

# Application for Conditional Use Retail Sale Alcoholic Beverages

Municipality of Anchorage  
Planning Department  
PO Box 196650  
Anchorage, AK 99519-6650

Please fill in the information asked for below.


PETITIONER*	PETITIONER REPRESENTATIVE (IF ANY)
Name (last name first) Host International Inc	Name (last name first) Blanké Richard
Mailing Address 6905 Rockledge Drive Bethesda, MD 20817	Mailing Address P.O. Box 190231 Anchorage AK 99502
Contact Phone: Day: 907-243-4331 Night: 907-250-1714	Contact Phone: Day: 907-243-4331 Night: 907-250-1714
FAX: 907-243-8636	FAX: 907-243-8636
E-mail: richard.blanké@hmshost.com	E-mail: richard.blanké@hmshost.com

\*Report additional petitioners or disclose other co-owners on supplemental form. Failure to divulge other beneficial interest owners may delay processing of this application.

PROPERTY INFORMATION		
Property Tax #(000-000-00-000): 010-381-31		
Site Street Address: 5000 W. International Airport Road Anchorage AK 99502		
Property Owner (if not the Petitioner):		
Current legal description: (use additional sheet in necessary) Lease space 31641 Pre security Lease lot 23 Anchorage International Airport SW 1/4 NW 1/4 Section 33 Township 13 North Range 4 West Anchorage According district state of Alaska		
Zoning: T	Acreage: 24,000 SF	Grid # SW1924

ALCOHOLIC BEVERAGE CONTROL BOARD LICENSE PROPOSED		
<input type="checkbox"/> Beverage Dispensary	<input type="checkbox"/> Private Club	<input type="checkbox"/> Restaurant, exempt
<input checked="" type="checkbox"/> Beverage Dispensary-Tourism	<input type="checkbox"/> Public Convenience	<input type="checkbox"/> Theater
<input type="checkbox"/> Brew Pub	<input type="checkbox"/> Recreational	<input type="checkbox"/> Other (Please explain):
<input type="checkbox"/> Package Store	<input type="checkbox"/> Restaurant	
Is the proposed license: <input type="checkbox"/> New <input type="checkbox"/> Transfer of location: ABC license number:		
Duplicate Transfer license location:		
Transfer licensed premises doing business as:		

I hereby certify that (I am)/(I have been authorized to act for) owner of the property described above and that I petition for a retail sale of alcoholic beverages conditional use permit in conformance with Title 21 of the Anchorage Municipal, Code of Ordinances. I understand that payment of the application fee is nonrefundable and is to cover the costs associated with processing this application, and that it does not assure approval of the conditional use. I also understand that assigned hearing dates are tentative and may have to be postponed by Planning Department, Municipal Clerk, or the Assembly for administrative reasons.

Date 5/2/14	Signature (Agents must provide written proof of authorization)  Richard Blanké Director of Operations
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Accepted by: FM	Poster & Affidavit: <input type="checkbox"/> + affidavit	Fee: \$3,925	Case Number: 2014-0091
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