



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

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:	Hyatt House Anchorage	License #:	5507
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.

The Hyatt House Anchorage encourages tourism as a hotel option that serves alcohol and offers Food options for our paying guests. Our hotel is a full-service hotel and our guests expect full service amenities.

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

our facility has a dining option where guests can order food & beverages, as required per the Hyatt brand.

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 answer to 2.4]



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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?

144

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)?

20 rooms have a full kitchen which include a full size fridge & separate sink. The remaining 124 rooms have a microwave & mini fridge.

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".

Our hotel offers the "H Bar" which is available for beverages & food options daily from 5pm - 10pm.

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".

We have 650 sq. ft. of meeting space.



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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:

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.

Initials

William Lawson
Printed name of licensee/affiliate

Signature of licensee/affiliate

STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD

LICENSE NUMBER

FORM CONTROL

XXXX

ISSUED
12/14/2022
ABC BOARD

LIQUOR LICENSE
2023 - 2024
TEMPORARY

5507

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

THIS LICENSE EXPIRES MIDNIGHT
FEBRUARY 28, 2025 UNLESS DATED BELOW

TYPE OF LICENSE: Beverage Dispens

LICENSE FEE: \$2,500.00

1106

CITY / BOROUGH: Anchorage, Muni. of
Anchorage

D/B/A: Hyatt House Anchorage
5141 Business Park Blvd.

Mail Address:
MT Four, LLC
5141 Business Park Blvd
Anchorage, AK 99503

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

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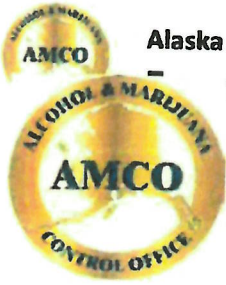
ISSUED BY ORDER OF THE
ALCOHOLIC BEVERAGE CONTROL BOARD

COPY

DIRECTOR

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

04-900 (REV 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

Licensee (Owner):	MT Four, LLC	License #:	5507
License Type:	Beverage Dispensary - Tourism		
Doing Business As:	Hyatt House Anchorage		
Local Governing Body:	Anchorage, Muni. of		
Community Council:	Midtown		

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

Mailing Address:					
City:		State:		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.

Contact Licensee:	William Lawson	Contact Phone:	509 624 1170
Contact Email:	bill @ aacd1 .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:	Catherine Devane	Contact Phone:	615 517 5511
Contact Email:	catherined @ nwx southern . com		

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



Alaska Alcoholic Beverage Control Board
Form AB-17: 2023/2024 License Renewal Application

Section 4 – Ownership Structure Certification

Did the ownership structure of the licensed business change in 2021/2022? YES NO

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.

WL

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.</i>
<i>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

Have ANY Notices of Violation been issued for this license? YES NO

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? 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.

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.

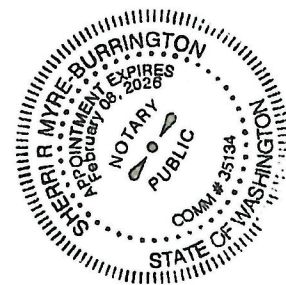
William J. Rawson
 Signature of licensee
William Lawson
 Printed name of licensee

Sherril R. Myre Burrington
 Signature of Notary Public
 Notary Public in and for the State of Washington
 My commission expires: 2/8/26

Subscribed and sworn to before me this 3rd day of November, 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:				\$	

100490089
 11/15

Details

ENTITY DETAILS

Name(s)

Type	Name
Legal Name	MT Four LLC

Entity Type: Limited Liability Company

Entity #: 10036609

Status: Good Standing

AK Formed Date: 3/9/2016

Duration/Expiration: Perpetual

Home State: WASHINGTON

Next Biennial Report Due: 1/2/2024

Entity Mailing Address: 621 W MALLON AVE STE 509, SPOKANE, WA 99201

Entity Physical Address: 621 W MALLON AVE STE 509, SPOKANE, WA 99201

Registered Agent

Agent Name: JOLYNN LUND

Registered Mailing Address: 1606 CARA LP, ANCHORAGE, AK 99515

Registered Physical Address: 1606 CARA LP, ANCHORAGE, AK 99515

Officials

Show Former


AK Entity #	Name	Titles	Owned
	Christopher Ashenbrenner	Member	20.00
	William Lawson	Member, Manager	74.00

Filed Documents

Date Filed	Type	Filing	Certificate
3/09/2016	Creation Filing	Click to View	Click to View
8/04/2016	Agent Change	Click to View	
10/29/2017	Biennial Report	Click to View	
1/15/2019	Change of Officials	Click to View	
11/12/2019	Biennial Report	Click to View	
11/16/2021	Biennial Report	Click to View	
1/11/2022	Agent Resignation	Click to View	
2/07/2022	Agent Change	Click to View	

Date Filed	Type	Filing	Certificate
2/07/2022	Entity Address Change	Click to View	

[Close Details](#)

 [Print Friendly Version](#)

License Detail

LICENSE DETAILS

License #: 1033639

[Print Business License](#)

Business Name: HYATT HOUSE HOTEL

Status: Active

Issue Date: 03/09/2016

Expiration Date: 12/31/2023

Mailing Address: 621 W MALLON AVENUE SUITE 509
SPOKANE, WA 99201Physical Address: 621 W MALLON AVENUE SUITE 509
SPOKANE, WA 99201

Owners

MT FOUR 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.

No Lapses on record for the last 4 years.

[Close License Detail](#)[Print Friendly Version](#)