



Alaska Alcoholic Beverage Control Board

Tourism Statement

A new, transfer, or renewal application for a beverage dispensary – tourism or restaurant / eating place – tourism license must be accompanied by a written statement that explains how the establishment encourages tourism and meets the requirements listed under AS 04.11.400(d) and 3 AAC 304.325.

This document must be submitted to AMCO's main office before any tourism license application will be reviewed.

Section 1 – Establishment Information

Enter information for the business seeking to have its license renewed. If any populated information is incorrect, please contact AMCO.

Doing Business As:	Shelter Cove Lodge	License #:	4263
License Type:	Beverage Dispensary Tourism-Seasonal		

Section 2 – Tourism Statement

2.1. Explain how issuance of a liquor license at your establishment has/will encourage tourism.

We have 600+ fishing charter guests who enjoy restaurant dining accompanied by the beverage of their choice. Our restaurant is open to the public – we are the only upscale restaurant/bar in the Craig area.

2.2. Explain how the facility was/will be constructed or improved as required by AS 04.11.400(d)(1):

a bar service area was added to the dining room when we got our liquor license.
See attached letter written in 2017.

2.3 Does the licensee or applicant for this liquor license also operate the tourism facility in which this license is located?

YES

☒

NO

☐

2.4 If "no" who operates the tourism facility?



Alaska Alcoholic Beverage Control Board

Tourism Statement

2.5 Do you offer room rentals to the traveling public?

YES
☒

NO
☐

If "yes" answer the following questions:

How many rooms are available?

10

How many of the available rooms (if any) have kitchen facilities (defined as: a separate sink for food preparation along with refrigeration and cooking appliance devices, including a microwave)?

None

Do you stock or plan to stock alcoholic beverages in guest rooms?

YES
☐

NO
☒

If "no" is your facility located within an airport terminal?

YES
☐

NO
☒

2.6 If your establishment includes a dining facility, please describe that facility. If it does not please write "none".

Full service Restaurant. Menu dining

2.7 If additional amenities are available to your guests through your establishment (eg: guided tours or trips, rental equipment for guests, other activities that attract tourists), please describe them. If they are not offered, please write "none".

FISHING CHARTERS

January 3, 2017

Dear ABC Board:

Nothing has changed since I wrote the attached letter in December of 2012 except that our business has grown. We operate 7 to 9 fully guided fishing boats during the summer months and host well over 500 guests plus walk-ins to our summer restaurant. Since losing Ruth Ann's Restaurant to a fire last winter, the dining services provided by our seasonal lodge have become more important. We feel it is an honor to be able to provide quality dining services to our local and visiting guests.

Please advise me (541-953-8310) if you have need of additional information.

Sincerely,

Linda Lewis

Proprietor/Manager

Shelter Cove Enterprises LLC

STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD

LICENSE NUMBER

FORM CONTROL

XXXX

ISSUED
4/15/2021
ABC BOARD

LIQUOR LICENSE
2021 - 2022

4263

LICENSE RENEWAL APPLICATION DUE
DECEMBER 31, 2022 (AS 04.11.270(b))

THIS LICENSE EXPIRES MIDNIGHT
FEBRUARY 28, 2023 UNLESS DATED BELOW

TYPE OF LICENSE: Beverage Dispenser

05/01 - 09/30

LICENSE FEE: \$1,250.00

1103

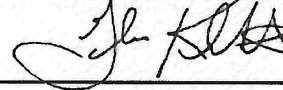
CITY / BOROUGH: Craig
Unorganized Borough

D/B/A: Shelter Cove Lodge
703 Hamilton Dr
Mail Address:
Shelter Cove Enterprises LLC
PO Box 5758
Ketchikan, AK 99901

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 9/09)

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

STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD

LICENSE NUMBER

FORM CONTROL

XXXX

ISSUED
4/15/2021
ABC BOARD

LIQUOR LICENSE
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ISSUED BY ORDER OF THE
ALCOHOLIC BEVERAGE CONTROL BOARD

COPY
DIRECTOR

D/B/A: Shelter Cove Lodge
703 Hamilton Dr
Mailing Address:
Shelter Cove Enterprises LLC
PO Box 5758
Ketchikan, AK 99901

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

04-900 (REV 9/09)



Alcohol and Marijuana Control Office
550 W 7th Avenue, Suite 1600
Anchorage, AK 99501
alcohol.licensing@alaska.gov
<https://www.commerce.alaska.gov/web/amco>
Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board

Master Checklist: Renewal Liquor License Application

Doing Business As:	Shelter Cove Lodge	License Number:	4263
License Type:	Beverage Dispensary - Tourism Seasonal		
Examiner:	Kristina S.	Transaction #:	100029917

Document	Received	Completed	Notes
AB-17: Renewal Application	12/28	4-15-2021	
App and License Fees	12/28	4-15-2021	

