

License Renewal

Is this application being made by you for the benefit of someone else? If "YES," indicate below or attach explanation.

No

Has the applicant, applicant's spouse, partner, officer, director or stockholders, of the licensed entity become disqualified by law or by facts and conditions from holding a license or permit under the Alcohol and Cannabis Control Information System Alcoholic Beverage Code? If "YES," indicate below or attach explanation.

No

Have there been changes since your original application that have not been reported on this or previous applications? If "YES," indicate below or attach explanation.

No

How many hours did you operate in 2022 as set forth in AS 04.11.330?

Operated to meet the minimum 240 hrs.

**Licensee verified normal operations in 2022. AB-30 not used.
AMCO K. Serezhenkov**

AB30 Document

- [Recap for AB30.pdf](#)

How many hours did you operate in 2023 as set forth in AS 04.11.330?

Operated to meet the minimum 240 hrs.

**Licensee verified normal operations in 2023. AB-30 not used.
AMCO K. Serezhenkov**

AB30 Document

- [2023 Gustavus tax form q2 signed.pdf](#)

Are you a seasonal license and has your operation times/dates/seasons changed?

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 2022 or 2023?

No

Have any Notices of Violation been issued for this license in 2022 or 2023?


No

License Number:
3794

License Expiration Date:
12/31/2023

License Trade Name:
Excursion Restaurant

Mailing Address:

 4007 Lower Honoapiilani Apt 213
Lahaina, HI 96761
Lahaina, HI
96761



Document reference ID : 343

Licensing Application Summary

Application ID: 343

Applicant Name: Excursion Restaurant, Llc

License Type applied for: Restaurant Eating Place License (REPL) (AS 04.09.210)

Application Status: In Review

Application Submitted On: 11/02/2023

Entity Information

Business Structure: Limited liability company

Alaska Entity Number (CBPL): 60390D

Entity Contact Information

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

Ownership / Principal Party Details

Principal Parent Entity	Principal Party	Role	%Ownership
Excursion Restaurant, Llc	Jane Sheahan	Member	51
Excursion Restaurant, Llc	David William Olney	Member	49

Premises Address

Nearest municipality, city, and/or borough: Gustavus

Country, State, Zip: AK, United States,

Basic Business information

Business/Trade Name: Excursion Restaurant

Local Government and Community Council Details

City/Municipality Gustavus

Borough Unorganized Borough

Seasonal Information

Are you conducting seasonal business? Yes

Please Provide your six-month operating period 05/01-10/20

Operation Period Details Migration

Public Notice Posting Attestation and Publishers Affidavit

Attestations

I certify that all proposed licensees (as defined in AS 04.11.260) and affiliates have been listed on this application.

I certify 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.

I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check the identification of a patron will complete an approved alcohol server education course, if required by AS 04.21.025, and, while selling or serving alcoholic beverages, will carry or have available to show a current course card or a photocopy of the card certifying completion of approved alcohol server education course, if required by 3 AAC 305.700.

I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application.

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.

I certify that all proposed licensees have been listed with Division of Corporation, Business, and Professional Licensing.

I certify that I and any individual identified in the business entity ownership section of this application, has or will read AS 04 and its implementing regulations.

Signature

Electronic Signature not collected; application submitted based on paper form.

Payment Info

Payment Type : Check

Check Number: 230

Payment Date: 11/1/2023 8:24:08 PM