



## MEMORANDUM

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

DATE: June 12, 2018

FROM: Erika McConnell, Director

RE: 5658 Jewell Gardens

**Requested  
Action:** New license application

**Statutory  
and  
Regulatory  
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 04.11.400(g): "The board may approve the issuance or transfer of ownership of a restaurant or eating place license in a municipality without regard to (a) [population limits] of this section if the board finds that issuance or transfer of the license is necessary for the public convenience."

3 AAC 304.335: "(a) The board may issue a restaurant or eating place license under AS 04.11.400(g) upon a showing that

(1) repealed 8/24/2001;

(2) there is community support, which must be shown by a petition signed by a majority of the residents 21 years of age or over who reside within one mile of the proposed premises; and

(3) the governing body of the municipality in which the licensed premises are to be located approves the application.

(b) Renewal of a license issued under AS 04.11.400(g) will, in the board's discretion, be denied if the license ceases to be necessary to the public convenience."

3 AAC 304.115(a): "...Petition signatures must be obtained within the 90-day period immediately preceding the submission of the application. After an application has been filed, no additional signatures may be added to the petition, and no signatures may be withdrawn."

**Staff Rec.:** Approve with delegation

**Background:** This application is for a new restaurant or eating place – public convenience license in Skagway. 3 AAC 304.335 requires approval of the local governing body and community support as expressed by a petition signed by a majority of the residents 21 years of age or older who live within one mile of the proposed licensed premises.

The applicant worked with the City of Skagway to determine the number of residences within a mile of the proposed licensed premises, and used information from the Department of Labor and Workforce Development to determine the average number of people per household, and the number of people 21 and over.

Using these methods, it was determined that the number of required signatures is 262. Staff verified the petition signatures and determined that at least 262 valid signatures were provided.

Attachment: License application



Alaska Alcoholic Beverage Control Board

**Form AB-00: New License Application**

**What is this form?**

This new license application form is required for all individuals or entities seeking to apply for a new liquor license. Applicants should review Title 04 of Alaska Statutes and Chapter 304 of the Alaska Administrative Code. All fields of this form must be completed, per AS 04.11.260 and 3 AAC 304.105.

This form must be completed and submitted to AMCO's main office, along with all other required forms and documents, before any license application will be considered complete.

**Section 1 – Establishment and Contact Information**

Enter information for the business seeking to be licensed.

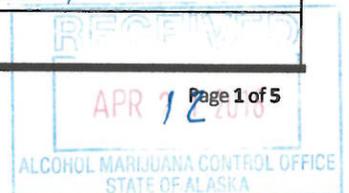
Licensee:	Garden City Enterprises LLC		
License Type:	Restaurant/Eating Place for Public Consumption	Statutory Reference:	AS 04.11.400 (g)
Doing Business As:	Jewell Gardens		
Premises Address:	1.5 mile Klondike Hwy		
City:	Skagway	State:	Alaska ZIP: 99840
Local Governing Body:	Municipality of Skagway		
Community Council:			

Mailing Address:	PO box 535		
City:	Skagway	State:	Alaska ZIP: 99840

Designated Licensee:	Max Jewell		
Contact Phone:	(907) 612-0660	Business Phone:	(907) 983-2111
Contact Email:	max@jewellgardens.com, info@jewellgardens.com		

Seasonal License?  Yes  No  
 If "Yes", write your six-month operating period: April 10<sup>th</sup> - Oct 10<sup>th</sup>

OFFICE USE ONLY			
Complete Date:		License Years:	18/19 License #: 5658
Board Meeting Date:		Transaction #:	75669
Issue Date:		BRE:	CDC





## Alaska Alcoholic Beverage Control Board Form AB-00: New License Application

### Section 2 – Premises Information

Premises to be licensed is:

- an existing facility       a new building       a proposed building

The next two questions must be completed by beverage dispensary (including tourism) and package store applicants only:

What is the distance of the shortest pedestrian route from the public entrance of the building of your proposed premises to the outer boundaries of the nearest school grounds? Include the unit of measurement in your answer.

0.75 miles to the Skagway City School

What is the distance of the shortest pedestrian route from the public entrance of the building of your proposed premises to the public entrance of the nearest church building? Include the unit of measurement in your answer.

0.75 miles to nearest church

### Section 3 – Sole Proprietor Ownership Information

This section must be completed by any sole proprietor who is applying for a license. 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:					
Address:					
City:		State:		ZIP:	

This individual is an:  applicant       affiliate

Name:					
Address:					
City:		State:		ZIP:	





Alaska Alcoholic Beverage Control Board

**Form AB-00: New License Application**

**Section 4 – Entity Ownership Information**

This section must be completed by any entity, including a corporation, limited liability company (LLC), partnership, or limited partnership, that is applying for a license. Sole proprietors should skip to Section 5.

If more space is needed, please attach a separate sheet with the required information.

- 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:	Max Jewell			
Title(s):	100% Member	Phone:	907-612-0660	% Owned: 100%
Address:	PO box 535			
City:	Sikagway	State:	AK	ZIP: 99840

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

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

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





Alaska Alcoholic Beverage Control Board  
**Form AB-00: New License Application**

This subsection must be completed by any applicant that is a corporation or LLC. Corporations and LLCs are required to be in good standing with the Alaska Division of Corporations (DOC) and have a registered agent who is an individual resident of the state of Alaska.

DOC Entity #:	64594D	AK Formed Date:	8-19-1998	Home State:	Alaska
Registered Agent:	Charlotte Jewett		Agent's Phone:	(907) 612-0660	
Agent's Mailing Address:	P.O. box 535				
City:	Skagway	State:	AK	ZIP:	99840

Residency of Agent: Skagway, AK Yes  No

Is your corporation or LLC's registered agent an individual resident of the state of Alaska?

**Section 5 - Other Licenses**

Ownership and financial interest in other alcoholic beverage businesses: Yes  No

Does any representative or owner named in this application have any direct or indirect financial interest in any other alcoholic beverage business that does business in or is licensed in Alaska?

If "Yes", disclose which individual(s) has the financial interest, what the type of business is, and if licensed in Alaska, which license number(s) and license type(s):

**Section 6 - 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:

Caroline Palmer Hill : General Manager  
 Tammy Argenbright : Accountant



12



Alaska Alcoholic Beverage Control Board

**Form AB-00: New License Application**

**Section 7 – Certifications**

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

Initials

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

MJ

I certify that all proposed licensees have been listed with the Division of Corporations.

MJ

I certify 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.

MJ

I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check the identification of a patron will complete an approved alcohol server education course, if required by AS 04.21.025, and, while selling or serving alcoholic beverages, will carry or have available to show a current course card or a photocopy of the card certifying completion of approved alcohol server education course, if required by 3 AAC 304.465.

MJ

I agree to provide all information required by the Alcoholic Beverage Control Board in support of this application.

MJ

As an applicant for a liquor license, 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.

