

Tailwind MC, LLC 408 Landmark Drive Wilmington, NC 28412 Ph: 910-343-9881

Fax: 910-401-1174

Tailwind JNU LLC Tourism Statement

Tailwind JNU LLC operates the bar and restaurant facility in the Juneau International Airport, owned and operated by the City and Borough of Juneau, for which the liquor licenses are renewing.

To meet the needs of the Pre-Security and Post-Security customers, the dining facilities offer both dine in and grab and go options. Striving for customer satisfaction, Tailwind works hard to structure the drink menus with the best quality drinks and incorporate local spirits in our seasonal drinks when available.

Over the past few years, we have upgraded our kitchen equipment to be able to offer a wider array of food options as well as upgrading the seating, tables, televisions, and security.

We believe that our additions and improvements to the Juneau International Airport's concession program contribute to the overall passenger experience at the airport. Having a comfortable place to stop and enjoy a cocktail, beer or glass of wine with your meal only enhances the tourism experience in Juneau and all of Alaska.

AMCO
[JAN 3 2022



Alcohol and Marijuana Control Office 550 W 7th 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

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.

Doing Business As:	TAILWIND	CONCESSIONS	License #:	5631
License Type:	The state of the s	DISPENSARY-TON	PISM	
	Sectio	n 2 – Tourism Statemen	ŧ	
.1. Explain how issuance o	of a liquor license at your	establishment has/will encourage to	urism.	
AT	ACHED			
,	•			
•				
2. Explain how the facility	y was/will be constructed	or improved as required by AS 04.11	.400(d)(1):	
ATTA	CHED			
, , , , ,	<u> </u>			
•				
3 Does the licensee or ap	plicant for this liquor lice	ense also operate the	YES	NO
tourism facility in which	th this license is located?			
4 If "no" who operates th	e tourism facility?	·		
CITY AN	IN BORNIGH OF	- Volutain	/	ř.



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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?		
How many of the available rooms (if any) have kitchen facilities (defined as: a separate sink for with refrigeration and cooking appliance devices, including a microwave)?	food preparat	ion along
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 wi		
INCLUDED W/ STATEMENT ATTACHES) J	
2.7 If additional amenities are available to your guests through your establishment (eg: guided tours of guests, other activities that attract tourists), please describe them. If they are not offered, please write them.		equipment for



Licensee (Owner):

Doing Business As:

License Type:

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License #:

Phone: 907.269.0350

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

Establishment Contact Information

required, or the application will be returned without being processed, per AS 04.11.270, 3 AAC 304.105

TAILWIND JNU, LLC

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.

- 207-18080 1979 (0.50 person person of a page 1.15 p. 2.	TAILWIND CONCE	2737000		
Premises Address:	1873 SHELL SI	nmonis	DR. STE 2	20
Local Governing Body:	CITY & BOROUGE	H DE .	LUNIERI	
Community Council:	NONE		, orden oc	
If your mailing address h	as changed, write the NEW addr	ess below:	,	
Mailing Address:	408 LANDMAR	λ	IVE	
City:	WILMINGTON	1 S - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	MC	ZIP: 18413
	Section 1 – License			
Contact Licensee: The inc	dividual listed below must be listed i		20 1 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m 2 m	'll
must be listed on CBPL with t	the same name and title.	n section 2 of 3	as an Official/Owner/s	nareholder of your entity a
	nated point of contact regarding this	license, unless t	he Optional contact is	completed.
Contact Licensee:	JEFFREY SWI		Contact Phone:	910-343-98
	I OUT DUY WOUT	ZCZ	Contact Hone,	1776-070-76
Contact Email:				
	accounting@to	ulwina	Concession	is. com
	accounting a to	<i>M/W/N(</i>) er than the Conta	CONCLSSION	cense, list them below:
Optional: If you wish for AMCC	accounting a to	<i>M/W/N(</i>) er than the Conta	CONCLSSION	cense, list them below:
Optional: If you wish for AMCC	accounting@to	<i>M/W/N(</i>) er than the Conta	CONCLSSION	cense, list them below:
Optional: If you wish for AMCC	accounting a to	<i>M/W/N(</i>) er than the Conta	CONCLSSION	cense, list them below:
Optional: If you wish for AMCC Name of Contact: Contact Email:	accounting a to	<i>M/W/N(</i>) er than the Conta	Concession Contact Phone:	cense, list them below:
Optional: If you wish for AMCC Name of Contact: Contact Email: Name of Contact:	accounting a to	<i>M/W/N(</i>) er than the Conta	Concession Contact Phone:	cense, list them below:
Optional: If you wish for AMCC Name of Contact: Contact Email: Name of Contact:	accounting a to	<i>M/W/N(</i>) er than the Conta	Concession Contact Phone:	cense, list them below:
Optional: If you wish for AMCC Name of Contact: Contact Email: Name of Contact: Contact Email:	accounting a to	<i>M/W/N(</i>) er than the Conta	Conclosion Contact Phone: Contact Phone: Contact Phone:	cense, list them below:



