

Transfer Liquor License

PAGE 1 OF 2

(907) 269-0350

Fax: (907) 272-9412

www.dps.state.ak.us/abc

Alcoholic Beverage Control Board
5948 E Tudor Rd
Anchorage, AK 99507

This application is for:

- Seasonal - Two 6-month periods in each year of the biennial period beginning _____ and ending _____
Mo/Day Mo/Day
- Full 2-year period

SECTION A - LICENSE INFORMATION. Must be completed for all types of applications.			FEE'S
License Year: 2008 - 2010	License Type: Beverage Dispensary Tourism License under AS 4.11.400(d)	Statute Reference: Sec. 04.11.400(d)	License Fee: \$ Filing Fee: \$100.00 Fingerprint: (\$10 per person) Total Submitted: \$
Local Governing Body (City, Borough or Unorganized): Municipality of Anchorage	Community Council Name(s) & Mailing Address: South Addition Community Council Anchorage, AK		
Federal EIN or SSN: 26-1150974	Name of Applicant (Corp/LLC/PLLP/Individual/Partnership): RS Inlet of Anchorage LLC	Doing Business As (Business Name): Inlet Tower Hotel and Suites	Business Telephone Number: 907-276-0110 Fax Number: 907-292-4194
Mailing Address: 1200 L Street Anchorage, AK 99501	Street Address or Location of Premises: 1200 L Street Anchorage, AK 99501	Email Address: michael@peckard-1.com	

SECTION B - TRANSFER INFORMATION.	
<input checked="" type="checkbox"/> Regular Transfer <input type="checkbox"/> Transfer with security interest: Any instrument executed under AS 04.11.670 for purposes of applying AS 04.11.360(4)(b) is a loan involuntary transfer, must be filed with this Application (15 AAC 104.107). Real or personal property conveyed with this transfer must be described. Provide security interest documents. <input type="checkbox"/> Involuntary Transfer. Attach documents which evidence default under AS 04.11.670.	Name and Mailing Address of Current Licensee: Inlet Tower LLC 1200 L Street, Anchorage, AK 99501 Business Name (aka) BEFORE transfer: Mixx Grill Street Address or Location BEFORE transfer: 1200 L Street, Anchorage, AK 99501

SECTION C - PREMISES TO BE LICENSED. Must be completed for RELOCATION applications.		
Closest school grounds: Inlet View Elementary	Distance measured under: <input type="checkbox"/> AS 04.11.410 OR <input type="checkbox"/> Local ordinance No. _____	<input type="checkbox"/> Premises is GREATER than 50 miles from the boundaries of an incorporated city, borough, or unified municipality. <input type="checkbox"/> Premises is LESS than 50 miles from the boundaries of an incorporated city, borough, or unified municipality. <input checked="" type="checkbox"/> Not applicable
Closest church: Anchorage Lutheran	Distance measured under: <input type="checkbox"/> AS 04.11.410 OR <input type="checkbox"/> Local ordinance No. _____	
Premises to be licensed in: <input type="checkbox"/> Proposed building <input checked="" type="checkbox"/> Existing facility <input type="checkbox"/> New building	<input type="checkbox"/> Plans submitted to Fire Marshall (required for new & proposed buildings) <input checked="" type="checkbox"/> Diagram of premises attached	

Does any individual, corporate officer, director, limited liability organization member, manager or partner named in this application have any direct or indirect interest in any other alcoholic beverage business licensed in Alaska or any other state?
 Yes No If Yes, complete the following. Attach additional sheets if necessary. See attached

Name	Name of Business	Type of License	Business Street Address	State
Sam Chang	Gala Manor Banquet Hall	Liquor License	37-83 Main Street	Flushing, NY
Sam Chang	Briarum Tulsa - Hilton Hotel	Liquor License	79002 S. Lewis Avenue	Tulsa, OK
Sam Chang	Howard Johnson's Plaza Hotel	Liquor License	239 W. 4 th Avenue	Anchorage, AK

Has any individual, corporate officer, director, limited liability organization member, manager or partner named in this application been convicted of a felony, a violation of AS 04, or been convicted as a licensee or manager of licensed premises in another state of the liquor laws of that state?
 Yes No If Yes, attach written explanation.

Date Approved _____ Director's Signature _____

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PAGE 2 of 2
 Licensee Information
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Corporations, LLCs, LLPs and LPs must be registered with the Dept. of Community and Economic Development.

Name of Entity (Corporation/LLC/LLP/LP) (or N/A if an individual ownership): RS Inlet Of Anchorage LLC		Telephone Number: 516-773-9300	Fax Number: 516-773-9301
Corporate Mailing Address: 420 Great Neck Road		City: Great Neck	State: NY
Name, Mailing Address and Telephone Number of Registered Agent: Incorporating Services Ltd. 3059 Mountainwood Circle Juneau, AK 99801		Date of Incorporation OR Certification with DCED: 09-21-2007	Zip Code: 11021
Is the Entity in compliance with the reporting requirements of Title 10 of the Alaska Statutes? If no, attach written explanation. Your entry must be in compliance with Title 10 of the Alaska Statutes to be a valid liquor licensee.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Entity Members (Must include President, Secretary, Treasurer, Vice-President, Manager and Shareholder/Member with at least 10%)

Name	Title	%	Home Address & Telephone Number	Work Telephone Number	Date of Birth
Sam Chang	Sole Member	100	420 Great Neck Road, Great Neck, NY 11021 (516)773-9300	(516)773-9300	07-29-1960

NOTE: On a separate sheet provide information on ownership other organized entities that are shareholders of the licensee.

Individual Licensees/Affiliates (The ABC Board defines an "Affiliate" as the spouse or significant other of a licensee. Each Affiliate must be listed.)

Name: N/A Address: Home Phone: Work Phone:	Applicant <input type="checkbox"/> Affiliate <input type="checkbox"/> Date of Birth:	Name: Address: Home Phone: Work Phone:	Applicant <input type="checkbox"/> Affiliate <input type="checkbox"/> Date of Birth:
Name: Address: Home Phone: Work Phone:	Applicant <input type="checkbox"/> Affiliate <input type="checkbox"/> Date of Birth:	Name: Address: Home Phone: Work Phone:	Applicant <input type="checkbox"/> Affiliate <input type="checkbox"/> Date of Birth:

Declaration

- I declare under penalty of perjury that I have examined this application, including the accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct and complete, and this application is not in violation of any security interest or other contracted obligations.
- I hereby certify that there have been no changes in officers or stockholders that have not been reported to the Alcoholic Beverage Control Board. The undersigned certifies on behalf of the organized entity, it is understood that a misrepresentation of fact is cause for rejection of this application or revocation of any license issued.
- I further certify that I have read and am familiar with Title 4 of the Alaska statutes and its regulations, and that in accordance with AS 04.11.450, no person other than the licensee(s) has any direct or indirect financial interest in the licensed business.
- I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application.

Signature of Licensee(s) Signature	Signature of Transferor(s) Signature
Signature	Signature
Name & Title (Please Print) Sam Chang, Sole Member, RS Inlet of Anchorage LLC	Name & Title (Please Print) Ryan W. Pleas
Subscribed and sworn to before me this day of	Subscribed and sworn to before me this 15 th day of January 2008
Notary Public in and for the State of New York	Notary Public in and for the State of WA
My commission expires:	My commission expires: 06-11-10

