

Alcohol and Marijuana Control Office 550 W 7<sup>th</sup> Avenue, Suite 1600 Anchorage, AK 99501 <u>alcohol.licensing@alaska.gov</u>

https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

## **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.

	Westmark Inn Skagway-Glacial Lounge	License #:	5512
License Type:	Beverage Dispensary - Tourism Duplicate Season	al	
	Section 2 – Tourism Statemen		
Explain how issuance o	of a liquor license at your establishment has/will encourage to		
free ferry and air	are adjacent to the Historic District and close to shop port pickup service or free parking for those guests w	rith vehicles.	THERE
	was/will be constructed or improved as required by AS 04.11.		
and fixtures. Then network.	enovations to the lobby as well as the Glacial Lounge re were also improvements to security camera equipn	restrooms includin nent and digital sate	g flooring ellite tv
			PA
Does the licensee or appropriate tourism facility in which	plicant for this liquor license also operate the hthis license is located?	YES	NO
	e tourism facility?		
If "no" who operates th			



Alcohol and Marijuana Control Office 550 W 7<sup>th</sup> Avenue, Suite 1600 Anchorage, AK 99501 <u>alcohol.licensing@alaska.gov</u>

https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

# **Tourism Statement**

2.5 Do you offer room rentals to the traveling public?	X	NO
If "yes" answer the following questions:	<del></del>	-
How many rooms are available?		
94		
How many of the available rooms (if any) have kitchen facilities (defined as: a separate sink facility with refrigeration and cooking appliance devices, including a microwave)?	or food prepara	ation along
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 X
2.6 If your establishment includes a dining facility, please describe that facility. If it does not please	write "none".	
In addition to the Glacial Lounge, the Westmark Inn Skagway includes the Chilko Bar & Grill.	ot Room and	the Bonanza
2.7 If additional amenities are available to your guests through your establishment (eg: guided tours guests, other activities that attract tourists), please describe them. If they are not offered, please wr	s or trips, renta	l equipment for
Amenities include cable tv, in-room hairdryers and coffee makers. Free internet acc for hotel guests. Within walking distance of White Pass & Yukon Route Railroad, Sl National Park Service Visitor's Center.	ess available	in the lobby eum and

STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD

LICENSE NUMBER

FORM CONTROL

XXXX

LIQUOR LICENSE **ISSUED** 4/09/2021

2021 - 2022

5512

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

THIS LICENSE EXPIRES MIDNIGHT FEBRUARY 28, 2023 UNLESS DATED BELOW

04/15 - 10/15

TYPE OF LICENSE: Beverage Dispen

Seasonal

ABC BOARD

LICENSE FEE: \$1,250.00

1100

Westmark Inn Skagway-Gla

3rd and Spring Street

Mail Address:

D/B/A:

Westmark Hotels, Inc.

Attn: Michelle Pipkin 450 Third Avenue West

Seattle, WA 98119-4002

CITY / BOROUGH:

Skagway

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 FORM CONTROL

LICENSE NUMBER

XXXX

LIQUOR LICENSE

2021 - 2022

5512

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

THIS LICENSE EXPIRES MIDNIGHT FEBRUARY 28, 2023 UNLESS DATED BELOW

04/15 - 10/15

TYPE OF LICENSE: Beverage Disper

**ISSUED** 

4/09/2021

**ABC BOARD** 

Seasonal

LICENSE FEE: \$1,250.00

CITY / BOROUGH: Skagway

Skagway

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

THIS LICENSE MUST BE POSTED IN A VISIBLE PLACE ON THE PREMISES 04-900 (REV 9/09)

D/B/A:

Westmark Inn Skagway-Glacial Lounge 3rd and Spring Street

Mailing Address:

Westmark Hotels, Inc.

Attn: Michelle Pipkin 450 Third Avenue West

Seattle, WA 98119-4002



Alcohol and Marijuana Control Office 550 W 7<sup>th</sup> Avenue, Suite 1600 Anchorage, AK 99501 <u>alcohol.licensing@alaska.gov</u>