*Max Jewell*

Signature of licensee

*Michelle Gihl*

Signature of Notary Public

*Max Jewell*

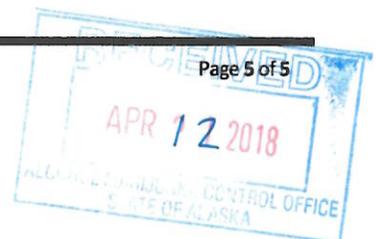
Printed name of licensee

Notary Public in and for the State of Alaska

My commission expires: 04-23-2021

State of Alaska  
Notary Public  
Michelle Gihl  
April 23, 2021

Subscribed and sworn to before me this 29 day of March, 2018.





## Alaska Alcoholic Beverage Control Board Form AB-02: Premises Diagram

### What is this form?

A detailed diagram of the proposed licensed premises is required for all liquor license applications, per AS 04.11.260 and 3 AAC 304.185. Your diagram must include dimensions and must show all entrances and boundaries of the premises, walls, bars, fixtures, and areas of storage, service, consumption, and manufacturing. If your proposed premises is located within a building or building complex that contains multiple businesses and/or tenants, please provide an additional page that clearly shows the location of your proposed premises within the building or building complex, along with the addresses and/or suite numbers of the other businesses and/or tenants within the building or building complex.

The second page of this form is not required. Blueprints, CAD drawings, or other clearly drawn and marked diagrams may be submitted in lieu of the second page of this form. The first page must still be completed, attached to, and submitted with any supplemental diagrams. An AMCO employee may require you to complete the second page of this form if additional documentation for your premises diagram is needed.

This form must be completed and submitted to AMCO's main office before any license application will be considered complete.

Yes No

I have attached blueprints, CAD drawings, or other supporting documents in addition to, or in lieu of, the second page of this form.

### Section 1 - Establishment Information

Enter information for the business seeking to be licensed, as identified on the license application.

Licensee:	Garden City Enterprises LLC	License Number:	AS04.11.400(g)		
License Type:	Restaurant/Eating Place for Public Convenience				
Doing Business As:	Jewell Gardens				
Premises Address:	1.5 mile Klondike Hwy				
City:	Stagway	State:	AK	ZIP:	99840



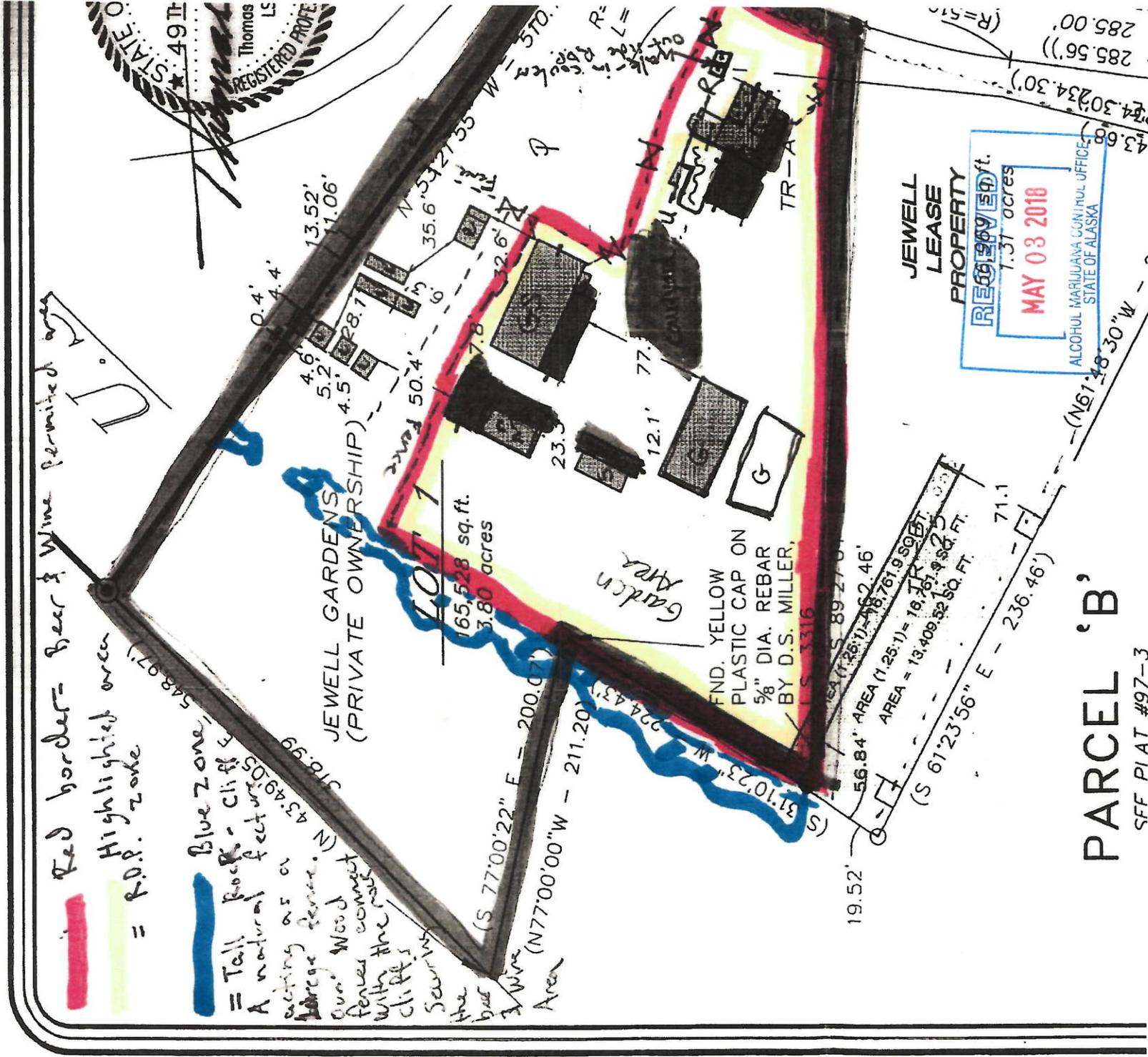
- fence
- DA gate
- I door
- e employee housing
- GS gift shop
- D dining area
- U utility room
- R public restrooms

- walk in coolers / storage
- ▣ dish washing area
- ▣ food prep area
- ▣ refrigerators / storage
- ⊕ parking
- ▣ deck
- ⊗ greenhouse

