



Alcohol and Marijuana Control Office  
 550 W 7<sup>th</sup> Avenue, Suite 1600  
 Anchorage, AK 99501  
[alcohol.licensing@alaska.gov](mailto: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:	Elizabeth F Smith	License #:	5372
License Type:	Beverage Dispensary - Tourism Duplicate	Statute:	AS 04.11.400(d)
Doing Business As:	Happy Endings Saloon		
Premises Address:	4th & State Street		
Local Governing Body:	Municipality of Skagway Borough		
Community Council:	None		

Mailing Address:	P.O. Box 280		
City:	Skagway	State:	AK
ZIP:	99840		

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:	Beth Smith		
Contact Phone:	(907) 612-0100	Business Phone:	(907) 983 2238
Contact Email:	skagpie@yahoo.com		

Seasonal License?  Yes  No

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





Alaska Alcoholic Beverage Control Board

Beverage Dispensary – Tourism License

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

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:

[Empty box for disclosure]

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:	Elizabeth F. Smith				
Mailing Address:	P.O. Box 280				
City:	Skagway	State:	AK	ZIP:	99840
Email:	skagpie@yahoo.com				
Contact Phone:	(907) 612-0100				

This individual is an:  applicant  affiliate

Name:	mark Smith (husband)				
Mailing Address:	PO Box 280				
City:	Skagway	State:	AK	ZIP:	99840
Email:	hotelmorningwood@yahoo.com				
Contact Phone:	(907) 612-0101				





Alaska Alcoholic Beverage Control Board

Beverage Dispensary – Tourism License

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

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 visiting 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 #:

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

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

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





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

**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 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 checked="" 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**  
**Beverage Dispensary – Tourism License**  
**Form AB-17d: 2018/2019 Renewal License Application**

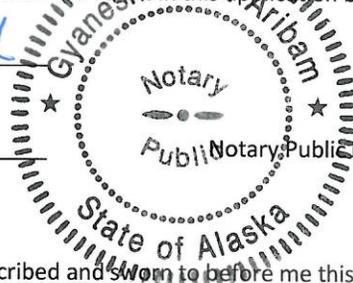
**Section 8 – Certifications**

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

- |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>I certify that all current licensees (as defined in AS 04.11.260) and affiliates have been listed on this application.</p> <p>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.</p> <p>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.</p> <p><del>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.</del></p> <p>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.</p> | <p>Initials</p> <div style="border: 1px solid black; padding: 2px; width: 40px; height: 40px; margin: 5px auto;">[Signature]</div> <div style="border: 1px solid black; padding: 2px; width: 40px; height: 40px; margin: 5px auto;">[Signature]</div> <div style="border: 1px solid black; padding: 2px; width: 40px; height: 40px; margin: 5px auto;">[Signature]</div> <div style="border: 1px solid black; padding: 2px; width: 40px; height: 40px; margin: 5px auto;">[Signature]</div> <div style="border: 1px solid black; padding: 2px; width: 40px; height: 40px; margin: 5px auto;">[Signature]</div> |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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.

Elizabeth F. Smith  
 Signature of licensee  
Elizabeth F. Smith  
 Printed name of licensee



[Signature]  
 Signature of Notary Public

Notary Public in and for the State of Alaska

My commission expires: April, 20, 2020

Subscribed and sworn to before me this 28<sup>th</sup> day of December, 2017.

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



Happy Endings Saloon  
Elizabeth F. Smith  
P.O. Box 280  
Skagway, AK 99840

The State of Alaska  
Alcohol Beverage Control Board  
550 W 7<sup>th</sup> Avenue, Suite 1600  
Anchorage, AK 99501

January 31, 2017

Dear Board of Directors,

My name is Elizabeth Smith, and I am, and have been, the owner and operator of this liquor license for over 15 years!

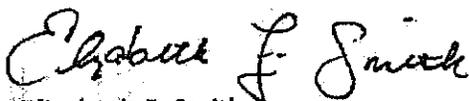
Happy Endings Saloon is a year-round establishment that serves breakfast, lunch and dinner. Currently, we encourage tourism through our 18-room hotel (The Morning Wood Hotel), and our restaurant/bar, by trying to entice travelers to stay longer than just a day. We offer discounts throughout the winter months to encourage travelers from Whitehorse, Juneau and Haines to come visit Skagway and spend a weekend without it costing a fortune. Our rooms at the Morning Wood Hotel are offered at a discounted rate as well as discounts to the restaurant for our guests. **However, we do NOT stock these rooms with any alcohol.** We also try and encourage travelers to spend a night or two by providing live entertainment at the bar, such as local bands or local game shows.

Happy Ends Saloon and Morning Wood Hotel's staff are all trained to answer any questions our customers may have regarding tours and other local attractions whether it be historical sites or hikes. We provide various phone numbers to different tour companies, or book the tours for them, depending on what the customer is requesting, or we directly contact Skagway's local tour brokerage, M&M Tours to get the information our guests need. The hotel also offers free Wi-Fi to our guests in case they want to book their own tours on line.

Happy Endings Saloon and the Morning Wood Hotel are constantly trying to make improvements for its guests. In July of 2016, our hotel expansion project was completed! This expansion added an additional 8 hotel rooms to our hotel, all with private bathrooms, fridges, coffee makers, satellite TV and free Wi-Fi. The expansion also created a larger lobby, gift shop and hotel bar.

I hope this letter provides all the answers to your questions, however please feel free to contact me if you have any further questions. My phone number is (907) 612-0100. Thank you for taking the time to read this letter. Have a wonderful New Year.

Sincerely,

  
Elizabeth F. Smith

FEB 08 2018