



Alaska Alcoholic Beverage Control Board

Beverage Dispensary – Tourism License

Form AB-17d: 2018/2019 Renewal License Application

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

What is this form?

This renewal license application form is required for all individuals or entities seeking to apply for renewal of an existing beverage dispensary – tourism liquor license that will expire on December 31, 2017. All fields of this form must be complete and correct, or the application will be returned to you in the manner in which it was received, per AS 04.11.270 and 3 AAC 304.105. The Community Council field only should be verified/completed by licensees whose establishments are located within the Municipality of Anchorage or outside of city limits within the Matanuska-Susitna Borough.

This form must be completed correctly and submitted to the Alcohol & Marijuana Control Office (AMCO)'s main office, along with all other required documents and fees, before any renewal license application will be considered complete.

Section 1 – Establishment and Contact Information

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

Table with 4 columns: Field Name, Value, License #, Statute. Rows include Licensee (Ketchikan Hospitality, Inc.), License Type (Beverage Dispensary - Tourism), Doing Business As (Annabelle's Famous Keg & Chowder House), Premises Address (326 Front Street), Local Governing Body (City of Ketchikan), and Community Council (None).

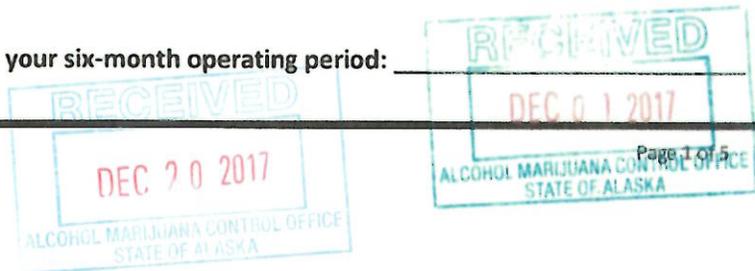
Table with 5 columns: Field Name, Value, State, ZIP. Rows include Mailing Address (326 Front St.) and City (Ketchikan, Alaska, 99901).

Enter information for the individual who will be designated as the primary point of contact regarding this application. This individual must be a licensee who is required to be listed in and authorized to sign this application.

Table with 4 columns: Field Name, Value, Business Phone, Contact Email. Rows include Point of Contact (Thelma K. Andrew), Contact Phone (907-254-6004), Business Phone (907-225-9423), and Contact Email (kandrew@qci.net).

Seasonal License? Yes [ ] No [X]

If "Yes", write your six-month operating period:





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## Section 2 – Authorization

Communication with AMCO staff:

Yes No

Does any person other than a licensee named in this application have authority to discuss this license with AMCO staff?

If "Yes", disclose the name of the individual and the reason for this authorization:

## Section 3 – Sole Proprietor Ownership Information

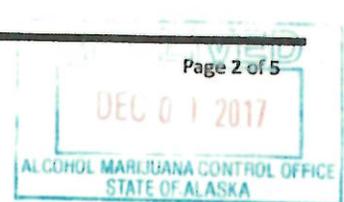
This section must be completed by any sole proprietorship who is applying for license renewal. Entities should skip to Section 4. If more space is needed, please attach a separate sheet with the required information. The following information must be completed for each licensee and each affiliate (spouse).

This individual is an:  applicant  affiliate

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

This individual is an:  applicant  affiliate

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





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**Section 4 – Entity Ownership Information**

This subsection must be completed by any licensee that is a corporation or LLC. Corporations and LLCs are required to be in good standing with the Alaska Division of Corporations, Business & Professional Licensing (CBPL). You may view your entity's status or find your CBPL entity number by using the following site: <https://www.commerce.alaska.gov/cbp/main/search/entities>  
 Partnerships may skip to the second half of this page. Sole proprietorships should skip to Section 5.

Alaska CBPL Entity #:	79539 D
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You must ensure that you are able to certify the following statement before signing your initials in the box to the right: Initials

I certify that this entity is in good standing with CBPL and that all current entity officials and stakeholders (listed below) are also currently and accurately listed with CBPL.

*THA*

This subsection must be completed by any community or entity, including a corporation, limited liability company, partnership, or limited partnership, that is applying for renewal. If more space is needed, please attach additional completed copies of this page.

- If the applicant is a corporation, the following information must be completed for each *stockholder who owns 10% or more* of the stock in the corporation, and for each *president, vice-president, secretary, and managing officer*.
- If the applicant is a limited liability organization, the following information must be completed for each *member with an ownership interest of 10% or more*, and for each *manager*.
- If the applicant is a partnership, including a limited partnership, the following information must be completed for each *partner with an interest of 10% or more*, and for each *general partner*.

