

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 completed and submitted to AMCO's main office before any tourism license application will be reviewed

	Section 1 – Establishment Infor	mation	
	ousiness seeking to have its license renewed.	1	1
Doing Business As:	Eagle Crest Dining Room & Lounge	License #:	3002
License Type:	Beverage Dispensary - Tourism		
	Section 2 – Tourism Statem	ent	
2.1. Explain how issuance	of a liquor license at your establishment has/will encourage	e tourism.	orneadure surva a custos letomente
cozy sitting areas w	ith wood burning stoves and private porches.		
2.2. Explain how the facilit	y was/will be constructed or improved as required by AS 04	4.11.400(d)(1):	
While the hotel was buildings 1, 6 & 7.	closed during 2020 due to COVID roof replace	ement was finished	for guest roon
tourism facility in whi	pplicant for this liquor license also operate the ch this license is located?	YES	NO
2.4 If "no" who operates t	he tourism facility?		<b>E</b> 11



https://v

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### 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?	16.6-450-014 (St. 10-450-1)	
86		
How many of the available rooms (if any) have kitchen facilities (defined as: a separate sind with refrigeration and cooking appliance devices, including a microwave)?	k for food prepar	ation along
None		
Do you stock or plan to stock alcoholic beverages in guest rooms?	YES	NO X
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 pleas	se write "none".	
Eagle Crest Dining Room & Lounge has magnificent views, stone fireplace	and tempting	g cuisine.
2.7 If additional amenities are available to your guests through your establishment (eg: guided to guests, other activities that attract tourists), please describe them. If they are not offered, please		al equipment for
Tour Desk is available to arrange fishing tours, river rafting, nature hikes, w through Resurrection Bay and Kenai Fjords National Park.	ildlife viewing	g cruises
	MATERIAL STATES OF STATES	

STATE OF ALASKA - ALCOHOLIC BEVERAGE CONTROL BOARD

LICENSE NUMBER

FORM CONTROL

XXXX

**ISSUED** 1/28/2022 ABC BOARD LIQUOR LICENSE 2022 - 2023

**TEMPORARY** 

3002

LICENSE RENEWAL APPLICATION DUE DECEMBER 31, 2023 (AS 04.11.270(b))

THIS LICENSE EXPIRES MIDNIGHT FEBRUARY 28, 2024 UNLESS DATED BELOW

TYPE OF LICENSE: Beverage Dispens

LICENSE FEE: \$2,500.00

1106

Eagle Crest Dining Room & D/B/A:

17245 Frontier Circle Complex

Mail Address:

Alaska Hotel Properties, LLC

Attn: Michelle Pipkin 450 Third Ave West

Seattle, WA 98119

**Outside City Limits** CITY / BOROUGH: Kenai Peninsula Borough

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

04-900 (REV 7/21)

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** 1/28/2022 ABC BOARD LIQUOR LICENSE

2022 - 2023

3002

LICENSE RENEWAL APPLICATION DUE DECEMBER 31, 2023 (AS 04.11.270(b))

**TEMPORAR** 

THIS LICENSE EXPIRES MIDNIGHT FEBRUARY 28, 2024 UNLESS DATED BELOW

TYPE OF LICENSE: Beverage Disper

LICENSE FEE: \$2,500.00

CITY / BOROUGH: Outside City Limits

Kenai Peninsula Borough

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 7/21)

DIRECTOR

D/B/A:

Eagle Crest Dining Room & Lounge 17245 Frontier Circle Complex 1

Mailing Address:

Alaska Hotel Properties, LLC

Attn: Michelle Pipkin 450 Third Ave West

Seattle, WA 98119



Licensee (Owner):

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

License #: | 3002

Alaska Alcoholic Beverage Control Board

# Form AB-17: 2022/2023 General Renewal Application

- This form and any required supplemental forms must be completed, signed by the licensee, and postmarked no later than 12/31/2021 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 02/28/2022 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.

Alaska Hotel Properties, LLC

License Type:	Beverage Dispensary - To	Beverage Dispensary - Tourism			
Doing Business As:	Eagle Crest Dining Room	Eagle Crest Dining Room & Lounge			
Premises Address:	17245 Frontier Circle Com	plex 1			
Local Governing Body	Kenai Peninsula Borough				
Community Council:	None	Vone			
If your mailing address h	nas changed, write the NEW address	below:			
Mailing Address:	,				
City:		State:		ZIP:	
					FIREIGN OF SHERWARD AND AND AND AND AND AND AND AND AND AN
	Section 1 – Licensee C	Contact	Information		
	dividual listed below must be listed in Sec	ction 2 or 3	as an Official/Owner/Sha	reholder c	f your entity and
nust be listed on CBPL with					
his person will be the desig	nated point of contact regarding this licen	ise, unless th	ne Optional contact is con	npleted.	r
Contact Licensee:	David McGlothlin		Contact Phone:	ntact Phone: (206) 336-591	
Contact Email:	dmcglothlin@hagroup.cor	m			
<b>Optional:</b> If you wish for AMC	O staff to communicate with <b>anyone other th</b>	an the Conta	ct Licensee about your licen	ise, list ther	n below:
Name of Contact:	Michelle Pipkin		Contact Phone:	(206)	336-6105
Contact Email:	mpipkin@hagroup.com				
5500 St. 100 S					
Name of Contact:	Philippe Janicka		Contact Phone:	(907)	264-8032
Contact Email:	pjanicka@hagroup.com				
Name of Contact:			Contact Phone:		
Contact Email:				<u> </u>	*****
			AMO	00	
Form AB-17] (rev09/21/2021)					Page 1 of 4