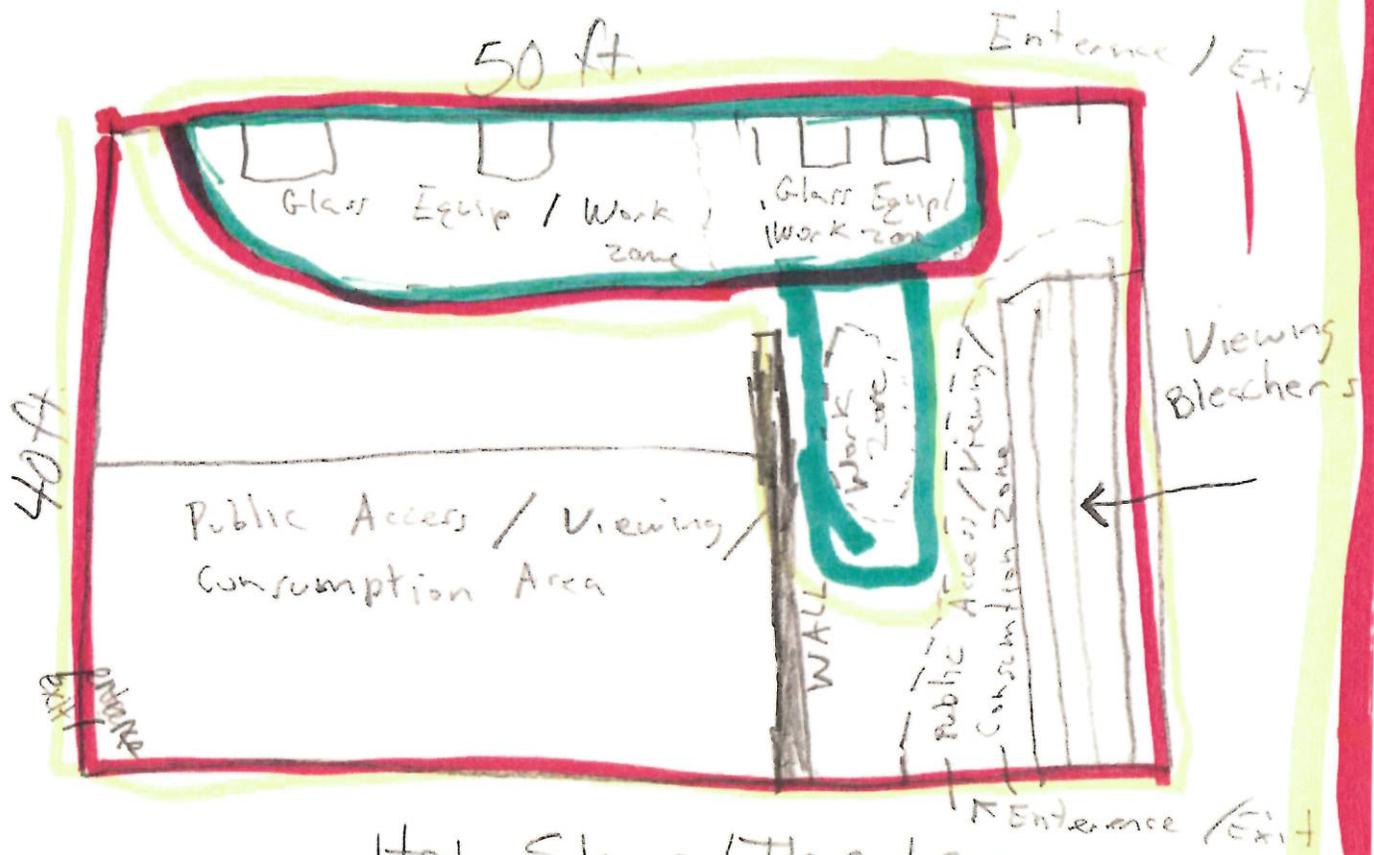
- theater
- glassblowing
- areas beer/wine
- S Storage

Red border = Beer & Wine permitted area  
 Highlighted area = R.O.P. zone

Blue zone = Tall Posts - Cliff 4' A natural feature acting as a wine storage fence. Our Wood fences connect with the posts cliff's security the base Wine Area



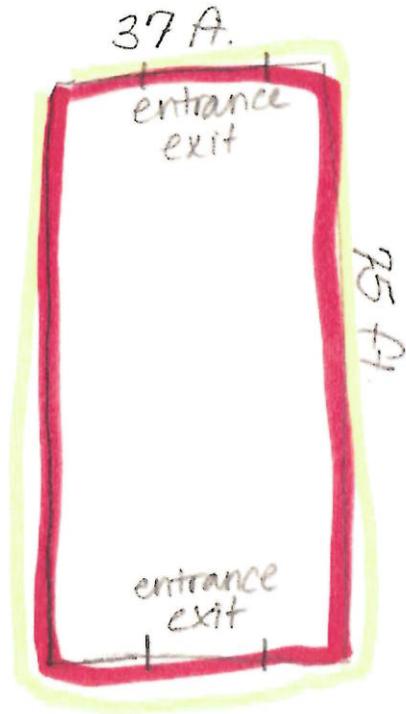
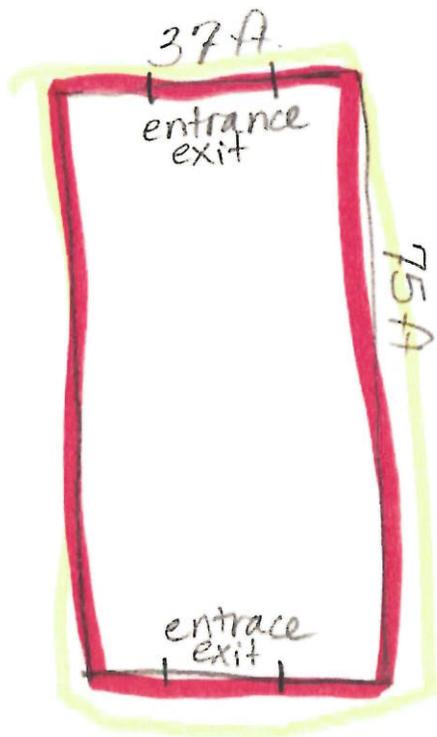
PARCEL 'B'  
 SFF PIAT #97-3



- = Alcohol free Work-Zone
- = inside red border beer & wine permitted
- = inside yellow border RDP zone



