

STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD

LICENSE NUMBER

FORM CONTROL

XXXX

ISSUED

02/01/2023

ABC BOARD

LIQUOR LICENSE  
2022 - 2023

TEMPORARY

2951

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: Club

LICENSE FEE: \$1,200.00

1110

CITY / BOROUGH: Outside City Limits  
Kenai Peninsula Borough

D/B/A: AMVETS Post #4  
42126 Kalifornsky Beach Road

Mail Address:  
AMVETS Post #4  
42126 Kalifornsky Beach Road  
Soldotna, AK 99669

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 5/9/22)

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

STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD

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COPY

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42126 Kalifornsky Beach Road

Mailing Address:  
AMVETS Post #4  
42126 Kalifornsky Beach Road  
Soldotna, AK 99669

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):	AmVets Post #4	License #:	2951
License Type:	Club		
Doing Business As:	AmVets Post #4		
Premises Address:	42126 Kalifornsky Beach Rd. Soldotna, AK 99669		
Local Governing Body:	Kenai Borough		
Community Council:	None		

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

Mailing Address:	42126 Kalifornsky Beach Rd.				
City:	Soldotna	State:	AK	ZIP:	99669

**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:	Jeremy Gill	Contact Phone:	907-690-2350
Contact Email:	jgillcommander@outlook.com		

*amvets Post 4 commander@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:	Shane Fender	Contact Phone:	907-283-0510
Contact Email:	fendshan@yahoo.com		

Name of Contact:		Contact Phone:	
Contact Email:			

Name of Contact:		Contact Phone:	
Contact Email:			



JAN - 5 2022



# 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:  Applicant  Affiliate

Name:	N/A			Contact Phone:	N/A	
Mailing Address:	N/A					
City:	N/A		State:	N/A		ZIP: N/A
Email:	N/A					

This individual is an:  Applicant  Affiliate

Name:	N/A			Contact Phone:	N/A	
Mailing Address:	N/A					
City:	N/A		State:	N/A		ZIP: N/A
Email:	N/A					

## 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)<br><i>If your operation dates have changed, list them below:</i>  | <input type="checkbox"/>            | <input type="checkbox"/>            |
| _____ to _____  |                                     |                                     |
| 3. The license was only operated to meet the minimum requirement of 240 total hours each calendar year.<br><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> | <input type="checkbox"/>            | <input type="checkbox"/>            |

**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.**

## 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

**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

JAN - 5 2022

# ENTITY DETAILS

## Name(s)

<b>Type</b>	<b>Name</b>
Legal Name	AMVETS POST #4

**Entity Type:** Nonprofit Corporation

**Entity #:** 44850D

**Status:** Good Standing

**AK Formed Date:** 11/17/1989

**Duration/Expiration:** Perpetual

**Home State:** ALASKA

**Next Biennial Report Due:** 7/2/2023

**Entity Mailing Address:** 42126 K-BEACH RD, SOLDOTNA, AK 99669

**Entity Physical Address:** 134 N BIRCH ST, SOLDOTNA, AK 99669

## Registered Agent

**Agent Name:** HENRY MUNRO

**Registered Mailing Address:** 42126 K-BEACH RD, SOLDOTNA, AK 99669

**Registered Physical Address:** 42126 K-BEACH RD, SOLDOTNA, AK 99669

## Officials

Show Former  
Owned

AK Entity #	Name	Titles
	Bud Ashby	Director
	Bud Vinson	Director
	Grady Nelson	Director
	JEREMY GILL	President
	Nancy Gill	Vice President
	Norm Mortinson	Secretary OK
	Shane Fender	Treasurer

## Filed Documents

Date Filed	Type	Filing	Certificate
11/17/1989	Creation Filing		
7/10/1991	Biennial Report		
2/29/1992	Biennial Report		
12/14/1994	Biennial Report	<a href="#">Click to View</a>	

Date Filed	Type	Filing	Certificate
8/31/1995	Biennial Report	Click to View	
8/18/1997	Biennial Report	Click to View	
6/05/2000	Biennial Report		
12/24/2001	Biennial Report	Click to View	
3/25/2004	Biennial Report	Click to View	
6/29/2005	Biennial Report	Click to View	
7/18/2005	Agent Change	Click to View	
12/18/2009	Biennial Report	Click to View	
12/19/2009	Biennial Report	Click to View	
11/26/2011	Biennial Report	Click to View	
6/13/2013	Biennial Report	Click to View	
5/22/2015	Biennial Report	Click to View	
7/16/2015	Agent Change	Click to View	
9/18/2017	Agent Change	Click to View	
9/18/2017	Biennial Report	Click to View	
12/17/2019	Biennial Report	Click to View	
4/25/2021	Biennial Report	Click to View	

[Close Details](#)

[Print Friendly Version](#)

AMVETS Post 4  
42126 K-Beach Rd.  
Soldotna, AK 99669

AMCO  
550 W 7th Ave, Suite 1600  
Anchorage, AK 99501

ALASKAN FRONTIER  
995-997  
4 JAN 2022 PM 1 L



99501-356700



AMCO  
JAN - 5 2022

# LICENSE DETAILS

**License #:** 937760

[Print Business License](#)

**Business Name:** AMVETS POST 4

**Status:** Active

**Issue Date:** 01/05/2010

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

**Mailing Address:** 42126 K-BEACH RD  
SOLDOTNA, AK 99669-8280

**Physical Address:** 42126 K-Beach Rd  
Soldotna, AK 99669-8280

## Owners

AMVETS POST #4

## Activities

**Line of Business**

72 - Accommodation and Food Services

**NAICS**

722410 - DRINKING PLACES (ALCOHOLIC BEVERAGES)

**Professional License #**

## 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](#)

Details

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Type	Name
Legal Name	AMVETS POST #4

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**Entity #:** 44850D

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	Bud Vinson	Director	
	Grady Nelson	Director	
	JEREMY GILL	President <i>OK</i>	
	Nancy Gill	Vice President <i>OK</i>	
	* Norm Mortinson	Secretary * <i>OK</i>	
	Shane Fender	Treasurer	

## Filed Documents

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12/19/2009	Biennial Report	<a href="#">Click to View</a>	
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6/13/2013	Biennial Report	<a href="#">Click to View</a>	
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