



Alaska Alcoholic Beverage Control Board
Form AB-37: Tourism Statement

Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
Anchorage, AK 99501
alcohol.licensing@alaska.gov
https://www.commerce.alaska.gov/web/amco
Phone: 907.269.0350

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.

Table with 2 rows: Doing Business As (The Silver Fox Inn), License # (1962), 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.

Because this particular license requires 10 sleeping units and we are located between two major cities, the public has a better chance for someplace to stay on thier travels in this part of Alaska, thus encouraging tourism for us here at the Silver Fox Inn. We also offer dinning accommodations.

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

The building was constructed in 1983. At that time the 10 unit motel meet the ABC regulations.

2.3 Does the licensee or applicant for this liquor license also operate the tourism facility in which this license is located?

YES [X] NO []

2.4 If “no” who operates the tourism facility?

[Empty text box for question 2.4]

AMCO
OCT 28 2022



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

If "yes" answer the following questions:

How many rooms are available?

Ten

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)?

Ten

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

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

~~None~~ Yes Dining accommodations described below.

2.5 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".

There is a small restaurant, flexible operating hours, highspeed internet, wine and spirits along with pool and dart boards. There is also a joint relationship with the Wounded Warriors annual fishing trip.

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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.

CJA

Cassandra J. alley
Printed name of licensee/affiliate

Cassandra J. Alley
Signature of licensee/affiliate

AMCO
OCT 28 2022

STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD

LICENSE NUMBER

FORM CONTROL

1962

XXXX

LIQUOR LICENSE

ISSUED

2023 - 2024

LICENSE RENEWAL APPLICATION DUE
DECEMBER 31, 2024 (AS 04.11.270(b))

11/07/2022

ABC BOARD

TEMPORARY

THIS LICENSE EXPIRES MIDNIGHT
FEBRUARY 28, 2025 UNLESS DATED BELOW

TYPE OF LICENSE: Beverage Dispenser

LICENSE FEE: \$2,500.00

1106

CITY / BOROUGH: Outside City Limits
Matanuska-Susitna Borough

D/B/A: The Silver Fox Inn
Mile Post 50 Parks Highway

Mail Address:
Cassandra J Alley
PO Box 872887
Wasilla, AK 99687

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

Joan M. Wilson
DIRECTOR

04-900 (REV 10/20/22)

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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ALCOHOLIC BEVERAGE CONTROL BOARD

COPY

DIRECTOR

D/B/A: The Silver Fox Inn
Mile Post 50 Parks Highway

Mailing Address:
Cassandra J Alley
PO Box 872887
Wasilla, AK 99687

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

04-900 (REV 5/9/22)



Alaska Alcoholic Beverage Control Board

AB-17: 2023/2024 License Renewal Application

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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

Table with 2 columns: Field Name, Value. Fields include Licensee (Owner), License Type, Doing Business As, Local Governing Body, and Community Council.

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

Table for Mailing Address with fields for City, State, and ZIP.

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.

Table for Contact Licensee with fields for Contact Licensee, Contact Phone, and Contact Email.

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:

Table for Optional Contact with fields for Name of Contact, Contact Phone, and 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

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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.

CJA

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)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. The license was only operated during a specified time each year. (Not to exceed 6 months per year) <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. 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.</i>	<input type="checkbox"/>	<input type="checkbox"/>

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.

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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.

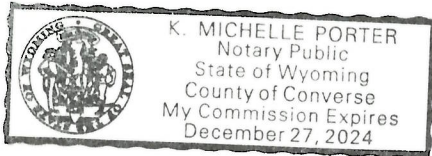
Cassandra J. Alley
Signature of licensee

K. Michelle Porter
Signature of Notary Public

Cassandra J. Alley
Printed name of licensee

Notary Public in and for the State of Wyoming

My commission expires: 12/27/2024



Subscribed and sworn to before me this 14th 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

Table with 4 columns: License Fee, Application Fee, Misc. Fee, Total Fees Due. Values include \$300.00 and \$.

100479355

OCT 28 2022

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 #415242](#)

LICENSE DETAILS

License #: 415242

[Print Business License](#)

Business Name: SILVER FOX INN

Status: Active

Issue Date: 11/02/2000

Expiration Date: 12/31/2024

Mailing Address: PO BOX 872887
 WASILLA, AK 99687

Physical Address: MILE 50 PARKS HWY
 WASILLA, AK 99687

Owners

CASSANDRA ALLEY

Activities

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

Endorsements

End #	Issue	Renew	Expiration	Action End	Action Note	Address
1	3/8/2005		12/31/2006			MILE 50 PARKS HIGHWAY, WASILLA, AK 99687
2	10/22/2018	10/19/2022	12/31/2024			MILE 50 PARKS HWY, WASILLA, AK 99687