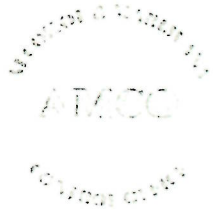
Supplemental Document	Received	Completed	Notes
Tourism/Rec Site Statement	4-15-2021	4-15-2021	
AB-25: Supplier Cert (WS)			
AB-29: Waiver of Operation			
AB-30: Minimum Operation			
AB-33: Restaurant Affidavit			
COI / COC / 5 Star			
FP Cards & Fees / AB-08a			
Late Fee			

Names on FP Cards:	
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	Yes	No
Selling alcohol in response to written order (package stores)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Mailing address and contact information different than in database (if yes, update database)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
In "Good Standing" with CBPL (skip this and next question for sole proprietor)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Officers and stockholders match CBPL and database (if "No", determine if transfer necessary)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

LGB 1 Response: City of Craig LGB 2 Response: N/A

☐ Waive ☐ Protest ☐ Lapsed ☐ Waive ☐ Protest ☐ Lapsed



Alaska Alcoholic Beverage Control Board

Form AB-17: 2021/2022 License Renewal Application

- This form and any required supplemental forms must be completed, signed by the licensee, and postmarked no later than 12/31/2020 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 02/28/2021 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):	Shelter Cove Enterprises LLC	License #:	4263
License Type:	Beverage Dispensary Tourism - Seasonal		
Doing Business As:	Shelter Cove Lodge		
Premises Address:	703 HAMILTON DR CRAIG, AK		
Local Governing Body:	CITY OF CRAIG		
Community Council:	NONE		

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

Mailing Address:					
City:		State:		ZIP:	

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:		Contact Phone:	
Contact Email:			

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:	LINDA LEWIS	Contact Phone:	541-953-8310
Contact Email:	sheltercovelodge@hotmail.com		

Name of Contact:		Contact Phone:	
Contact Email:			

Name of Contact:		Contact Phone:	
Contact Email:			

Alaska Alcoholic Beverage Control Board

Form AB-17: 2021/2022 License Renewal Application

Section 2 – Entity or Community Ownership Information

Use the link from Corporations, Business and Professional Licensing (CBPL) below to assist you in finding the Entity #.

Alaska CBPL Entity #:	653320
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: Any new or changes to Shareholders (10% or more), Managers, Corporate Officers, Board of Directors, Partners, Controlling Interest or 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 card stock, AB-08a's, payment of \$48.25 for each new officer with a date-stamped copy of the CBPL change per AS 04.11.045, 50 & 55, or a Notice of Violation will be issued to your establishment and your application will be returned.

The only exception to this is a Corporation who can meet the requirements set forth in AS 04.11.050(c).

DO NOT LIST OFFICERS OR TITLES THAT ARE NOT REQUIRED FOR YOUR ENTITY TYPE.

- Corporations of any type including non-profit must list ONLY the following:
 - All shareholders who own 10% or more stock in the corporation
 - Each President, Vice-President, Secretary, and Managing Officer regardless of percentage owned
- Limited Liability Corporations, of any type must list ONLY the following:
 - All Members with an ownership interest of 10% or more
 - All Managers (of the LLC, not the DBA) regardless of percentage owned
- Partnerships of any type, including Limited Partnerships must list ONLY the following:
 - Each Partner with an interest of 10% or more
 - All General Partners regardless of percentage owned

Important Note:

You must list full legal names, all required titles, phone number, percentage of shares owned (if applicable) and a full mailing address for each official of your entity whose information we require. If more space is needed: attach additional completed copies of this page. Additional information not on this page will be rejected.

Name of Official:	LINDA LEWIS				
Title(s):	MEMBER	Phone:	5419538310	% Owned:	100%
Mailing Address:	Box 5758				
City:	KETCHIKAN	State:	AK	ZIP:	99901

Name of Official:					
Title(s):		Phone:		% Owned:	
Mailing Address:					
City:		State:		ZIP:	

Name of Official:					
Title(s):		Phone:		% Owned:	
Mailing Address:					
City:		State:		ZIP:	



Form AB-17: 2021/2022 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:				Contact Phone:	
Mailing Address:					
City:		State:		ZIP:	
Email:					

This individual is an: ☐ Applicant ☐ Affiliate

Name:				Contact Phone:	
Mailing Address:					
City:		State:		ZIP:	
Email:					

Section 4 – License Operation

Check ONE BOX for EACH CALENDAR YEAR that best describes how this liquor license was operated:

1. The license was regularly operated continuously throughout each year. (Year-round)

2019

☐

2020

☐

2. The license was only operated during a specific season each year. (Seasonal)

If your operation dates have changed, list them below:

MAY

to

SEPTEMBER

☒☒

3. The license was only operated to meet the minimum requirement of 240 total hours each calendar year.

A complete AB-30: Proof of Minimum Operation Checklist, and all documentation must be provided with this form.

