



MEMORANDUM

TO: Bob Klein, Chair, and Members of the
Alcoholic Beverage Control Board

DATE: April 3, 2018

FROM: Erika McConnell, Director

RE: 1031 Westmark Sitka Hotel

Requested Action: License renewal; hearing on requested conditions

Statutory Authority: AS 04.06.090(b): “The board shall review all applications for licenses made under this title and may order the director to issue, renew, revoke, transfer, or suspend licenses and permits authorized under this title.”

AS 04.11.480(c): “A local governing body may recommend that a license be issued, renewed, relocated, or transferred with conditions. The board shall consider recommended conditions and testimony received at a hearing conducted under AS 04.11.510(b)(2) ... If the local governing body recommends conditions, the board shall impose the recommended conditions unless the board finds that the recommended conditions are arbitrary, capricious, or unreasonable. If a condition recommended by a local governing body is imposed on a licensee, the local governing body shall assume responsibility for monitoring compliance with the condition, except as otherwise provided by the board.”

AS 04.11.510(b)(2): “the board may, on its own initiative or in response to an objection or protest, hold a hearing to ascertain the reaction of the public or a local governing body to an application if a hearing is not required under this subsection; the board shall send notice of a hearing conducted under this paragraph 20 days in advance of the hearing to each community council established within the municipality and to each nonprofit community organization entitled to notification under AS 04.11.310(b);”

Staff Rec.: Renew with requested conditions

Background: The City and Borough of Sitka is requesting that conditions be placed on this beverage dispensary – tourism license, in accordance with AS 04.11.480(c).

1031 Westmark Sitka Hotel

ABC Board April 3, 2018

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The board is required to hold a hearing under AS 04.11.510(b)(2) to consider the conditions. The board shall impose the requested conditions unless the board finds them to be arbitrary, capricious, or unreasonable.

A temporary license was issued on January 19.

Attachment: City and Borough of Sitka requested conditions
Renewal application

From: Sara Peterson <sara.peterson@cityofsitka.org>
Sent: Wednesday, March 14, 2018 2:53 PM
To: AMCO Local Government Only (CED sponsored) <amco.localgovernmentonly@alaska.gov>
Cc: lisalaudon@gmail.com; Brian Hanson <brian.hanson@cityofsitka.org>
Subject: APPROVED with a CONDITION: Lic. 1031 DBA Westmark Sitka Hotel - Complete Renewal Application
Importance: High

Dear AMCO,

At the March 13, 2018 Assembly meeting, the City and Borough of Sitka Assembly approved, ***with a condition***, the liquor license renewal application for license #1031 (JL Sitka, Inc. dba Westmark Sitka Hotel). ***The applicant must satisfy the note/payment plan entered into with the City and Borough of Sitka.***

Please contact me if you require additional information or explanation.

Thank you,

Sara

Sara Peterson
Municipal Clerk
City and Borough of Sitka

From: Sara Peterson <sara.peterson@cityofsitka.org>
Sent: Thursday, March 15, 2018 10:41 AM
To: AMCO Local Government Only (CED sponsored) <amco.localgovernmentonly@alaska.gov>; Smith, Jedediah R (CED) <jedediah.smith@alaska.gov>
Subject: RE: APPROVED with a CONDITION: Lic. 1031 DBA Westmark Sitka Hotel - Complete Renewal Application

Hi Jed,

The licensee has a year to fulfill the plan. The first payment is due in May and the plan must be fulfilled by April 15, 2019.

Sara



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

Alaska Alcoholic Beverage Control Board
Beverage Dispensary – Tourism License
Form AB-17d: 2018/2019 Renewal License Application

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.

| | | | |
|-----------------------|-------------------------------|------------|-----------------|
| Licensee: | JL Sitka, Inc. | License #: | 1031 |
| License Type: | Beverage Dispensary - Tourism | Statute: | AS 04.11.400(d) |
| Doing Business As: | Westmark Sitka Hotel | | |
| Premises Address: | 330 Seward Street | | |
| Local Governing Body: | City & Borough of Sitka | | |
| Community Council: | None | | |

| | | | | | |
|------------------|-------------------|--------|----|------|-------|
| Mailing Address: | 330 Seward Street | | | | |
| City: | Sitka | State: | AK | ZIP: | 99835 |

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.

| | | | |
|-------------------|----------------------|-----------------|-------|
| Point of Contact: | Lisa J. Laudon | | |
| Contact Phone: | 907-230-4095 | Business Phone: | Same. |
| Contact Email: | lisalaudon@gmail.com | | |

