Dispensary - Tourism Seasonal		

**Section 2 – Tourism Statement**

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

A liquor license is a crucial part of our lodge business as potential guests overwhelmingly ask if alcohol is available when making inquiries/reservations. Currently, food & alcohol sales add 30-40% to annual sales of the lodge. Many guests would go to our competitors without the ability to purchase onsite. While we could operate; we could not compete with other lodges in the area that do provide alcohol sales.

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

Our lodge has 32 rooms, a separate dining room building and a small bar in the back; thereby meeting the requirements of AS 04.11.400(d)(1). The buildings are wood-frame with metal roof. There is an outside deck and a small outdoor gazebo with outdoor fire-pit. We are in the process of updating all of the guest rooms.

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  
**Form AB-37: Tourism Statement**

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

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

If "yes" answer the following questions:

How many rooms are available?

32 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)?

All rooms have both a small refrigerator and 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".

We have a separate dining room facility with a small bar area located in the back. The dining facility has an attached outdoor deck.

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".

We are a fishing lodge that also includes boat and skiff rentals, sale of fuel & sundries; marina; and fish processing services.



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  
**Form AB-37: Tourism Statement**

**Section 3 – Certification**

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

Initials

I hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted are true and correct. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment, or documents to support this application, is sufficient grounds for denying or revoking a license/permit. I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

RT

Russell Thomas, Managing Member

Printed name of licensee/affiliate

Signature of licensee/affiliate





Alaska Alcoholic Beverage Control Board

**2023-2024 Master Checklist: Renewal License Application**

Doing Business As:	Clover Pass Resort	License Number:	248
License Type:	Beverage Dispensary-Tourism Seasonal		
Examiner:	<i>kns S</i>	Transaction #:	100499028

Document	Received	Completed	Notes
AB-17: Renewal Application	11/29/22	<del>11/29/22</del>	<i>12/1/22</i>
App and License Fees	11/29/22	<i>11/29/22</i>	

Supplemental Document	Received	Completed	Notes
AB-25: Supplier Certification			
AB-33: Restaurant Receipts Aff			
AB-36: Rec Site Statement			
AB-37: Tourism Statement	11/29/22	<i>11/29/22</i>	<i>NO temp issued.</i>
AB-39: Change of Officers			<i>Seasonal dates</i>
COI / COC / 5 Star / FAA Cert			<i>begin 5/1 to</i>
FP Cards & Fees / AB-08a			<i>10/31</i>
Late Fee (after 12/31/2022)			

Additional Documents:	<i>Request for additional time to submit transfer</i>
Names on FP Cards:	

	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 type="checkbox"/>
Special Consideration: <u>TOUR</u>	Board Meeting Date: <u>12-17-22</u>		
LGB Sent Date: <u>12/1/22</u>	LGB Deadline Date: _____		
LGB 1 Name: <u>KGB</u>	LGB 2 Name: _____		
<input type="checkbox"/> Waive	<input type="checkbox"/> Protest	<input type="checkbox"/> Lapsed	<input type="checkbox"/> Waive
<input type="checkbox"/> Protest	<input type="checkbox"/> Lapsed	<input type="checkbox"/> Waive	<input type="checkbox"/> Protest
<input type="checkbox"/> Lapsed	<input type="checkbox"/> Waive	<input type="checkbox"/> Protest	<input type="checkbox"/> Lapsed



Alaska Alcoholic Beverage Control Board

# Form AB-17: 2023/2024 General Renewal Application

- This form and any required supplemental forms must be completed, signed by the licensee, and postmarked no later than 12/31/2022 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 application for renewal or any fees for renewal that have not been postmarked by 2/28/2023 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.

## Section 1 - Establishment Contact Information

Licensee (Owner):	Clover Pass Investments, LLC	License #:	#248
License Type:	Beverage Dispensary - Tourism Seasonal		
Doing Business As:	Clover Pass Resort		
Local Governing Body:	Ketchikan Gateway Borough		
Community Council:	None		

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

Mailing Address:	1600 Tongass Avenue				
City:	Ketchikan	State:	AK	ZIP:	99901

## Section 2 - Licensee Contact Information

**Contact Licensee:** The individual listed below must be part of the ownership structure of the licensee listed in Section 1. This person will be the designated point of contact regarding this license, unless the Optional contact is completed.

Contact Licensee:	Russell K Thomas	Contact Phone:	907-228-2320
Contact Email:	russellt@aseresorts.com		

**Optional:** If you wish for AMCO staff to communicate with anyone other than the Contact Licensee (such as legal counsel) about your license, list their information below:

Name of Contact:		Contact Phone:	
Contact Email:			

## Section 3 - for Package Stores ONLY: Written Order Information

Do you intend to sell alcoholic beverages and ship them to another location in response to written solicitation in calendar years 2022 and/or 2023?

YES NO





# Form AB-17: 2023/2024 License Renewal Application

## Section 4 – Ownership Structure Certification

YES  NO

Did the ownership structure of the licensed business change in 2021/2022?

If Yes, and you have NOT notified AMCO, list the updated information on form AB-39: Change of Officers and submit with your renewal application.

If No, certify the statement below by initialing the box to the right of the statement.

I certify that the ownership structure of the business who owns this alcohol license did not change in any way during the calendar years 2021 or 2022.

RLT

## Section 5 – License Operation

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

2021 2022

- 1. The license was operated for more than 240 hours throughout each year. (Year-round)
- 2. The license was only operated during a specified time each year. (Not to exceed 6 months per year)    
*If your operation dates have changed, list them below:*  
May \_\_\_\_\_ to October \_\_\_\_\_
- 3. The license was only operated to meet the minimum requirement of 240 total hours each calendar year. *A complete AB-30: Proof of Minimum Operation Checklist, and all documentation must be provided with this form.*
- 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. *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.*    
*If you have not met the minimum number of hours of operation in 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 6 - Violations and Convictions

YES NO

Have ANY Notices of Violation been issued for this license?

