

Department of Commerce, Community, and Economic Development

ALCOHOLIC BEVERAGE CONTROL BOARD

550 W 7th Avenue, Suite 1600 Anchorage, Alaska 99501 Main: 907.269.0350

MEMORANDUM

TO: Robert Klein, Chair

and Members of the ABC Board

DATE: Thursday, April 21, 2016

FROM: Sarah D. Oates

Records & Licensing Supervisor

RE: Sealaska Inn & Lounge #1016

This is an application for the ownership transfer of a Beverage Dispensary – Tourism license that was first issued in 1964.

AS 04.11.400(d)(1)(A) requires 10 rental rooms if the population is less than 1,501.

This license is located in an unorganized borough, outside of city limits.

The applicant offers 20 rooms and a full-service restaurant.

Senquiz, Shilo L (CED)

From:

Gary & Michele Benedict <sealaskainn@yahoo.com>

Sent:

Monday, February 22, 2016 7:30 AM

To:

Senquiz, Shilo L (CED)

Good morning Shilo,

Here is my updated tourism letter for the Sealaska Inn.

The Sealaska Inn encourages tourism by offering 20 hotel rooms 7 of which have cooking areas. We will also have a full kitchen with a dining area along with pub food in the bar.

We also offer tours to Fish Creek to view the bears fishing along with other wildlife.

Thank you

Michele Benedict

02/29/2016 09:44

Alcoholic Beverage Control Board 550 West 7th Ave. Suite 1600 Anchorage, AK 99501

License is:

Transfer Liquor License

(907) 269-0350 Fax: (907) 334-2285

http://commerce.alaska.gov/dnn/abc/Home.aspx

1				
Full Year	OR	☐ Seasonal	List Dates of Operation:	

SECTION A - LICENSE INFO	RMATION			FEES 13879, 13887, 138			
License Year: 2016 - 2017 License #: 1016	License Type: Beverage Dispensary - To	purism	Filing Fee: \$100.00 Rest. Desig. Permit				
Local Governing Body: (City, Borough Unorganized Borough Name of Applicant (Corp/LLC/LP/LL	N	munity Council Name(s) & Maili A	Fcc: (\$\$6,00) \$50.00 Fingerprint: \$\$49.75 (\$49.75 per person) TOTAL \$199.75				
Ukamco Inc.	177.554	g Business As (Business Name): Ilaska Inn & Lounge	Business Telephone Number: 250-636-2486 Fax Number: 250-636-9003				
Mailing Address; P. O. Box 33 City, State, Zip:	100	Address or Location of Premises 01 Premier Avenue der, AK 99923	Email Address: sealaskainn@yahoo.com				
Hyder, AK 99923 Is any shareholder related to the curren	towner? Silves DNo s	urviving spouse of deceased					
If "yes" please state the relationship _	spouse	ontrolling shareholder					
SECTION B - TRANSFER INF	ORMATION	Name and Mailing Address of					
Transfer with security interest: Any 04.11.670 for purposes of applying AS anyoluntary transfer, must be filed with	04,11,360(4)(b) in a later	Business Name (dba) BEFOR					
property conveyed with this transfer manuferest documents.	ust be described. Provide security	Street Address or Location BE 1001 Premier Avenue					
Involuntary Transfer. Attach docum AS 04.11.670,	ents which evidence detault under	Hyder, AK 99923					
SECTION C - PREMISES TO E	ELICENSED						
Distance to closest school grounds: Apprx. 1-1/2 mile	Distance measured under: 10 AS 04.11.410 OR 11 Local ordinance No.	incorporated city, I					
Distance to closest church: Apprx. 1 mile	istance to closest church: Distance measured under:						
Premises to be licensed is: ☐ Proposed building ☐ Existing facility ☐ New building		☐ Plans submitted to Fire Marshall (required for new & proposed building Diagram of premises attached					

Transfer Liquor License

Alcoholic Beverage Control Board 550 West 7th Ave. Suite 1600 Anchorage, AK 99501