Seasonal License? Yes No
 If "Yes", write your six-month operating period: _____





Alaska Alcoholic Beverage Control Board

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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:

Shaion Bryant, Joseph List, Susan Doyle
General Managers, authorized office management

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: | N/A | State: | | ZIP: | |
| Email: | | | | | |
| Contact Phone: | | | | | |

This individual is an: applicant affiliate

| | | | | | |
|------------------|-----|--------|--|------|--|
| Name: | | | | | |
| Mailing Address: | | | | | |
| City: | N/A | State: | | ZIP: | |
| Email: | | | | | |
| Contact Phone: | | | | | |





Alaska Alcoholic Beverage Control Board

Beverage Dispensary – Tourism License

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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 #: | 114445 |
|-----------------------|--------|

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.

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: | John E Emur | | | | |
| Title(s): | Director, Sec, V.P. | Phone: | 907-229-7135 | % Owned: | 50 |
| Mailing Address: | 330 Seward St | | | | |
| City: | Sitka | State: | AK | ZIP: | 99835 |

| | | | | | |
|-----------------------|---------------------------|--------|--------------|----------|-------|
| Entity Official Name: | Lisa J. Laudon | | | | |
| Title(s): | Director, Pres, Treasurer | Phone: | 907-230-4095 | % Owned: | 50 |
| Mailing Address: | 330 Seward Street | | | | |
| City: | Yakutat Sitka | State: | AK | ZIP: | 99835 |

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





Alaska Alcoholic Beverage Control Board
Beverage Dispensary – Tourism License
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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. | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> |
| The license was regularly operated during a specific season each year, for 8 or more hours each day. | <input type="checkbox"/> | <input type="checkbox"/> |
| The license was only operated to meet the minimum requirement of 30 days each year, 8 hours each day. <i>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.</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 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. <i>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.</i> | <input type="checkbox"/> | <input type="checkbox"/> |

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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |
| 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? | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

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.







Alaska Alcoholic Beverage Control Board
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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

[Handwritten initials]

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.

[Handwritten initials]

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.

[Handwritten initials]

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.

[Handwritten initials]

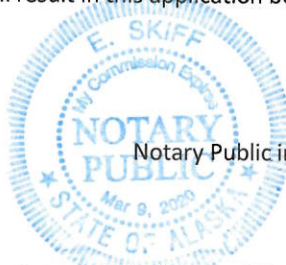
I am submitting as part of this application a written statement that meets the attached Tourism Statement Guidelines, for review by the Alcoholic Beverage Control Board.

[Handwritten initials]

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.

[Handwritten signature]

 Signature of licensee



[Handwritten signature]

 Signature of Notary Public

[Handwritten name]

 Printed name of licensee

Notary Public in and for the State of Alaska

My commission expires: 3.9.20

Subscribed and sworn to before me this 6 day of December, 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: | | | | | <i>[Handwritten 500.00]</i> |
| Miscellaneous Fees: | | | | | |
| GRAND TOTAL (if different than TOTAL): | | | | | |



Tourism Statement for Renewal

12-3-17

Westmark Sitka Hotel (JL SITKA)

To whom it may concern:

JL SITKA DBA Westmark Sitka hotel is located at 330 Seward Street Sitka, Alaska 99835 .

Westmark Sitka hotel is a 105 room hotel that very much is in compliance with the guidelines for the tourism licensing. We have a restaurant and lounge open for business year round. We see up to 165 cruise ships per summer season and are able to employ and add an extra 30 jobs each season annually. We are Alaska owned and operated. John Emmi and myself, Lisa Laudon are hands on owners and we personally hire and at times train our crew. We work very closely with staff to provide an environment which is safe and fun and generate excitement about southeast Alaska. Yes, we do offer rooms to the traveling public. In fact we hold most State of Alaska conferences and do their banquets for meetings and work closely with the SEARCH Hospital staff to accommodate their traveling physicians and those traveling for healthcare from the outerlying villages. None of our rooms have kitchen facilities and we do not stock alcoholic beverages in our rooms. We are not in an airport or its terminal.

We do have a large dining facility where we are the spotlight for locals and all our travelers to enjoy. We do not have a concierge service at our hotel but we will certainly point you in the right direction of walking trails and the Totem Park, canoeing, museums, Russian Orthodox churches and all that Sitka has to offer. We can connect you with those that specialize in their field. We have responsibly held this tourism license for years and our goal is to continue to do so. We hold the TAP class at our hotel conference rooms and accommodate all of our local servers and bartenders here at the WESTMARK Sitka Hotel. Thank you for your time.



Lisa J Laudon