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 2021 or 2022?

*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.*

## Section 7 – 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 the license being potentially expired if I do not comply with statutory or regulatory requirements.
- I certify that in accordance with AS 04.11.450, no one other than the licensee(s), as defined in AS 04.11.260, 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 I have provided AMCO with all required changes of the ownership structure of the business license, and have provided all required documents for any new or changes of officers.



Alaska Alcoholic Beverage Control Board

Form AB-17: 2023/2024 License Renewal Application

- 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 hereby certify that I am the person herein named and subscribing to this application and that I have read the complete application, and I know the full content thereof. I declare that all of the information contained herein, and evidence or other documents submitted are true and correct. I understand that any falsification or misrepresentation of any item or response in this application, or any attachment, or documents to support this application, is sufficient grounds for denying or revoking a license/permit. I further understand that it is a Class A misdemeanor under Alaska Statute 11.56.210 to falsify an application and commit the crime of unsworn falsification.

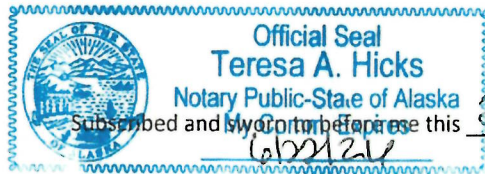
[Signature]  
Signature of licensee

Russell K Thomas

Printed name of licensee

[Signature]  
Signature of Notary Public

Notary Public in and for the State of Alaska



My commission expires: 10/22/26

27 day of October, 2022

- Restaurant and Eating Place applications must include a completed AB-33: Restaurant Receipts Affidavit
- Recreational Site applications must include a completed AB-36: Recreational Site Statement
- Tourism applications must include a completed AB-37: 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:  
<https://www.commerce.alaska.gov/web/amco/AlcoholLicenseApplication.aspx>

FOR OFFICE USE ONLY

License Fee:	\$	Application Fee:	\$ 300.00	Misc. Fee:	\$
Total Fees Due:					\$



Details

# ENTITY DETAILS

## Name(s)

Type	Name
Legal Name	CLOVER PASS INVESTMENTS, LLC

**Entity Type:** Limited Liability Company

**Entity #:** 80354D

**Status:** Good Standing

**AK Formed Date:** 6/13/2003

**Duration/Expiration:** Perpetual

**Home State:** ALASKA

**Next Biennial Report Due:** 1/2/2025

**Entity Mailing Address:** 1600 TONGASS AVE, KETCHIKAN, AK 99901

**Entity Physical Address:** 1600 TONGASS AVENUE, KETCHIKAN, AK 99901

## Registered Agent

**Agent Name:** RUSSELL THOMAS

**Registered Mailing Address:** 1600 TONGASS AVE, KETCHIKAN, AK 99901

**Registered Physical Address:** 1600 TONGASS AVE, KETCHIKAN, AK 99901

## Officials

Show Former

AK Entity #	Name	Titles	Owned
	Donald Olson	Member	17.00
	Randy Olson	Member	16.33
	Rod Thomas	Member	11.11
	Russell Thomas	Manager, Member	11.11
	Thomas Family Trust	Member	11.11
	William Ruth	Member	33.33

## Filed Documents

Date Filed	Type	Filing	Certificate
6/13/2003	Creation Filing	<a href="#">Click to View</a>	
6/21/2003	Biennial Report		
12/22/2003	Biennial Report		
12/22/2003	Initial Report	<a href="#">Click to View</a>	



Date Filed	Type	Filing	Certificate
1/25/2005	Biennial Report	<a href="#">Click to View</a>	
10/18/2006	Biennial Report	<a href="#">Click to View</a>	
1/08/2009	Biennial Report	<a href="#">Click to View</a>	
4/04/2011	Biennial Report	<a href="#">Click to View</a>	
2/22/2013	Biennial Report	<a href="#">Click to View</a>	
2/22/2013	Change of Officials	<a href="#">Click to View</a>	
1/10/2015	Biennial Report	<a href="#">Click to View</a>	
12/17/2016	Biennial Report	<a href="#">Click to View</a>	
11/16/2018	Entity Address Change	<a href="#">Click to View</a>	
11/16/2018	Agent Change	<a href="#">Click to View</a>	
12/28/2018	Biennial Report	<a href="#">Click to View</a>	
6/14/2019	Change of Officials	<a href="#">Click to View</a>	
1/12/2021	Biennial Report	<a href="#">Click to View</a>	
11/14/2022	Biennial Report	<a href="#">Click to View</a>	

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

License Detail

# LICENSE DETAILS

**License #:** 973755

[Print Business License](#)

**Business Name:** CLOVER PASS RESORT

**Status:** Active

**Issue Date:** 05/08/2012

**Expiration Date:** 12/31/2023

**Mailing Address:** 1600 TONGASS AVE  
KETCHIKAN, AK 99901

**Physical Address:** 1600 Tongass Avenue  
9072282320  
Ketchikan, AK 99901

## Owners

CLOVER PASS INVESTMENTS, LLC

## Activities

Line of Business	NAICS	Professional License #
72 - Accommodation and Food Services	721110 - HOTELS (EXCEPT CASINO HOTELS) AND MOTELS	
72 - Accommodation and Food Services	721211 - RV (RECREATIONAL VEHICLE) PARKS AND CAMPGROUNDS	

## 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](#)