



Document reference ID : 6427

## Renewal Application Summary

<b>Application ID:</b>	6427
<b>License No:</b>	3794
<b>License Type applied for Renewal:</b>	Restaurant Eating Place License (REPL)
<b>Licensee Name:</b>	Excursion Restaurant, Llc
<b>License Expiration Date:</b>	12/31/2025
<b>Doing Business As:</b>	Excursion Restaurant
<b>Premises Address:</b>	5021 Rink Creek Rd, Gustavus, AK, 99826
<b>Application Status:</b>	In Review
<b>Application Submitted On:</b>	11/14/2025 03:43 PM AKST

## Entity Information

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<b>Business Structure:</b>	Limited liability company
<b>FEIN/SSN Number:</b>	
<b>Alaska Entity number (CBPL):</b>	60390D
<b>Alaska Entity Formed Date:</b>	
<b>Home State:</b>	

# Entity Contact Information

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**Entity Address:** 4007 Lower Honoapiilani Rd Unit 213, Lahaina, HI, 96761

## Local Government and Community Council Details

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**City/Municipality:** Gustavus

**Borough:** Unorganized Borough

## Renewal Information

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**Are there any changes to your ownership structure that have not been reported to AMCO prior to this application?:**

No

**As set forth in AS 04.11.330, how many hours did you operate during the first calendar year for this renewal period?:**

The license was regularly operated continuously throughout the first calendar year for this renewal period.

**As set forth in AS 04.11.330, how many hours did you operate during the second calendar year for this renewal period?:**

The license was regularly operated continuously throughout the second calendar year for this renewal period.

**Please select the seasonality:**

Seasonal

**Please Provide your six-month operating period:**

05/01-10/20

**Operation Period Details:**

We are a seasonal lodge that operates a restaurant inside the lodge building.

**Has any person or entity in this application been convicted or disciplined for a violation of Title 04, 3 AAC 304 or 305, or a local ordinance adopted under AS 04.21.010 in the preceding two calendar years?I:**

No

**Have any notices of violation or citations been issued for this license during the preceding two years?:**

No

## Restaurant Affidavit

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<b>Revenue in Food Sales during the first Calendar Year in the Renewal Period</b>	\$xxx.xx
<b>Revenue in Alcohol Sales during first Calendar Year in the Renewal Period</b>	\$xxx.xx
<b>% of Gross Revenue from Food Sales during the first Calendar Year in the Renewal Period</b>	94.61
<b>Revenue in Food Sales during the second Calendar Year in the Renewal Period</b>	\$xxx.xx
<b>Revenue in Alcohol Sales during second Calendar Year in the Renewal Period</b>	\$xxx.xx
<b>% of Gross Revenue from Food Sales during the second Calendar Year in the Renewal Period</b>	94.05

## Restaurant Detail

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<b>Dining after standard closing hours: AS 04.16.010(c)</b>	No
<b>Dining by persons 16 – 20 years of age: AS 04.16.049(a)(2)</b>	Yes
<b>Dining by persons under the age of 16 years, accompanied by a person over the age of 21: AS 04.16.049(a)(3)</b>	Yes
<b>Employment for any persons under 21 years of age: AS 04.16.049(c)</b>	Yes

**List where within the premises minors are anticipated to have access in the course of either dining or employment. (Example: Minors will only be allowed in the dining area. OR Minors will only be employed and present in the Kitchen.)**

We have front desk, dishwashers and housekeepers at the lodge that are minors. We also have guests that bring minors to stay and eat in the dining room.

**Describe the policies, practices and procedures that will be in place to ensure that minors do not gain access to alcohol while dining or employed at your premises.**

Our beer and wine are in locked areas during off hours. The wine / beer refrigerators and chillers are at a manager-controlled area while unlocked.