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:	Wes	Westmark Inn Skagway-Glacial Lounge License Number: 5512						
License Type:	Beve	everage Dispensary - Tourism - Duplicate - Seasonal						
Examiner:	K	istina	S.		Transaction #:	10002	27479	
Document		Received	Completed	Notes		*		
AB-17: Renewal Applic	ation	12/24	12/24/2020			-		
App and License Fees		12/24	12/24/2020					
Supplemental Docume	ent	Received	Completed	Notes				
Tourism/Rec Site State	ment	12/24	12/24/2020					
AB-25: Supplier Cert (V	VS)							
AB-29: Waiver of Oper	ation	12/24	12/24/2020	•				
AB-30: Minimum Oper	ation							
AB-33: Restaurant Affic	davit							
COI / COC / 5 Star								
FP Cards & Fees / AB-0	8a							
Late Fee								
Names on FP Cards:								
						Yes	No	
Selling alcohol in respo	nse to v	written order (pa	ckage stores)?				8	
Mailing address and co	ntact in	formation differe	ent than in databa	se (if yes, update	e database)?			
In "Good Standing" wit	In "Good Standing" with CBPL (skip this and next question for sole proprietor)?							
Officers and stockholde	ers mate	ch CBPL and data	base (if "No", dete	ermine if transfe	r necessary)?			
LGB 1 Response: City & Borough of LGB 2 Response:								
Waive Protest Lapsed Waive Protest Lapsed								



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

# 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

**Establishment Contact Information** 

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.

Licensee (Owner):	Westmark Hotels, Inc			License #:	5512			
License Type:	Beverage Dispensary - Tourism Duplicate Seasonal							
Doing Business As:	Westmark Inn Skagway-G	Vestmark Inn Skagway-Glacial Lounge						
Premises Address:	Brd and Spring Street							
Local Governing Body:	Municipality of Skagway							
Community Council:	None							
If your mailing address ha	s changed, write the NEW address	helow:		- <del>1</del>				
Mailing Address:	gan, and the transfer of the t	DC/OW.						
City:		State:		ZIP:				
	Section 1 – Licensee (			SSSENS solvednises in a statistical	SOUND OF SOUTH HEALTHONING CONTROL			
must be listed on CBPL with the This person will be the designation Contact Licensee:	te same name and title.  ated point of contact regarding this licen  David McGlothlin	se, unless t	he Optional conta	· · · · · · · · · · · · · · · · · · ·				
Contact Licensee:	David McGlothlin		Contact Phon	e: 206-	336-5910			
Contact Email:	dmcglothlin@hagroup.com	1						
Optional: If you wish for AMCO	staff to communicate with anyone other th	an the Conta	act Licensee about v	our license. list tl	nem below:			
	Michelle Pipkin		Contact Phone		336-6105			
Contact Email:	mpipkin@hagroup.com							
	7 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0							
Name of Contact:	Philippe Janicka		Contact Phone	907-	264-8032			
Contact Email:	pjanicka@hagroup.com							
Name of Contact:			Contact Phone	e:				
Contact Email:								
Form AB-171 (rev09/23/2020)			And the second s					



## Form AB-17: 2021/2022 License Renewal Application

## Section 2 – Entity or Community Ownership Information

#### Sole Proprietors should skip this Section.

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

<a href="https://www.commerce.alaska.gov/cbp/main/search/entities">https://www.commerce.alaska.gov/cbp/main/search/entities</a>

Alaska CBPL Entity #: 5724D

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

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, 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:	Holland America Line, Inc							
Title(s):	Shareholder	Phone:	206-281-3535	% Owned:		100		
Mailing Address:	450 3rd Ave W	450 3rd Ave W						
City:	Seattle	State:	WA	ZIP:	981	19		

Name of Official:	Stein Kruse				
Title(s):	Director	Phone:	206-281-3535	% Ow	ned: 0
Mailing Address:	450 3rd Ave W				
City:	Seattle	State:	WA	ZIP:	98119

Name of Official:	Charles E Ball				
Title(s):	President	Phone:	206-336-5980	% Ow	ned: 0
Mailing Address:	450 3rd Ave W				
City:	Seattle	State:	WA	ZIP:	98119



## Form AB-17: 2021/2022 License Renewal Application

## **Section 2 - Entity or Community Ownership Information**

#### Sole Proprietors should skip this Section.

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

https://www.commerce.alaska.gov/cbp/main/search/entities

Alaska CBPL Entity #: 5724D

**READ BEFORE PROCEEDING:** 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 <u>any</u> type including non-profit must list ONLY the following:
  - o All shareholders who own 10% or more stock in the corporation
  - o Each President, Vice-President, Secretary, and Managing Officer regardless of percentage owned
- Limited Liability Corporations, of <u>any</u> 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:
  - o Each Partner with an interest of 10% or more
  - All General Partners regardless of percentage owned

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, 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:	Natalya Leahy				
Title(s):	Vice President/Treasurer	Phone:	206-626-9557	% Ow	ned: 0
Mailing Address:	450 3rd Ave W				
City:	Seattle	State:	WA	ZIP:	98119

Name of Official:	Daniel Howard				
Title(s):	Vice President and Secretary	Phone:	661-753-1564	% Owned: 0	
Mailing Address:	24305 Town Center Drive	)			
City:	Santa Clarita	State:	CA	ZIP:	91355