(907) 269-0350 Fax: (907) 334-2285 http://commerce.alaska.gov/dnn/abc

or indirect interest in ar	ny other alcoholic beverage by	usiness licensed in Alaska or	ember, manager or partner named in any other state?	this application have any dire
☐ Yes ☐ No If Yes,	complete the following. Att	ach additional sheets if necess	ary.	
Name	Name of Business	Type of License	Business Street Address	State
		V.		
a felony, a violation of	of AS 04, or been convicted a	nited liability organization mess a licensee or manager of licentiten explanation.	nber, manager or partner named in nsed premises in another state of th	this application been convicted e liquor laws of that state?
f a felony, a violation o	of AS 04, or been convicted a	s a licensee or manager of lice	nber, manager or partner named in nsed premises in another state of th	this application been convicted e liquor laws of that state?
f a felony, a violation o	of AS 04, or been convicted a No If Yes, attach w RSHIP INFORMATION - 6	s a licensee or manager of licentiten explanation. CORPORATION	nber, manager or partner named in nsed premises in another state of the Community and Economic Devel	e liquor laws of that state?
f a felony, a violation of Yes Yes Yes Yes	of AS 04, or been convicted a No If Yes, attach w RSHIP INFORMATION - 6	s a licensee or manager of licentiten explanation. CORPORATION gistered with the Dept. of the second seco	nsed premises in another state of th	e liquor laws of that state?
f a felony, a violation of Yes Yes Yes Yes	of AS 04, or been convicted a No If Yes, attach w RSHIP INFORMATION - 6 LLPs and LPs must be re	s a licensee or manager of licentiten explanation. CORPORATION gistered with the Dept. of the second seco	nsed premises in another state of the	e liquor laws of that state? elopment.
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Fa felony, a violation of Yes	of AS 04, or been convicted a No If Yes, attach w RSHIP INFORMATION - 6 LLPs and LPs must be re- on/LLC/LLP/LP) (or N/A if an In	corritten explanation. CORPORATION gistered with the Dept. of ordividual ownership): City: Hyder ed Agent:	Community and Economic Development State of the Telephone Number: 250-636-2486 State:	elopment. Fax Number: 250-636-9003 Zip Code:

Name	Title	%	Home Address & Telephone Number	Work Telephone Number	Date of Birth
Michele M. Benedict	Shareholder	76.71	P.O. Box 33/Hyder, AK 99923/360-603-6394	250-636-2486	09-30-58

Transfer Application

Page 2 of 3

Rev.08/11/15

Transfer Liquor License

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Fax: (907) 334-2285

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NOTE: If you need additional space, please attach a separate sheet,

Individual Licensees/Affiliates (Th	c ABC Board defines an "Affiliate" as th	e spouse or significant other of a license	e. Each Affiliate must be listed.
Name: Address:	Applicant Affiliate	Name: Address:	Applicant O
Home Phone: Work Phone:	Date of Birth:	Home Phone: Work Phone:	Date of Birth:
Name: Address:	Applicant	Name: Address:	Applicant Affiliate
Home Phone: Work Phone:	Date of Birth:	Home Phone: Work Phone:	Date of Birth;

Declaration

- I declare under penalty of perjury that I have examined this application, including the accompanying schedules and statements, and to the best of
 my knowledge and belief it is true, correct and complete, and this application is not in violation of any security interest or other contracted
 obligations.
- I hereby certify that there have been no changes in officers or stockholders that have not been reported to the Alcoholic Beverage Control Board.
 The undersigned certifies on behalf of the organized entity, it is understood that a misrepresentation of fact is cause for rejection of this application or revocation of any license issued.
- I further certify that I have read and am familiar with Title 4 of the Alaska statutes and its regulations, and that in accordance with AS 04.11.450, no person other than the licensee(s) has any direct or indirect financial interest in the licensed business.
- . I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application.

Signature of Current Licensee(s)	Signature of Transferee(s)
Signature for Bradlet	Signature
By: Michele M. Benedict. Personal Representative	Name & Title (Please Print) UKAMCO INC. President
Name & Title (Please Print) Ukarnoo Inc./Gary M. Benedict, Deceased	Name & Title (Please Print) UKamco INC. President
Subscribed and sworn to before me this	Subscribed and sworn to before me this
29th day of Feb. 2016	Notary Public in and for the State of Alaska AZKK
Notary Public in and for the State of Alaskar AZ KK	Notary Public in and for the State of Alaska AZKA — This fac 16 My commission expires: 4-5-2019
My commission expires: 4-5-2019	My commission expires: 4-5-2019







STATE OF ALASKA ALCOHOLIC BEVERAGE CONTROL BOARD APPLICATION FOR RESTAURANT DESIGNATION PERMIT AS 04.16.049 & 3 AAC 304.715 - 794

The granting of this permit allows access of persons under 21 years of age to designated licensed premises for purposes of dining, and persons between the ages of 16 – 20 for employment. If for employment, please indicate in detail what the employment duties will be in question #3.