Greenhouses



-  rock cliff
-  inside red border
-  inside yellow border
-  RDP zone

11  
" zone  
exit

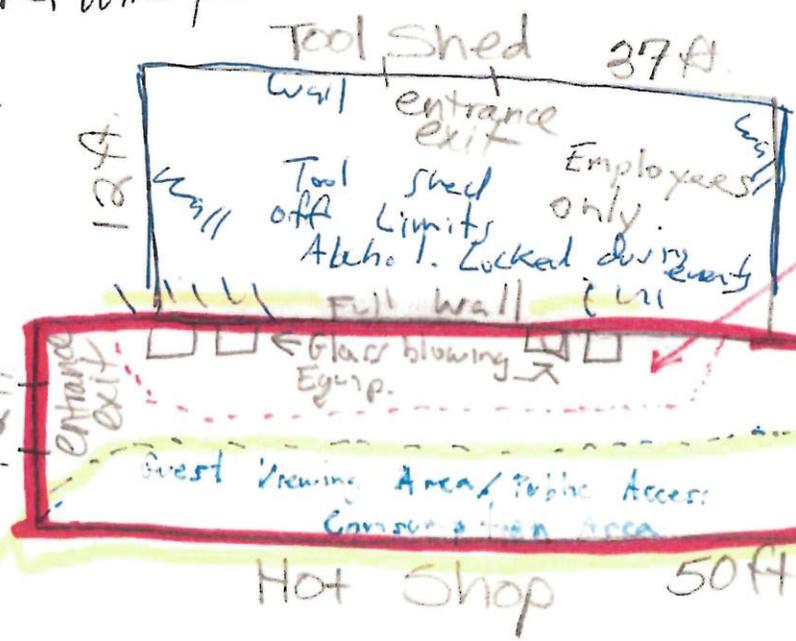
RECEIVED  
 MAY 03 2018  
 ALCOHOL MARIJUANA CONTROL OFFICE  
 STATE OF ALASKA

Entire Page 35  
 RDP zone &  
 Beer & Wine Service  
 zone

Rock Cl. Ft

inside yellow border  
RSP zone

inside red border  
beer & wine permitted



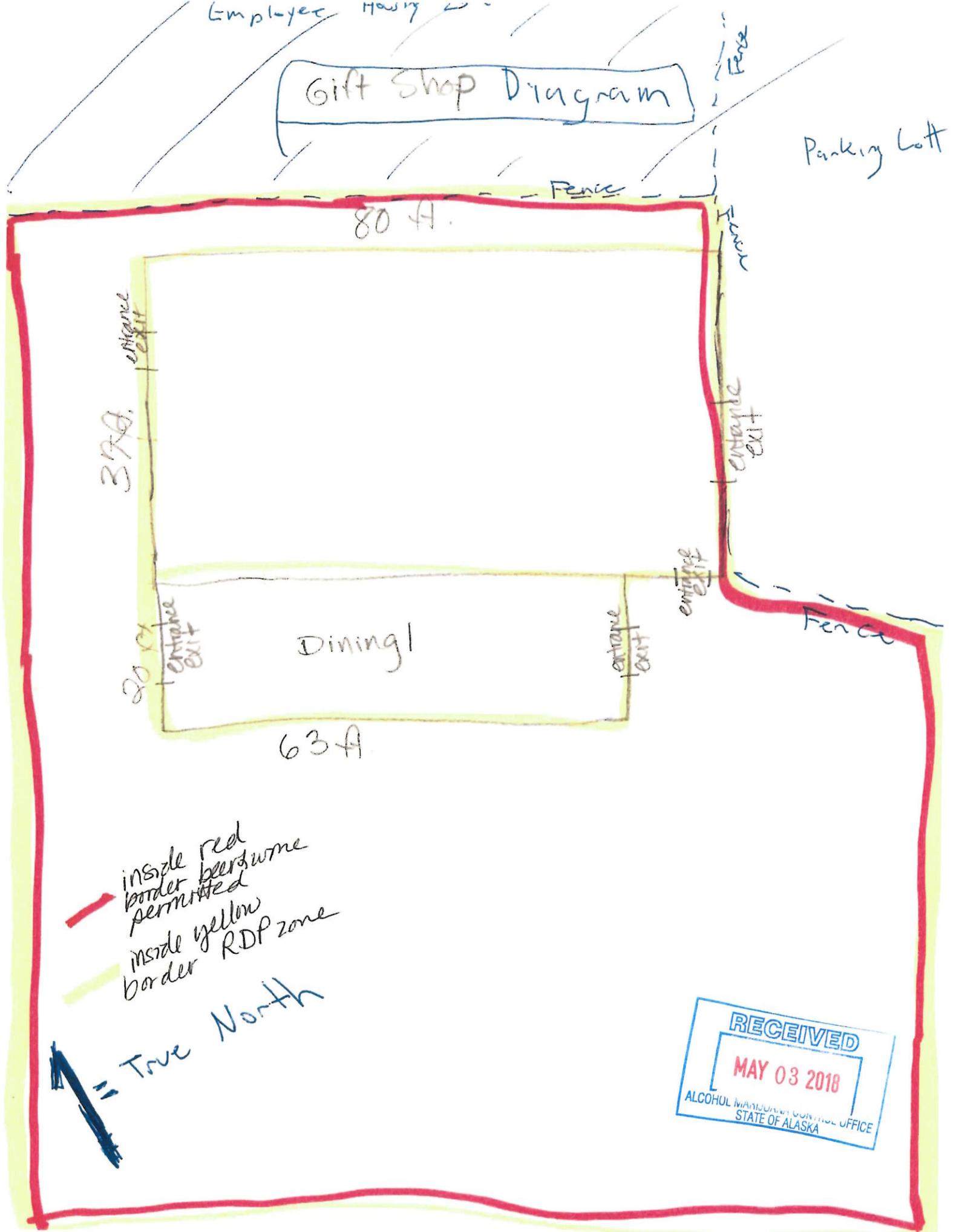
Employee Work Station no Beer & Wine

RECEIVED  
 MAY 03 2018  
 ALCOHOL MANUFACTURING CONTROL OFFICE  
 STATE OF ALASKA

Employer Housing

# Gift Shop Diagram

Parking Lot



— inside red border beer/wine permitted

— inside yellow border RDP zone

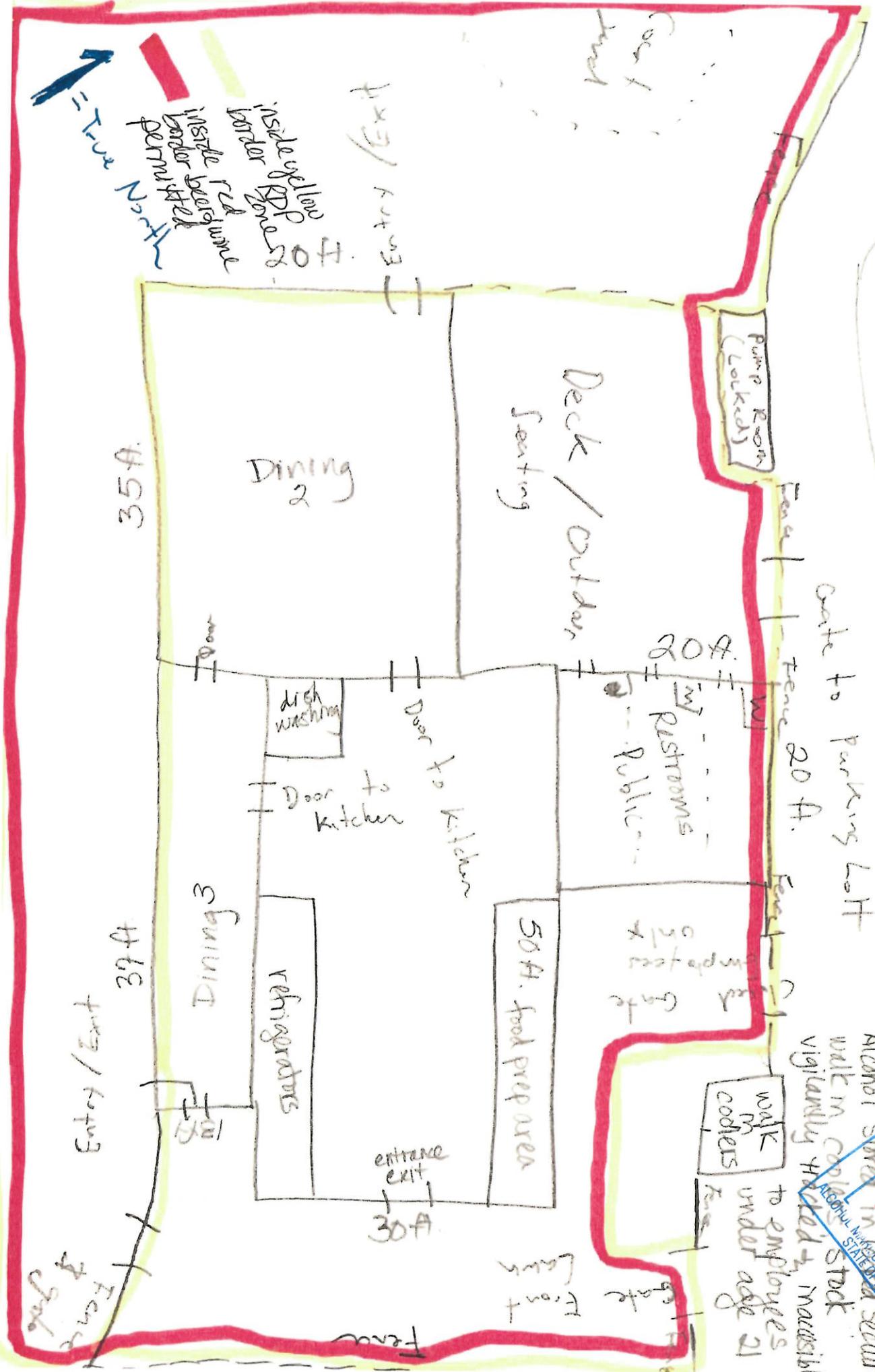
RECEIVED

MAY 03 2018

ALCOHOL MANUFACTURE CONTROL OFFICE

STATE OF ALASKA

Parking Lot / Loading zone  
 Alcohol Prohibited



Alcohol stored in a secure walk in cooler. Stock vigilantly checked & inaccessible to employees under age 21

RECEIVED  
 MAY 03 2018  
 REGIONAL MANAGER OFFICE  
 STATE OF ALASKA

**Alcohol security plan:**

Jewell Garden's Security Plan for keeping alcoholic beverages out of the hands of persons under the age of 21. Here at Garden City Enterprises (DOB Jewell Gardens), we have successfully operated with a beer and wine license for many years, without incident. As you can see if you refer to the diagram, we have fences, gates, and entries that make monitoring guests at entry and checking ID's a simple and safe process.

The premises is fenced in on three sides and the fourth side boundary is a large rock cliff. Our alcohol is stored in a secure and locked location, and our stock carefully tracked to prevent any theft or misuse by guests or servers. During garden wide event's we secure all the various entries and exits except for the main gate, and check ID's at the gate. For person's over 21 we typically either provide a stamp, or a secure "festival style" wrist band. We also always have staff present keeping an eye on meandering guests, making sure no one is breaking the rules. In all our years of operation we have never had a single incident with persons under 21 getting ahold of an alcoholic beverage. Any minor's working for Jewell Gardens will not have access to the beer and wine storage area, and will not be allowed to serve beer and wine.

We post signs along the border of our licensed beer and wine consumption area, and assign staff to monitor these locations making sure no beer or wine leaves the designated area.