Name of Official:	David McGlothlin				
Title(s):	Vice President	Phone:	206-336-5910	% Ow	ned: 0
Mailing Address:	450 3rd Ave W				<u> </u>
City:	Seattle	State:	WA	ZIP:	98119



# 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.

	more space is needed	, audin	auuition	ai copies of this page.	Additional owr	iers not listed on this pag	e will be	rejected.	1
Th	is individual is an:	Applicar	nt	Affiliate					•
	Name:					Contact Phone:			
Γ	Mailing Address:						1		
	City:				State:		ZIP:		
	Email:						<u> </u>		
Th	is individual is an:	Applicar	nt	Affiliate					
	Name:		_			Contact Phone:			
	Mailing Address:						J		
1	City:				State:		ZIP:		
ı	Email:							<u>-L</u>	
				Section 4 – L	icense Op	peration			10.00
					er - cours er	anta mendapengan panta tanta menganterikan pengan pengan pengan pengan pengan pengan pengan pengan pengan peng Pengan pengan pengan pantah pengan penga			
	eck ONE BOX for EACH							2019	2020
1.				uously throughout each		)			
2.	The license was <b>only op</b> If your operation dates			ecific season each year. (	Seasonal)				
	- Trouvoperation dates	mave end	niged, not	to				$\checkmark$	
3.	The license was only op	erated to	meet the	minimum requirement of	of 240 total hours	each calendar year.			П
	A complete AB-30: Proof	of Minimur	n Operatio	n Checklist, and all docume	ntation must be prov	vided with this form.			Ш
4.	The license was not ope	erated at a	all or was	not operated for at least daryears. <u>A complete Forr</u>	the minimum requ	uirement of 240 total			
	and corresponding fees m	ust be subr	mitted with	this application for each co	n Ab-23. Walver of C nlendar year during v	which the license was not operat	ed.		✓
	If you have not met	the min	imum ու	ımber of hours of ope	eration in 2020,	you are not required to p	ay the fe	es, howe	ver a
	<u>compl</u>	ete AB-2	9 is requ	ired with Section 2 m	arked "OTHER"	and COVID is listed as the	e reason.	i	
			Sec	tion 5 – Violat	ions and C	onvictions			
								Yes	No
on	ve ANY Notices of Violation of Violation of a violation of a violation of the violation of	ition bee f Title 04,	n issued , 3AAC 30	tor this license <b>OR</b> has 04 or a local ordinance	ANY person or e adopted under	entity in this application be AS 04.21.010 in 2019 or 2	en 020?		$\checkmark$
	If you checke	d YES, yo	u MUST	attach a list of all No	tices of Violatio	n and/or Convictions per .	AS 04.11.	270(a)(2)	1

If you are unsure if you have received any Notices of Violation, contact the office before submitting this form.

[Form AB-17] (rev09/23/2020)



# 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 a	grounds for rejection or denial of this ap	oplication or revocation of any license issued.
Smalp Mp	CAMPAGA	Rolla Caubannovo
Signature of licensee	B	Signature of Notary Public
David McGlothlin	My Comm. Expires 11/01/2021 Notary Publ	lic in and for the State of: WASHINGTON.
Printed name of licensee	105	
	OF WASHING	My commission expires: WOV 2021
	Subscribed and sworn to before me th	his $\frac{\partial}{\partial t}$ day of $\frac{\partial}{\partial t}$ day of $\frac{\partial}{\partial t}$

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:	\$1250.00	Application Fee:	\$ 300.00	Misc. Fee:	\$	
		Total Fees Due:			\$1550.00	



Alcohol & Marijuana Control Office 550 W 7<sup>th</sup> Ave, Suite 1600 Anchorage, AK 99501

December 22, 2020

#### Dear Control Office Staff:

Enclosed please find the notarized renewal liquor license applications and tourism statements for those requiring them for the following license numbers:

1>	3724 – Alaska Hotel Properties, LLC	Denali North Star Inn	\$2,800
2>	4901 – Alaska Hotel Properties, LLC	DPL Grizzly Bar – Seasonal	\$1,550
3>	4484 – Tour Alaska, LLC	WTR-DNP – Seasonal	
4>	4483 – Tour Alaska, LLC		\$ 800
		DNP-WTR – Seasonal	\$ 800
5>	4480 – Tour Alaska, LLC	TKA-WTR – Seasonal	\$ 800 -
6>	4479 – Tour Alaska, LLC	WTR-TKA – Seasonal	
7>	3731 – Alaska Hotel Properties, LLC		\$ 800 🗸
		MPL Base Camp - Seasonal	\$1,550
8>	4901 – Alaska Hotel Properties, LLC	DPL Fannie Q's – Seasonal	\$1,550
9>	4876 – Westmark Hotels, Inc	Courtyard Cafe – Seasonal	
10>	4313 – Westmark Hotels, Inc		\$1,550 🗠
		Dinner Theatre - Seasonal	\$1,550
11>	4308 – Westmark Hotels, Inc	Nenana View B & G – Seasonal	\$1,550
12>	5512 – Westmark Hotels, Inc		
	Totals, me	WMSGY Glacial Lounge - Season	nai \$1,550 🗸

Credit card payment information forms have also been included for each of the renewal applications.

