



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:	Locals Pub and Pizzeria	License #:	5180
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.

Locals operates next to Grand View Inn & Suites in Wasilla. Locals offers an option for guests to dine that come in on buses from tour groups with in walking distance.

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

No major changes are scheduled for Locals.

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?

[Empty text box for response]



Alaska Alcoholic Beverage Control Board

Form AB-37: 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".

There are two sides of the restaurant, one side has a bar and high top tables/booths and the other side is all tables/booths.

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".

None



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

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.

ee

Ernest Emmi

Printed name of licensee/affiliate

Signature of licensee/affiliate

STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD

LICENSE NUMBER

FORM CONTROL

XXXX

ISSUED

05/31/2022

ABC BOARD

LIQUOR LICENSE

2022 - 2023

TEMPORARY

5180

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: Wasilla
Matanuska-Susitna Borough

D/B/A: Locals
3100 E Parks Highway

Mail Address:
Triplets, Inc.
2900 E Parks Highway
Wasilla, AK 99654

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 5/9/22)

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

05/31/2022

ABC BOARD

LIQUOR LICENSE

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COPY

DIRECTOR

D/B/A: Locals
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Mailing Address:
Triplets, Inc.
2900 E Parks Highway
Wasilla, AK 99654

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

04-900 (REV 5/9/22)



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):	TRIPLETS INC.	License #:	5180
License Type:	BEVERAGE DISPENSARY - TOURISM		
Doing Business As:	LOCALS PUB & PIZZERIA		
Premises Address:	3100 E PARKS HWY		
Local Governing Body:	CITY OF WASILLA / MATSU BOROUGH		
Community Council:	NONE		

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

Mailing Address:	2900 E PARKS HWY		
City:	WASILLA	State:	AK
ZIP:	99654		

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:	ERNEST EMMI	Contact Phone:	9072323571
Contact Email:	akernie@yahoo.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:	Chery Sharlow	Contact Phone:	9073521700
Contact Email:	chery.sharlow@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 #:	10003421
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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:	JOHN EMMI				
Title(s):	PRESIDENT	Phone:	297135	% Owned:	50
Mailing Address:	POB 672049				
City:	CHUGIAK	State:	AK	ZIP:	99567

Name of Official:	ERIVEST EMMI				
Title(s):	VICE PRESIDENT	Phone:	2323571	% Owned:	50
Mailing Address:	POB 4340				
City:	PALMER	State:	AK	ZIP:	99645

Name of Official:					
Title(s):		Phone:		% 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.

Form with two identical sections for owner information. Each section includes a header for 'This individual is an:' with checkboxes for 'Applicant' and 'Affiliate', followed by fields for Name, Contact Phone, Mailing Address, City, State, ZIP, and Email.

Section 4 - License Operation

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

- 1. The license was regularly operated continuously throughout each year. (Year-round) [X] 2020 [X] 2021
2. The license was only operated during a specific season each year. (Seasonal) [] 2020 [] 2021
3. The license was only operated to meet the minimum requirement of 240 total hours each calendar year. [] 2020 [] 2021
4. The license was not operated at all or was not operated for at least the minimum requirement of 240 total hours each year... [] 2020 [] 2021

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 [X] 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




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.

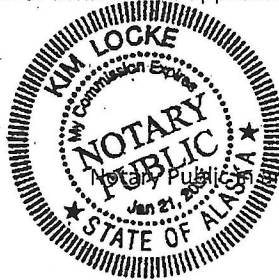
- I agree to provide all information required by the Alcoholic Beverage Control Board or requested by AMCO staff in support of this application and understand that failure to do so by any deadline given to me by AMCO staff will result in this application being returned and potentially expired if I do 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.

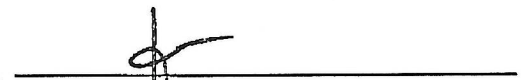
I certify on behalf of myself or of the organized entity that I understand that providing a false statement on this form or any other form provided by AMCO is grounds for rejection or denial of this application or revocation of any license issued.



 Signature of licensee
 Ernest J Emmi

 Printed name of licensee





 Signature of Notary Public

 and for the State of: Alaska
 My commission expires: 1/21/25

Subscribed and sworn to before me this 8 day of Feb, 2022.

- 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:	\$ <u>2500</u>	Application Fee:	\$ 300.00	Misc. Fee:	\$ <u>500</u>
Total Fees Due:					\$ <u>3300</u>

LICENSE DETAILS

License #: 973395

[Print Business License](#)

Business Name: LOCALS

Status: Active

Issue Date: 04/26/2012

Expiration Date: 12/31/2023

Mailing Address: 2900 E PARKS HWY
WASILLA, AK 99654

Physical Address: 2900 E Parks Hwy
9073521700
Wasilla, AK 99654

Owners

TRIPLETS, INC

Activities

Line of Business	NAICS	Professional License #
72 - Accommodation and Food Services	722110 - FULL-SERVICE RESTAURANTS	

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.

Start Date	End Date
1/1/2020	4/21/2020

[Close License Detail](#)

[Print Friendly Version](#)

ENTITY DETAILS

Name(s)

Type	Name
Legal Name	Triplets, Incorporated

Entity Type: Business Corporation

Entity #: 10003421

Status: Good Standing

AK Formed Date: 3/5/2012

Duration/Expiration: Perpetual

Home State: ALASKA

Next Biennial Report Due: 1/2/2024

Entity Mailing Address: 2900 EAST PARKS HIGHWAY, WASILLA , AK 99654

Entity Physical Address: 2900 E PARKS HWY, WASILLA, AK 99654

Registered Agent

Agent Name: John Emmi

Registered Mailing Address: PO BOX 672049, CHUGIAK, AK 99567

Registered Physical Address: 21636 SETTLERS DR 3C, CHUGIAK, AK 99567

Officials

Show Former

AK Entity #	Name	Titles	Owned
	Ernie Emmi	Director, Secretary, Shareholder, Treasurer	50.00
	John Emmi	Director, President, Shareholder	50.00

Filed Documents

Date Filed	Type	Filing	Certificate
3/05/2012	Creation Filing	Click to View	Click to View
3/05/2012	Initial Report	Click to View	
7/09/2012	Change of Officials	Click to View	
11/01/2013	Biennial Report	Click to View	
4/01/2016	Biennial Report	Click to View	
4/20/2016	Agent Change	Click to View	
12/14/2017	Biennial Report	Click to View	
3/27/2020	Biennial Report	Click to View	
5/25/2022	Biennial Report	Click to View	