Alaska Alcoholic Beverage Control Board

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 #.

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

Alaska CBPL Entity #:	10076234

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

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

- 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

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: MITZER Title(s): Phone: 720-891-723 % Owned: Mailing Address: City: ZIP: CO 80111 Name of Official: MADURALIT Title(s): Phone: % Owned: 50 910,398. Mailing Address: City: State: WY ZIP: タスの(カィ Name of Official: Title(s): Phone: % Owned: Mailing Address:

State:

City:

ZIP:



Alaska Alcoholic Beverage Control Board

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.

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) The license was only operated during a specific season each year. (Seasonal) If your operation dates have changed, list them below: to 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 calendaryears. 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 and/or 2021, 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 Yes 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 2020 or 2021? 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.

[Form AB-17] (rev09/21/2021)



Alaska Alcoholic Beverage Control Board

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 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.

Signature of licensee

Signature of Notary Public

Notary Public in and for the State of: NOCTH CACOLINA

Printed name of licensee

My commission expires: 6(25/2025)

SARAH MCDADE NOTARY PUBLIC New Hanover County North Carolina

Subscribed and sworn to before me this 30 day of DECEMBER

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My Commission Expires
Recreating 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

Total Face Ducy S 19 (A)	License Fee:	\$ 2500	Application Fee:	\$ 300.00	Misc. Fee:	\$	
Total rees bue:	Total Fees Due:				\$ _	152.70(7)	

ENTITY DETAILS

Name(s)

Type Name
Legal Name Tailwind JNU LLC

Entity Type: Limited Liability Company

Entity #: 10076234

Status: Good Standing

AK Formed Date: 1/18/2018

Duration/Expiration: Perpetual

Home State: NORTH CAROLINA

Next Biennial Report Due: 1/2/2024

Entity Mailing Address: 408 LANDMARK DRIVE, WILMINGTON, NC 28412

Entity Physical Address: 1873 SHELL SIMMONS DRIVE, JUNEAU, AK 99801

Registered Agent

Agent Name: ROBERT BLASKO

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

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

Officials

				☐Show Former
AK Entity #	Name	Titles	Owned	
		TAILWIND HOSPITALITY INC	Member	100.00

Filed Documents

Date Filed	Туре	Filing	Certificate
1/18/2018	Creation Filing	Click to View	Click to View
2/12/2018	Correction	Click to View	Click to View
5/09/2018	Agent Change	Click to View	
9/04/2020	Biennial Report	Click to View	
10/07/2021	Certificate of Compliance		Click to View
11/08/2021	Certificate of Compliance		Click to View
1/03/2022	Biennial Report	Click to View	

Close Details

Print Friendly Version

LICENSE DETAILS

License #: 1065882

Print Business License

Business Name: TAILWIND JNU LLC

Status: Active

Issue Date: 01/25/2018

Expiration Date: 12/31/2023

Mailing Address: 408 LANDMARK DR

WILMINGTON, NC 28412

Physical Address: 1873 SHELL SIMMONS DR

JUNEAU, AK 99801

Owners

TAILWIND JNU LLC

Activities

Line of Business	NAICS	Professional License #
72 - Accommodation and Food Services	722110 - FULL-SERVICE RESTAURANTS	

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.

Start Date	End Date	
1/1/2022	1/25/2022	

Close License Detail

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