## Form AB-17: 2022/2023 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 #: 70654F

**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 <u>only exception</u> 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:
  - 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 <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:	Westmark Hotels, Inc					
Title(s):	Member, Manager	Phone:	(206) 336-6105	% Owi	ned:	100
Mailing Address:	450 3rd Ave W					
City:	Seattle	State:	WA	ZIP:	981	119

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

Name of Official:	Daniel Howard					
Title(s):	Affiliate	Phone:	(661) 753-1550	% Owr	ned: 0	
Mailing Address:	24305 Town Center Drive					
City:	Santa Clarita	State:	CA	ZIP:	91355	

AMCO



# Form AB-17: 2022/2023 License Renewal Application

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Alaska CBPL Entity #:	70654F
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**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 *any* 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 any 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

<u>Important Note</u>: 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. <u>If more space is needed: attach additional completed copies of this page.</u> Additional information not on this page will be rejected.

Name of Official:	David McGlothlin				
Title(s):	Affiliate	Phone:	(206) 336-5910	% Owr	ned: 0
Mailing Address:	450 3rd Ave W				
City:	Seattle	State:	WA	ZIP:	98119

Name of Official:	Lisa K Syme				
Title(s):	Affiliate	Phone:	(206) 336-5901	% Own	ed: 0
Mailing Address:	450 3rd Ave W				
City:	Seattle	State:	WA	ZIP:	98119

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

AMCO



### Form AB-17: 2022/2023 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.

his individual is an:				ted on this page will be reject	-Cui
	Applicant	Affiliate			
Name:			Contac	t Phone:	
Mailing Address:					
City:			State:	ZIP:	
Email:					
his individual is an:	Applicant	Affiliate			
Name:			Contac	t Phone:	
Mailing Address:				·	
City:			State:	ZIP:	
Email:					
			how this liquor license was o	perated: 2020	) 2021
. The license was only op  If your operation dates  . The license was only op  A complete AB-30: Prod	perated during a spe is have changed, list perated to meet the r of of Minimum Oper	cificseason each year. (Season them below:  to  minimum requirement of 240 tration Checklist, and all docume	Year-round) ' al)  otal hours each calendar year.  intation must be provided with this		2021
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The license was only op If your operation dates  The license was only op A complete AB-30: Proceedings of the license was not open hours each year, during and corresponding fees If you have not met the	perated during a spe is have changed, list perated to meet the r of of Minimum Oper erated at all or was n g one or both calend is must be submitted the minimum number	cificseason each year. (Season them below:  to  minimum requirement of 240 to ation Checklist, and all docume of operated for at least the miniaryears. A complete Form ABwith this application for each contact of the	Year-round)  otal hours each calendar year.  ontation must be provided with this  nimum requirement of 240 total  29: Waiver of Operation Application  alendar year during which the licen  on and/or 2021, you are not requi	form.  1 se was not operated.	]
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The license was only op If your operation dates  The license was only op A complete AB-30: Production of the license was not open hours each year, during and corresponding fees If you have not met the complete AB-29 is required.	perated during a spe is have changed, list perated to meet the re- port of Minimum Oper erated at all or was n g one or both calend is must be submitted the minimum number uired with Section	to	Year-round)  otal hours each calendar year.  entation must be provided with this  nimum requirement of 240 total  29: Waiver of Operation Application alendar year during which the licen  o and/or 2021, you are not requi	form.  se was not operated. red to pay the fees, however a  ions  Ye s application been	

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

AMCO

DEC 27 2021



## Form AB-17: 2022/2023 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 en	tity that I understand that providing a false statement on this form or any other form
provided by AMCO is grounds for re	ejection of any license issued.
Signature of licensee	NOTARY Que Jones
Signature of licensee	Signature of Notary Public
David McGlothlin	PUBLIC Notary Rubical and for the State of: Washington.
Printed name of licensee	My commission expires:
Subscribed	and sworn to before me this 27 day of December 20 21

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
Common Carrier applications must include a current safety inspection certificate

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:	\$2,500.00	Application Fee:	\$ 300.00	Misc. Fee:	\$
		Total Fees Due:			\$2,800.00

AMCO

Details

# **ENTITY DETAILS**

## Name(s)

Type Name

Legal Name ALASKA HOTEL PROPERTIES, LLC

Entity Type: Limited Liability Company

Entity #: 70654F

Status: Good Standing

AK Formed Date: 8/18/2000

**Duration/Expiration:** Perpetual

Home State: DELAWARE

Next Biennial Report Due: 1/2/2024

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: C T Corporation System

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	
	WESTMARK HOTELS, INC	Member	100.00	

## **Filed Documents**

Date Filed	Туре	Filing	Certificate
8/18/2000 Creation Filing		Click to View	
8/18/2000	Merger	Click to View	
8/18/2000	Creation Filing	Click to View	
12/24/2001	Biennial Report	Click to View	
1/02/2004	Biennial Report	Click to View	
12/21/2005	Biennial Report	Click to View	
12/19/2007	Biennial Report	Click to View	
12/31/2009	Biennial Report	Click to View	
1/09/2012	Biennial Report	Click to View	
1/03/2014	Biennial Report	Click to View	

Date Filed	Туре	Filing	Certificate
12/16/2015	Biennial Report	Click to View	
12/15/2017	Biennial Report	Click to View	
12/13/2019	Biennial Report	Click to View	
12/23/2021	Biennial Report	Click to View	

**Close Details** 

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