☐☐

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. 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.

☐☐

If you have not met the minimum number of hours of operation in 2020, 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 2019 or 2020?

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

DEC 28 2020



Alaska Alcoholic Beverage Control Board

Form AB-17: 2021/2022 License Renewal Application

Section 6 – Certifications

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 304, 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 potentially expired if I do not comply with statutory or regulatory requirements.
- I certify that all current licensees (as defined in AS 04.11.260) and affiliates have been listed on this application, and that in accordance with AS 04.11.450, no one other than the licensee(s) 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 accurately listed, and I have provided AMCO with all required changes of Shareholders (10% or more), Managers, Corporate Officers/Board of Directors, Partners, Controlling Interest or Ownership of the business license, and have provided all required documents for any new or changes in 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 304.465.
- I certify that I have not altered the functional floor plan or reduced or expanded the area of the licensed premises, and I have not changed the business name from what is currently approved and on file with the Alcoholic Beverage Control Board.

I certify on behalf of myself or of the organized entity 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.

Linda Lewis
Signature of licensee

LINDA LEWIS
Printed name of licensee

[Signature]
Signature of Notary Public

Notary Public in and for the State of: OREGON

My commission expires: 01/22/2023

Subscribed and sworn to before me this 18 day of December, 2022

Restaurant/Eating Place applications must include a completed AB-33: Restaurant Receipts Affidavit

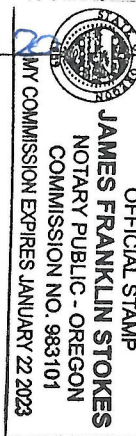
Recreational Site applications must include a completed Recreational Site Statement

Tourism applications must include a completed Tourism Statement

Wholesale applications must include a completed AB-25: Supplier Certification

All renewal and supplemental forms are available online

Any application that is not complete or does not include ALL required completed forms and fees will not be processed and will be returned per AS 04.11.270, 3 AAC 304.105.



FOR OFFICE USE ONLY

License Fee:	\$ <u>1250-</u>	Application Fee:	\$ 300.00	Misc. Fee:	\$
Total Fees Due:					\$ <u>1550-</u>

AMCO

DEC 28 2022

LICENSE DETAILS

License #: 1088926

Print Business License

Business Name: SHELTER COVE LODGE

Status: Active

Issue Date: 10/26/2018

Expiration Date: 12/31/2022

Mailing Address: P O BOX 798
CRAIG, AK 99921

Physical Address: 703 HAMILTON DR
CRAIG, AK 99921

Owners

SHELTER COVE ENTERPRISES, LLC

Activities

Line of Business	NAICS	Professional License #
72 - Accommodation and Food Services	721110 - HOTELS (EXCEPT CASINO HOTELS) AND MOTELS	

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.

Department of Commerce, Community, and Economic Development
**CORPORATIONS, BUSINESS & PROFESSIONAL
LICENSING**

[State of Alaska](#) / [Commerce](#) / [Corporations, Business, and Professional Licensing](#) / [Search & Database Download](#) / [Corporations](#) / [Entity Details](#)

ENTITY DETAILS

Name(s)

Type	Name
Legal Name	SHELTER COVE ENTERPRISES, LLC

Entity Type: Limited Liability Company

Entity #: 65332D

Status: Good Standing

AK Formed Date: 11/27/1998

Duration/Expiration: Perpetual

Home State: ALASKA

Next Biennial Report Due: 1/2/2022

Entity Mailing Address: PO BOX 798, CRAIG, AK 99921

Entity Physical Address: 703 HAMILTON DR., CRAIG, AK 99921

Registered Agent

Agent Name: John Peterson

Registered Mailing Address: 307 BAWDEN ST, KETCHIKAN, AK 99901

Registered Physical Address: 307 BAWDEN ST, KETCHIKAN, AK 99901

Officials

☐ Show Former

AK Entity #	Name	Titles	Owned
	LINDA L LEWIS	Member	100.00

Filed Documents

Date Filed	Type	Filing	Certificate
11/27/1998	Creation Filing	Click to View	
12/09/1998	Biennial Report		
1/18/2001	Biennial Report	Click to View	
12/31/2001	Biennial Report	Click to View	
11/01/2002	Agent Change	Click to View	
2/02/2004	Biennial Report	Click to View	
12/12/2005	Biennial Report	Click to View	
1/11/2008	Biennial Report	Click to View	
2/16/2010	Biennial Report	Click to View	
12/06/2011	Biennial Report	Click to View	
11/08/2013	Biennial Report	Click to View	
12/29/2015	Biennial Report	Click to View	
1/04/2018	Biennial Report	Click to View	
1/28/2020	Biennial Report	Click to View	