Our glass studios and glass blowing demonstration theatres are well lit. Our restaurant services guests watching glass blowing demonstrations with appetizers, beer and wine. During demonstrations the zone in which the glass blowers work and the area which the public are seated are separated with adequate space, the employee work zone is clearly marked with yellow and black floor tape and the guests are instructed to stay out of the work zone and strictly monitored. Overall this is a very safe, well thought out operation. Alcohol is only allowed in the glass blowing studio and theatre during glass demonstrations. During all other events, including weddings the glass blowing studios are kept locked and off limits to visitors insuring that no one can enter these areas.

Also please note that no alcohol is consumed outside the red boundary as shown on our diagram. This includes the upper woods area, the employee housing area and the parking lot. These areas mentioned are all well secured by wooden fences or natural rock cliff features.

During all special events that take place at the garden guests enter only through one main gate, their IDs are checked and everyone over 21 is given either a secure wrist band or stamp. As an additional precautionary measure, all guests IDs are checked a second time before purchase of alcohol. Employees are on site to monitor alcohol free zones and to keep a watchful eye out for persons under 21 and monitor them.

The yellow highlighted area on all diagrams indicate the RDP zone. All minors whether employees or visitors are prohibited from entering any of the areas not highlighted. Alcohol is stored and inventoried in one or both of the walk in coolers as marked on the overall plot map diagram and specifically the kitchen/restaurant diagram. These coolers are kept locked and our alcohol inventory is carefully tracked. All employees under the age of 21 are instructed under a company policy never to handle or serve alcohol and to stay out of our alcohol storage area.



For questions or concerns please contact Max Jewell. (907) 612-0660. Thanks.





Alaska Alcoholic Beverage Control Board

**Form AB-03: Restaurant Designation Permit Application**

**What is this form?**

A restaurant designation permit application is required for a licensee desiring designation under 3 AAC 304.715 – 3 AAC 304.795 as a bona fide restaurant, hotel, or eating place for purposes of AS 04.16.010(c) or AS 04.16.049. Designation will be granted only to a holder of a beverage dispensary, club, recreational site, golf course, or restaurant or eating place license, and only if the requirements of 3 AAC 304.305, 3 AAC 304.725, and 3 AAC 304.745, as applicable, are met. A detailed floor plan of the proposed designated and undesignated areas of the licensed business and a menu or expected menu listing the meals to be offered to patrons must accompany this form. Applicants should review AS 04.16.049 – AS 04.16.052 and 3 AAC 304.715 – 3 AAC 304.795. All fields of this form must be completed. The required \$50 permit fee may be made by credit card, check, or money order.

**Section 1 – Establishment Information**

Enter information for licensed establishment.