**Is an owner, manager, or assistant manager who is 21 years of age or older always present on the premises during business hours?** Yes

## Food Service Permit

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**Is your license located in Municipality of Anchorage?** No

**Do you have Approved food service permit for this premises?** Yes

## Entertainment & Service

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**Are any forms of entertainment offered or available within the licensed business or within the proposed licensed premises?** No

**Food and beverage service offered or anticipated is:** Table Service

## Hours Of Operation

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**Sunday** 04:00 PM - 09:00 PM

**Monday** 04:00 PM - 09:00 PM

**Tuesday** 04:00 PM - 09:00 PM

**Wednesday** 04:00 PM - 09:00 PM

**Thursday** 04:00 PM - 09:00 PM

**Friday** 04:00 PM - 09:00 PM

**Saturday**

**04:00 PM - 09:00 PM**

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## Attestations

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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 305, 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.

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 305.700.

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.

## Signature

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This application was digitally signed by : David Olney on 11/14/2025 03:58 PM AKST

## Payment Info

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Payment Type : CC

Payment Id: 45a3f8ad-8457-4eac-bf1f-9d3f5f8e84c0

Receipt Number: 101201089

Payment Date: 11/14/2025 04:09 PM AKST

License Detail

# LICENSE DETAILS

**License #:** 1028566

License unavailable for printing

**Business Name:** EXCURSION RESTAURANT LLC.

**Status:** Expired

**Issue Date:** 11/09/2015

**Expiration Date:** 12/31/2021

**Has Telemedicine:** No

**Mailing Address:** 2509 N 53RD ST  
PHOENIX, AZ 85008

**Physical Address:** 5021 Rink Creek Rd  
6029529096  
Gustavus, AK 99826-9096

## Owners

Owner Name	Entity #	Entity Status
EXCURSION RESTAURANT LLC.	60390D	Involuntarily Dissolved

## Activities

Line of Business	NAICS	Professional License #
72 - Accommodation and Food Services	721191 - BED-AND-BREAKFAST INNS	

## 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.

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## Details

## ENTITY DETAILS

## Name(s)

Type	Name
Legal Name	EXCURSION RESTAURANT LLC.

**Entity Type:** Limited Liability Company

**Entity #:** 60390D

**Status:** Involuntarily Dissolved

**AK Formed Date:** 2/28/1997

**Duration/Expiration:** Perpetual

**Home State:** ALASKA

**Next Biennial Report Due:** 1/2/2025

**Entity Mailing Address:** PO BOX 255, GUSTAVUS, AK 99826

**Entity Physical Address:** 5021 RINK CREEK RD, GUSTAVUS, AK 99826

## Registered Agent

**Agent Name:** Jane Olney Sheahan

**Registered Mailing Address:** PO BOX 111, GUSTAVUS, AK 99826

**Registered Physical Address:** LOT 2 COHO DRIVE, GUSTAVUS, AK 99826

## Officials

Show Former

AK Entity #	Name	Titles	Owned
	DAVID OLNEY	Member	49.00
	JANE SHEAHAN	Member	51.00

## Filed Documents

Date Filed	Type	Filing	Certificate
2/28/1997	Creation Filing		
8/07/1997	Biennial Report		
1/06/1999	Biennial Report	<a href="#">Click to View</a>	
2/05/2001	Biennial Report	<a href="#">Click to View</a>	
1/10/2003	Biennial Report	<a href="#">Click to View</a>	
2/03/2005	Agent Change	<a href="#">Click to View</a>	
2/03/2005	Biennial Report	<a href="#">Click to View</a>	
12/28/2006	Biennial Report	<a href="#">Click to View</a>	
11/14/2011	Biennial Report	<a href="#">Click to View</a>	

Date Filed	Type	Filing	Certificate
6/07/2012	Biennial Report	<a href="#">Click to View</a>	
1/14/2013	Biennial Report	<a href="#">Click to View</a>	
8/26/2014	Change of Officials	<a href="#">Click to View</a>	
12/15/2014	Biennial Report	<a href="#">Click to View</a>	
12/02/2016	Biennial Report	<a href="#">Click to View</a>	
12/24/2018	Biennial Report	<a href="#">Click to View</a>	
1/22/2019	Agent Change	<a href="#">Click to View</a>	
6/30/2021	Biennial Report	<a href="#">Click to View</a>	
12/20/2022	Biennial Report	<a href="#">Click to View</a>	
8/20/2025	Admin Dissolution		<a href="#">Click to View</a>

[Close Details](#)[!\[\]\(71ceb62b681518c82e95d615e7265d66\_img.jpg\) Print Friendly Version](#)