



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:	King Cove Corporation	License #:	1758
License Type:	Beverage Dispensary - Tourism	Statute:	AS 04.11.400(d)
Doing Business As:	Last Hook Off		
Premises Address:	NHN Windy Walkway		
Local Governing Body:	City of King Cove (Aleutians East Borough)		
Community Council:	None		

Mailing Address:					
City:		State:		ZIP:	

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:	Dean Gould		
Contact Phone:	907-497-8120	Business Phone:	907-497-2312
Contact Email:	kcc@arctic.net		

Seasonal License? Yes No 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:

Della Trumble, Finance Manager

Section 3 – Sole Proprietor Ownership Information

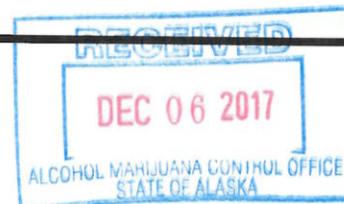
This section must be completed by any sole proprietorship who is applying for license renewal. Entities should skip to Section 4. If more space is needed, please attach a separate sheet with the required information. The following information must be completed for each licensee and each affiliate (spouse).

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 #:	13156
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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:	Dean Gauco				.001%
Title(s):	President	Phone:	907-497-8120	% Owned:	50 shares
Mailing Address:	PO Box 38				
City:	King Cove	State:	AK	ZIP:	99612

Entity Official Name:	Robert J. Gauco Sr				.01%
Title(s):	Vice President	Phone:	AK 907-497-7116	% Owned:	18 shares
Mailing Address:	PO Box 38				
City:	King Cove	State:	AK	ZIP:	99612

Entity Official Name:	RITA UHECHT				.001%
Title(s):	Secy Treasurer	Phone:	AK 907-497-3046	% Owned:	50 shares
Mailing Address:	PO Box 38				
City:	King Cove	State:	AK	ZIP:	99612





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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.	





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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



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.

Dean Crow
 Signature of licensee

[Signature]
 Signature of Notary Public

Dean Crow
 Printed name of licensee

Notary Public in and for the State of ALASKA

My commission expires: Nov 28 2021

Subscribed and sworn to before me this 4 day of Dec, 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):					

CHRISTOPHER M BABCOCK
 NOTARY PUBLIC
 State of Alaska
 My Commission Expires Nov. 28, 2021



March 2, 2018

Response to Incomplete Renewal Application for License #1758 DBA Last Hook Off

Page 1, Section Establishment and Contact Information: Mailing Address

King Cove Corporation, PO Box 38, King Cove, Ak 99612

Page 3, Section 4-Entity Ownership Information. Attached

Tourism Statement Guidelines

1. We continue to promote tourism, hunting and fishing. This also creates more employment in King Cove. We contract with guides to hunt and fish on our lands and utilize our hotel.
2. This facility Hotel/Bar/Restaurant/Offices was constructed in 1983. We have done improvements to this facility over the years.
3. The facility is operated by the staff of the King Cove Corporation.
4. A total of 12 rooms are available to the public for rental. Each room has a small kitchenette, microwave, satellite television, bathroom facilities including a shower. We do not stock alcoholic beverages in the room.
5. We lease the restaurant portion of our building to King Cove China. People are able to eat in the bar and take food to their rooms.
6. We do guided tours when requested and are hopeful the road between King Cove and Cold Bay will create more opportunity for tourism between the two communities. Cold Bay has a large sport hunting and fishing businesses and the ability to travel between the two communities will enhance those opportunities. Also the Izembek Wildlife Refuge has the ability to do tours and having people come to King Cove to spend a day or two and travel by road would increase tourism activity as King Cove has more public facilities and activities available.