Licensee:	Garden City Enterprises LLC		
License Type:	Restaurant/Eating Place <sup>for Public</sup>	License Number:	AS0411.400(g)
Doing Business As:	Jewell Gardens		
Premises Address:	1.5 mile Klondike Hwy		
City:	Skaqway	State:	AK ZIP: 99840
Contact Name:	Max Jewell / <sup>Caroline</sup> Palmer Hill	Contact Phone:	907-988-2111

**Section 2 – Type of Designation Requested**

This application is for the request of designation as a bona fide restaurant, hotel, or eating place for purposes of AS 04.16.010(c) or AS 04.16.049, and for the request of the following designation(s) (check all that apply):

- Dining after standard closing hours: AS 04.16.010(c)
- Dining by persons 16 – 20 years of age: AS 04.16.049(a)(2)
- Dining by persons under the age of 16 years, accompanied by a person over the age of 21: AS 04.16.049(a)(3)
- Employment for persons 16 or 17 years of age: AS 04.16.049(c)

NOTE: Under AS 04.16.049(d), this permit is not required to employ a person 18 - 20 years of age.

OFFICE USE ONLY					
Issue Date:		Transaction #:	75469	BRE:	CDC





Alaska Alcoholic Beverage Control Board

Form AB-03: Restaurant Designation Permit Application

Section 3 - Additional Information

Enter all hours that your establishment intends to be open. Include variances in weekend/weekday hours, and indicate am/pm:

7:00am-11:30 pm Daily April 10<sup>th</sup> - October 10<sup>th</sup>  
(alcohol not served before 8:00 am)

Are any forms of entertainment offered or available within the licensed business or on the proposed designated portions of the premises?

Yes  No

If "Yes", describe the entertainment offered or available:

Garden tours, glassblowing tours & special events  
(weddings, private parties, community gatherings)  
located in rural setting isolated from other businesses/residences

Food and beverage service offered or anticipated is:

table service  buffet service  counter service  other

If "other", describe the manner of food and beverage service offered or anticipated:

We are primarily a restaurant offering table service but also host tours & special events

Is an owner, manager, or assistant manager 21 years of age or older always present on the premises during business hours?

Yes  No

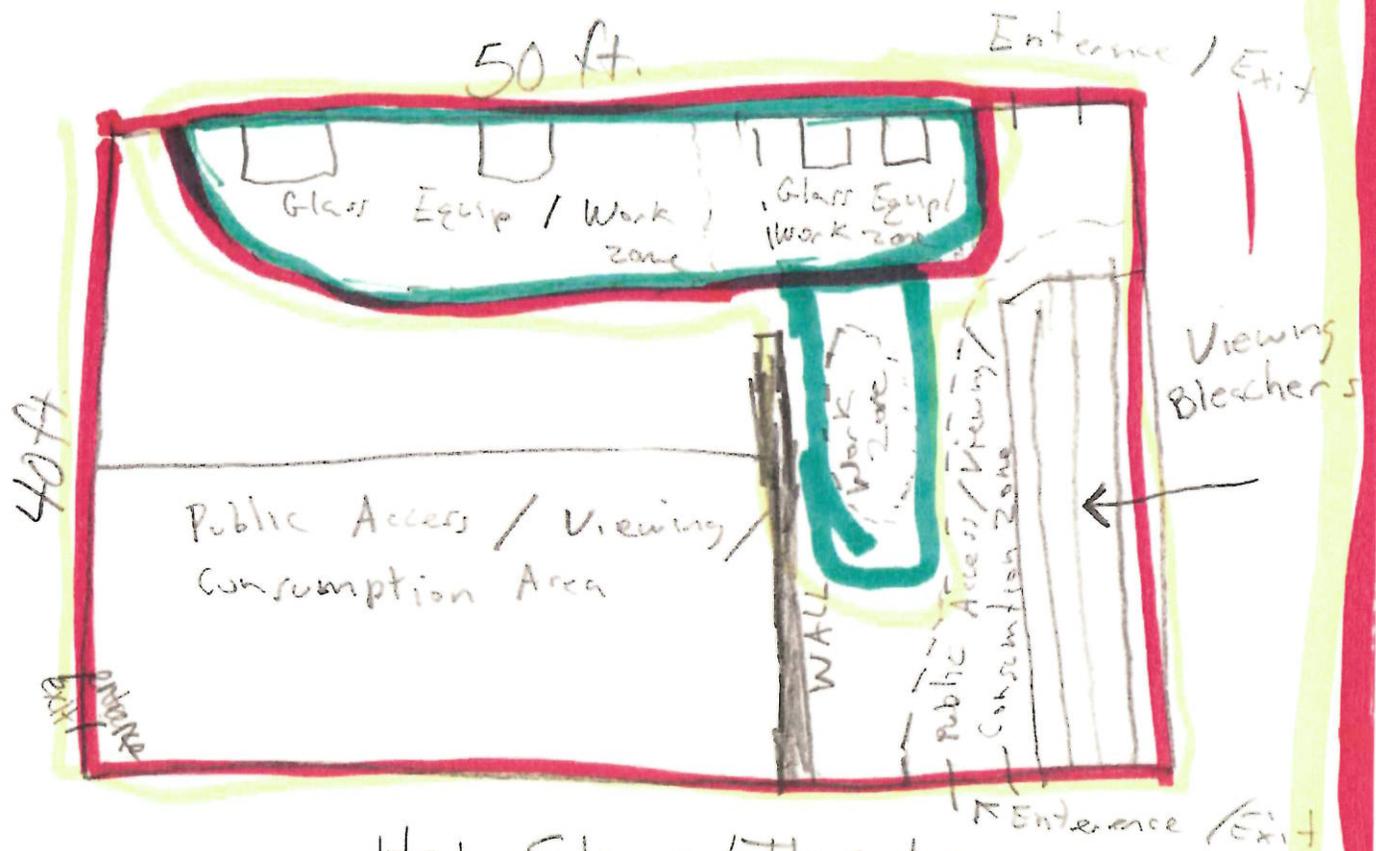
Blueprints, CAD drawings, or other clearly drawn and marked diagrams may be submitted in lieu of the third page of this form.

I have attached blueprints, CAD drawings, or other supporting documents in addition to, or in lieu of, the third page of this form that meet the requirements of this form.

Yes  No







# Hot Shop/Theater

- = Alcohol free Work-zone
- = inside red border beer & wine permitted
- = inside yellow border RDP zone

True North

RECEIVED  
 MAY 03 2018  
 ALCOHOL MARIJUANA CONTROL OFFICE  
 STATE OF ALASKA

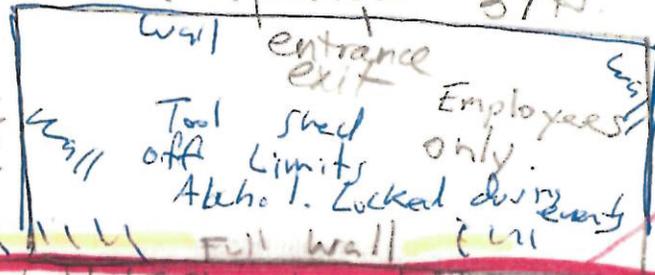


Rock Cl. Af

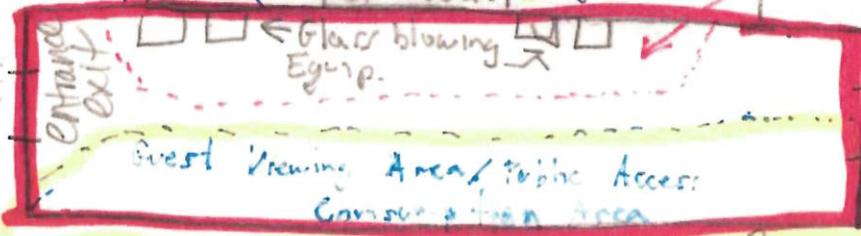
inside yellow border  
RBP zone

inside red border  
beer & wine permitted

Tool Shed 37ft.



