



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:	Haines Investments Inc.	License #:	4203
License Type:	Beverage Dispensary - Tourism Seasonal	Statute:	AS 04.11.400(d)
Doing Business As:	Hotel Halsingland		
Premises Address:	13 Fort Seward Dr		
Local Governing Body:	Haines Borough		
Community Council:	None		

Mailing Address:	P.O. Box 1649				
City:	Haines	State:	AK	ZIP:	99827

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:	Jeff Butcher		
Contact Phone:	907 314-0820	Business Phone:	907 766-2000
Contact Email:	Hotelhaines@gmail.com		

Seasonal License? Yes No

If "Yes", write your six-month operating period: May 1 - Oct 31





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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:

[Empty text box for authorization details]

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 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 #:	75850D
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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.

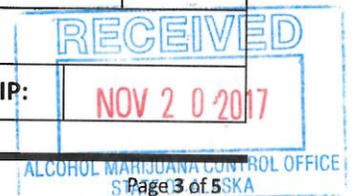
This subsection must be completed by any community or entity, including a corporation, limited liability company, partnership, or limited partnership, that is applying for renewal. If more space is needed, please attach additional completed copies of this page.

- 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:	Jeff Butcher				
Title(s):	President	Phone:	907 314-0820	% Owned:	50%
Mailing Address:	PO Box 1653				
City:	Haines	State:	AK	ZIP:	99827

Entity Official Name:	Shannon Butcher				
Title(s):	Vice - president	Phone:	907 766-2000	% Owned:	50%
Mailing Address:	PO Box 1653				
City:	Haines	State:	AK	ZIP:	99827

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





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Alcohol and Marijuana Control Board
550 W 7th Avenue, Suite 100
Anchorage, Alaska 99501
alcohol.licensing@alaska.gov
https://www.commerce.alaska.gov/web
Phone: 907.267.3000

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. [X] []

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: Corrected Yes [] []

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

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: [] Init

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:

Initials

I certify that all current licensees (as defined in AS 04.11.260) and affiliates have been listed on this application.

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.

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.

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.

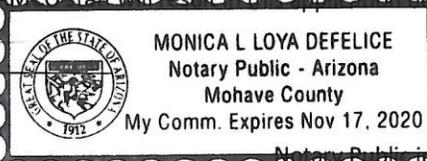
I am submitting as part of this application a written statement that meets the attached Tourism Statement Guidelines, for review by the Alcoholic Beverage Control Board.

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.

Signature of licensee

Jeff Butcher

Printed name of licensee



Signature of Notary Public

Notary Public and for the State of Arizona

My commission expires: Nov 17, 2020

Subscribed and sworn to before me this 15 day of November, 2017.

License Fee:	\$ 1250.00	Application Fee:	\$ 200.00	TOTAL:	\$ 1450.00
Late Fee of \$500.00 – if received or postmarked after 01/02/2018:					
Miscellaneous Fees:					
GRAND TOTAL (if different than TOTAL):					





HOTEL
Hälsingland
"NATIONAL REGISTER OF HISTORICAL SITES"

January 17, 2018

Please accept this response to your letter dated January 16, 2018 indicating that there was indeed a NOV issued in May 2016.

I have corrected page 4, section 6 of the application as instructed. Also, all NOV's (only the one) for 2016 and 2017 are listed on a separate sheet of paper.

Please note that the NOV was not actually a violation. The operating permit was purchased prior to our operating season. In a follow-up email, I was told that the issue had been resolved. This payment in prior years was made shortly before the operating season and was never a problem. To insure that this will not be an issue again, I will pay for the permits well in advance of our operating season. The DEC permits for 2018 have been purchased and our season is due to start on Mother's Day, 2018.

Please let me know if you have any further questions or need anything else from me.

Respectfully,


Jeff Butcher
Owner
Hotel Hälsingland





HOTEL
Hälsingland
"NATIONAL REGISTER OF HISTORICAL SITES"

November 15, 2017

Pursuant to the requirements for renewal of my Tourism license renewal, I offer the following:

The Hotel Hälsingland encourages tourism. We are a seasonal hotel with a restaurant and lounge catering primarily to visitors. We advertise extensively to bring tourists to Haines.

The Hotel Hälsingland was constructed by the US Military in 1902 and has been a Hotel since 1947. As such, the beverage service is an amenity requested by our guests in addition to their dining experience.

The facility is operated by Jeff and Shannon Butcher, husband and wife.

We offer guest rooms for rent on a nightly basis. We currently offer 35 rooms in our inventory.

We currently do not have kitchenettes in our guest rooms.

We do not stock alcoholic beverages in guest rooms.

We are not located within an airport terminal.

We do have a dining facility.

We also book excursions and tours through the hotel front desk as needed.

If you have any further questions, please contact me directly at 907 766-2000.

Respectfully,


Jeff Butcher
Owner
Hotel Hälsingland

POST OFFICE BOX 1649
HAINES, ALASKA 99827

CALL TOLL FREE 800-542-6363

Reservations@HotelHalsingland.com
www.HotelHalsingland.com