Due to COVID-19 the majority of our locations did not operate and so notarized Waiver of Operation forms have been included for all of the impacted licenses.

If you have any questions or require further information on the enclosed renewal applications, please feel free to contact me directly at (206) 336-6105. I may also be reached via e-mail at <a href="mailto:mpipkin@hagroup.com">mpipkin@hagroup.com</a>.

Thank you for your kind consideration in this matter.

Sincerely,

AMCO

DEC 2 4 2020

Michelle Pipkin

Manager, Financial Systems

**Enclosures** 

# Department of Commerce, Community, and Economic Development DIVISION OF CORPORATIONS, BUSINESS & PROFESSIONAL LICENSING

State of Alaska / Commerce / Corporations, Business, and Professional Licensing / Search & Database Download / Business License / License #264883

## LICENSE DETAILS

License #: 264883 Print Business License

**Business Name: WESTMARK INN - SKAGWAY** 

Status: Active

Issue Date: 07/01/1999

Expiration Date: 12/31/2022

Mailing Address: 450 3RD AVE W

ATTN: MICHELLE PIPKIN SEATTLE, WA 98119-4002

Physical Address: THIRD AND SPRING STREET, SKAGWAY

SKAGWAY, AK 99840

## **Owners**

WESTMARK HOTELS, INC.

## **Activities**

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

## **Endorsements**

End # Issue	Renew	Expiration	<b>Action End</b>	<b>Action Note</b>	Address	
1 12/23/2008		12/31/2010			3RD & SPRING ST, SKAGWAY, AK 99840	

# 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.

# 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 WESTMARK HOTELS, INC.

Entity Type: Business Corporation

Entity #: 5724D

Status: Good Standing

**AK Formed Date: 12/7/1962** 

**Duration/Expiration:** Perpetual

Home State: ALASKA

Next Biennial Report Due: 1/2/2022

Entity Mailing Address: ATTN: MICHELLE PIPKIN, 450 3RD AVE W, SEATTLE, WA 98119-4002

Entity Physical Address: 450 3RD AVE W, SEATTLE, WA 98119-4002

# **Registered Agent**

Agent Name: ROBERT BLASCO

Registered Mailing Address: 9360 GLACIER HWY STE 202, JUNEAU, AK 99801

Registered Physical Address: 9360 GLACIER HWY STE 202, JUNEAU, AK 99801

## **Officials**

			□Show Former
AK Entity #	Name	Titles	Owned
	Charles E Ball	President	
	DANIEL HOWARD	Secretary, Vice President	
	David McGlothlin	Vice President	

AK Entity #	Name	Titles	Owned
	Holland America Line, Inc	Shareholder	100.00
	NATALYA LEAHY	Treasurer, Vice President	
	Stein Kruse	Director	

# **Filed Documents**

Date Filed	Туре	Filing	Certificate
12/07/1962	Creation Filing		
2/02/1988	Biennial Report		
2/12/1990	Biennial Report		
1/15/1992	Biennial Report	Click to View	
1/03/1994	Biennial Report	Click to View	
12/26/1995	Biennial Report	Click to View	
12/19/1997	Biennial Report	Click to View	
2/01/2000	Biennial Report	Click to View	
1/17/2002	Biennial Report	Click to View	
4/14/2003	Agent Change	Click to View	
5/16/2003	Agent Change	Click to View	
2/02/2004	Biennial Report	Click to View	
2/09/2006	Biennial Report	Click to View	
2/09/2010	Biennial Report	Click to View	
2/09/2010	Biennial Report	Click to View	
12/05/2011	Agent Change	Click to View	
12/06/2011	Biennial Report	Click to View	
12/31/2013	Biennial Report	Click to View	
12/16/2015	Biennial Report	Click to View	
12/15/2017	Biennial Report	Click to View	
3/22/2018	Agent Change	Click to View	
3/29/2018	Change of Officials	Click to View	
12/13/2019	Biennial Report	Click to View	

 ${\tt COPYRIGHT} @ {\tt STATE} \ OF \ {\tt ALASKA} \cdot \underline{{\tt DEPARTMENT}} \ OF \ {\tt COMMERCE}, \ {\tt COMMUNITY}, \ {\tt AND} \ {\tt ECONOMIC} \ {\tt DEVELOPMENT} \ \cdot \\ \\$