Employee Work Station no Beer & Wine



Hot Shop 50ft.

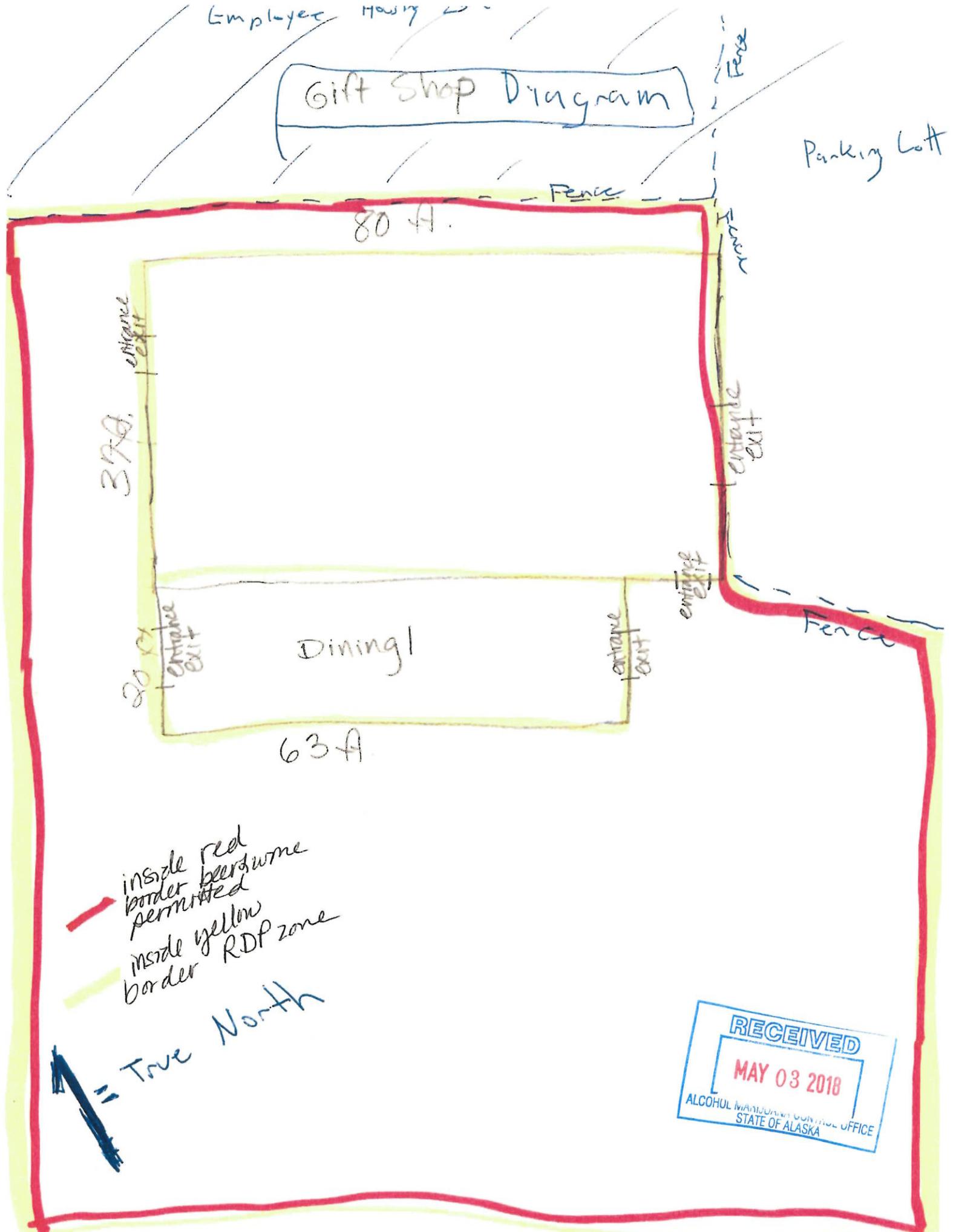
True North

RECEIVED  
MAY 03 2018  
ALCOHOL MARIJUANA CONTROL OFFICE  
STATE OF ALASKA

Employee Harry

# Gift Shop Diagram

Parking Lot



- inside red border beer/wine permitted  
 - inside yellow border RDP zone

True North

**RECEIVED**  
**MAY 03 2018**  
 ALCOHOL MANAGEMENT CONTROL OFFICE  
 STATE OF ALASKA



**Alcohol security plan:**

Jewell Garden's Security Plan for keeping alcoholic beverages out of the hands of persons under the age of 21. Here at Garden City Enterprises (DOB Jewell Gardens), we have successfully operated with a beer and wine license for many years, without incident. As you can see if you refer to the diagram, we have fences, gates, and entries that make monitoring guests at entry and checking ID's a simple and safe process.

The premises is fenced in on three sides and the fourth side boundary is a large rock cliff. Our alcohol is stored in a secure and locked location, and our stock carefully tracked to prevent any theft or misuse by guests or servers. During garden wide event's we secure all the various entries and exits except for the main gate, and check ID's at the gate. For person's over 21 we typically either provide a stamp, or a secure "festival style" wrist band. We also always have staff present keeping an eye on meandering guests, making sure no one is breaking the rules. In all our years of operation we have never had a single incident with persons under 21 getting ahold of an alcoholic beverage. Any minor's working for Jewell Gardens will not have access to the beer and wine storage area, and will not be allowed to serve beer and wine.

We post signs along the border of our licensed beer and wine consumption area, and assign staff to monitor these locations making sure no beer or wine leaves the designated area.

Our glass studios and glass blowing demonstration theatres are well lit. Our restaurant services guests watching glass blowing demonstrations with appetizers, beer and wine. During demonstrations the zone in which the glass blowers work and the area which the public are seated are separated with adequate space, the employee work zone is clearly marked with yellow and black floor tape and the guests are instructed to stay out of the work zone and strictly monitored. Overall this is a very safe, well thought out operation. Alcohol is only allowed in the glass blowing studio and theatre during glass demonstrations. During all other events, including weddings the glass blowing studios are kept locked and off limits to visitors insuring that no one can enter these areas.