Entity Official Name:	Thelma Kathryn Andrew				
* Title(s):	Director president Shareholder	Phone:	907-254-6004	% Owned:	50
* Mailing Address:	326 Front St. - physical / P.O. Box 7211 - Mailing				
City:	Ketchikan	State:	ALASKA	ZIP:	99901

Entity Official Name:	Richard DALE Andrew					
* Title(s):	Director Shareholder	Vice president Sec/Treasurer	Phone:	907-254-6004	% Owned:	50
* Mailing Address:	P.O. Box 7211 / physical 506 Tower Rd.					
City:		State:		ZIP:		

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

DEC 20 2017  
 ALCOHOL MARIJUANA CONTROL OFFICE  
 STATE OF ALASKA

DEC 01 2017  
 ALCOHOL MARIJUANA CONTROL OFFICE  
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**Section 5 – License Operation**

Check a single box for each calendar year that best describes how this liquor license was operated:

2016 2017

The license was regularly operated continuously throughout each year, for 8 or more hours each day.

The license was regularly operated during a specific season each year, for 8 or more hours each day.

The license was only operated to meet the minimum requirement of 30 days each year, 8 hours each day.

*If this box is checked, a complete copy of Form AB-30: Proof of Minimum Operation Checklist, and all necessary documentation must be provided with this application.*

The license was not operated at all or was not operated for at least the minimum requirement of 30 days each year, 8 hours each day, during one or both of the calendar years.

*If this box is checked, a complete copy of 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 for at least the minimum requirement.*

**Section 6 – Violations and Convictions**

Applicant violations and convictions in calendar years 2016 and 2017:

Yes No

Have any notices of violation (NOVs) been issued to this licensee in the calendar years 2016 or 2017?

Has any person or entity named in this application been convicted of a violation of Title 04, of 3 AAC 304, or a local ordinance adopted under AS 04.21.010 in the calendar years 2016 or 2017?

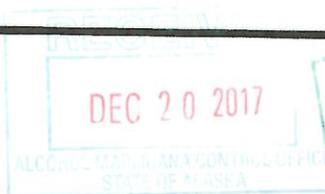
If "Yes" to either of the previous two questions, attach a separate page to this application listing all NOVs and/or convictions.

**Section 7 – Alcohol Server Education**

Read the line below, and then sign your initials in the box to the right of the statement:

Initials

I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check identification of a patron 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, as required under AS 04.21.025 and 3 AAC 304.465.





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**Section 8 – Certifications**

Read each line below, and then sign your initials in the box to the right of each statement:

- |   |  |
|---|--|
| I certify that all current licensees (as defined in AS 04.11.260) and affiliates have been listed on this application.  | Initials<br><input type="text" value="TKA"/> |
| I certify 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.   | <input type="text" value="TKA"/>             |
| 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 or the ownership (including officers, managers, general partners, or stakeholders) from what is currently on file with the Alcoholic Beverage Control Board. | <input type="text" value="TKA"/>             |
| 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.   | <input type="text" value="TKA"/>             |
| I am submitting as part of this application a written statement that meets the attached Tourism Statement Guidelines, for review by the Alcoholic Beverage Control Board.   | <input type="text" value="TKA"/>             |

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, is true, correct, and complete. I agree to provide all information required by the Alcoholic Beverage Control Board 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 to me as incomplete.

Thelma Kathryn Andrew  
 Signature of licensee

Michelle Brown  
 Signature of Notary Public

Thelma Kathryn Andrew  
 Printed name of licensee

**STATE OF ALASKA**  
 NOTARY PUBLIC  
 Notary Public in and for the State of Alaska  
**MICHELLE BROWN**  
 My Commission Expires August 1, 2018. Commission expires: 8-1-18

Subscribed and sworn to before me this 29<sup>th</sup> day of November, 2017.

License Fee:	\$ 2500.00	Application Fee:	\$ 200.00	TOTAL:	\$ 2700.00
Late Fee of \$500.00 – if received or postmarked after 01/02/2018:					
Miscellaneous Fees:					
GRAND TOTAL (if different than TOTAL):					



Ketchikan Hospitality Inc.

dba - Annabelle's Famous Keg & Chowder House

dba - Belmore Hotel

326 - Front St

Ketchikan, Alaska 99901

To Whom it may Concern;

I'm attempting to answer the mandatory questions on page 1 of 1. but would like to state this is very confusing as we have always been classed as a Restaurant not a Tourism or Season license. I tried to contact you by phone and E-Mail but received no answer so I'm answering the mandatory point in hope its correct. I didn't know if I needed to do this but we do service tourists off the ships & hotel.

1. We have had the liquor license for years and we provide service to our guests and locals and tourists we are situated across from the tour ships and provide food and drinks to our customers

2. - This question is NA



3. The owners operate the facility with other employees

4. yes we offer room rentals to the traveling public.

5. We have 38 rooms, there are no kitchen facilities in any of our rooms, we don't stock any alcohol in our rooms. We are not located in an airport terminal

6. We have some brochures for fishing or tours in our

## Tourism Statement Guidelines

2. This building was built in 1927 and was a restaurant and Bar when it opened, it changed and had several other business over the years, it was reconstructed in the 60's back into the restaurant and has been the same floor plan since. We purchased the business's in 2003 and the floor plan has remained the same, we service the traveling public as well as the tourist ships. We also service the community and the fishing fleets, Were across the street from the docks and one of the only downtown restaurants by the ships. We serve a full general menu as well as Seafood and a full service bar, The building has a casual side and a more fine dining area.

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