License Number: 1016	Type: Beverage dispensary-tourism
This application is for designation of premises where:	(Please check the appropriate items below)
X Persons 16 – 20 years of age Persons under 16 may dine a	at to 3 AAC 304.305 & 3 AAC 304.715-794, a may dine unaccompanied. accompanied by a person 21 years of age or older, ars of age may be employed. *(See note below)
Licensee's Name: Ukamco Inc.	
Name of Business: Sealaska Inn & Lounge	
Business Address: 1001 Premier Avenue	City: Hyder, Alaska 99923
1. Hours of operation noon to 9 p.m. Teleph	hone Number: (250) 636-2486
Have police been called to your premises for any real (If you answered yes, please explain below).	son? []Yes [X] No
3. * Duties of employment: Prepare and serve restaura	ant food and beverages and related cleanup.
4. Are video games available to the public on your prem	ises? []Yes [X]No
5. Do you provide live entertainment, such as live music [X] Yes [] No Pool table only at this ti	
6. How is food served? [X] Table Service [] Buffett S	ervice [] Counter Service [] Other
7. Is an owner, manager or supervisor 21 years of age of	or older always present during business hours? [X] Yes [] No
*** A MENU AND DETAILED PREMIS	ES DIAGRAM MUST ACCOMPANY THIS APPLICATION ***
*Employees 16 and 17 years of age must have a valid guardian authorizing employment at your establishm	work permit and a letter maintained in your files from a parent or nent.
**Please attach additional sheets of paper if more ap	ace is needed to describe food service, entertainment, etc.
Hulle Budut	N/A
Ticensee Signature	Local Governing Body Approval
Subscribed and swom to before me this 29th day of	Date Date
Notary Public in and for Alaska A 2 MR	
My Commission expires: 4-5-2019	
A Marie de California de Marie de Caracteria de California de la California de Califor	Director, ABC Board
Rev. 03172014 KRISTEN KAVENEY Notary Public - Arizo Mohave County My Comm. Expires Apr 5	na Date



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STATE OF ALASKA ALCOHOL BEVERAGE CONTROL BOARD

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	UCTIONS: l entrances and	exits,					of your tables,															
DBA:	Ukamco Ind	dba	Seala	ska li	nn & L	ounge.	•															
PREM	ISES LOCATI	ON:		100	01 Pre	emier i	Avenue	, Hy	der.	Alask	a 00	023										
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Length	and width of pre	emises	s in fe	et:	112')	40'																
Outline	the area to be	desig	nated	for s	ale, s	ervice	, stora	ge, a	and o	consu	mpt	ion (of al	coh	olic	bever	rages	in re	d.			
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Revised 6/16/06

SEALASKA INN

CHECK THE BOARD FOR SPECIALS

APPETIZERS

6 SHRIMP	9.00
6 OYSRERS	
ESCARGOT W/ GALRIC BREAD	
CHICKEN STRIPS	8.00
SIDE OF FRIES	
<u>SEAFOOD</u>	
CE A FOOD DI ATTED	04.75
SEAFOOD PLATTER (Shrimp, Oysters, Baked Halibut, Halibut	
BAKED STUFFED HALIBUT	
HALIBUT & CHIPS	16.50
SHRIMP BASKET	
OYSTER BASKET	
HALIBUT BURGER	9.75
HALIBUT BURRITO	

CONTINUED ON OTHER SIDE

BEEF & STUFF

NEW YORK STEAK 10 oz	17.50
STEAK W/ SHRIMP OR OYSTERS	26.50
MUSHROOM CHEESE BURGER 6 OZ.	10.25
CHEESE BURGER 6 oz	9.75
HAMBURGER 6oz	8.75
CHICKEN BURGER	
CHICKEN STRIPS	
PIZZA 10" PIZZA	
10" PIZZA	10.00
ADD \$1.00 EACH:	
SAUSAGE, PEPPERONI, ONION, GR	EEN
PEPPER, MUSHROOMS OR OLIVI	ES
NEVICAN	
MEXICAN	
MEXICAN PIZZA	9.00
BEEF QUESALIDILLA	9.50
SOFT TACOS	4.50
CHECK THE BOARD FOR SPEC	IALS