Also please note that no alcohol is consumed outside the red boundary as shown on our diagram. This includes the upper woods area, the employee housing area and the parking lot. These areas mentioned are all well secured by wooden fences or natural rock cliff features.

During all special events that take place at the garden guests enter only through one main gate, their IDs are checked and everyone over 21 is given either a secure wrist band or stamp. As an additional precautionary measure, all guests IDs are checked a second time before purchase of alcohol. Employees are on site to monitor alcohol free zones and to keep a watchful eye out for persons under 21 and monitor them.

The yellow highlighted area on all diagrams indicate the RDP zone. All minors whether employees or visitors are prohibited from entering any of the areas not highlighted. Alcohol is stored and inventoried in one or both of the walk in coolers as marked on the overall plot map diagram and specifically the kitchen/restaurant diagram. These coolers are kept locked and our alcohol inventory is carefully tracked. All employees under the age of 21 are instructed under a company policy never to handle or serve alcohol and to stay out of our alcohol storage area.



For questions or concerns please contact Max Jewell. (907) 612-0660. Thanks.





Alaska Alcoholic Beverage Control Board

**Form AB-03: Restaurant Designation Permit Application**

**Section 5 – Certifications and Approvals**

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

Initials

I have included with this form a detailed floor plan of the proposed designated and undesignated areas of the licensed business for purposes of this application. I understand that this diagram is different than my licensed premises diagram.

MS

I have included with this form a menu, or an expected menu, listing the meals to be offered to patrons.

MS

I certify that the license for which I am requesting designation is either a beverage dispensary, club, recreational site, golf course, or restaurant or eating place license.

MS

I declare under penalty of perjury that this form, including all attachments and accompanying schedules and statements, is true, correct, and complete.

Max Jewell  
Signature of licensee

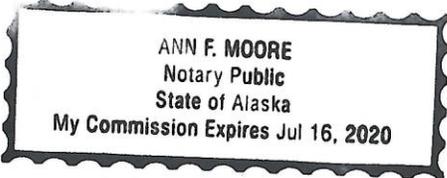
Ann F. Moore  
Signature of Notary Public

Max Jewell  
Printed name of licensee

Notary Public in and for the State of Alaska

My commission expires: July 16, 2020

Subscribed and sworn to before me this 7 day of April, 2018.



Local Government Review (to be completed by an appropriate local government official):

Approved Disapproved

\_\_\_\_\_  
Signature of local government official

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name of local government official

\_\_\_\_\_  
Title





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

**Form AB-03: Restaurant Designation Permit Application**

AMCO Enforcement Review:

\_\_\_\_\_  
Signature of AMCO Enforcement Supervisor

\_\_\_\_\_  
Printed name of AMCO Enforcement Supervisor

Enforcement Recommendations:

AMCO Director Review:

Approved      Disapproved

\_\_\_\_\_  
Signature of AMCO Director

\_\_\_\_\_  
Printed name of AMCO Director

\_\_\_\_\_  
Date

Limitations:



# WELCOME TO POPPIES

A Garden to Table Restaurant at Jewell Gardens

## APPETIZERS

### POPPIES TEA PLATE

Consists of bite size salmon quiche, cucumber and chive flower teasandwiches, ruby begonia bars, cheesy herbed scones and carrot cake with classic cream cheese frosting for one 7.95 or two 14.95

### FIRE ROASTED GARDEN VEGETABLE SKEWERS

assorted marinated garden vegetables roasted over open flameand served on skewers  
7.95

### HOT SMOKED SALMON DIP

wild caught Alaskan salmon lightly smoked and blended with lemon, capers and toasted peppercorn served with house made crostinis  
7.95

### SPINACH & ARTICHOKE DIP

crisp spinach, fresh garlic and ripe artichoke hearts blended togetherand served with homemade flat bread, brushed with herbed olive oil  
7.95

## SOUP, SALAD & QUICHE DU JOUR

### SOUP DU JOUR

cup 3.95 bowl 7.95

### GARDEN SALAD & FRESH SOUP

garden herbs and greens with fresh veggies and a white balsamic vinaigrette  
7.95

### QUICHE

Our signature quiche served with a garden salad and a cup of soup.  
Your choice of smoked salmon or garden veggie.  
11.95

**ROLLS WITH HERB BUTTER 3.95**

**GARDEN SALAD & ROLLS 6.95**

try our **ARTISAN TEAS**  
ask your server for delicious details





Alaska Alcoholic Beverage Control Board  
**Form AB-12: Petition**

Alcohol and Marijuana Control Office  
 550 W 7<sup>th</sup> Avenue, Suite 1600  
 Anchorage, AK 99501  
[marijuana.licensing@alaska.gov](mailto:marijuana.licensing@alaska.gov)  
<https://www.commerce.alaska.gov/web/amco>  
 Phone: 907.269.0350

**What is this form?**

Any application for a restaurant / eating place – public convenience (REPC) license or any liquor license application for a premises located in an area with no local governing body must file a petition in accordance with **AS 04.11.400(g)**, **AS 04.11.460**, **3 AAC 304.115**, and/or **3 AAC 304.335**. Instructions vary with the type of area in which your proposed premises are located.

Please read the instructions in Section 2 of this form carefully.

A liquor license application for a premises that is **within 50 miles** of the boundary of a local governing body must submit a petition signed by the **majority** of the **permanent residents** residing within **one mile** of the proposed premises per **AS 04.11.460(a)**.

A liquor license application for a premises that is **50 miles or more** from the boundary of a local governing body must submit a petition signed by **two-thirds** of the **permanent residents** residing within a **five mile radius** of the United States post office nearest to the proposed licensed premises per **AS 04.11.460(b)**

**This form must be submitted to AMCO's main office before any REPC license application or before any liquor license application in an area with no local government will be considered complete. You may include as many pages of signatures as necessary.**

Yes No

I am applying for a restaurant / eating place – public convenience license, under AS 04.11.400(g).

My proposed premises is outside, but within 50 miles of the boundary of a local government.

My proposed premises is 50 miles or more from the boundary of a local government.

**Section 1 – Establishment Information**

Enter information for the business seeking to be licensed, as identified on the license application.

Licensee:	Garden City Enterprises, LLC				
License Type:	Restaurant/Eating Place for public convenience				
Doing Business As:	Jewell Gardens				
Premises Address:	1.5 Klondike Hwy				
City:	Skagway	State:	AK	ZIP:	99840
Latitude:	59.470598	Longitude:	-135.302719		





Alaska Alcoholic Beverage Control Board  
**Form AB-12: Petition**

Alcohol and Marijuana Control Office  
550 W 7<sup>th</sup> Avenue, Suite 1600  
Anchorage, AK 99501  
[marijuana.licensing@alaska.gov](mailto:marijuana.licensing@alaska.gov)  
<https://www.commerce.alaska.gov/web/amco>  
Phone: 907.269.0350

## Section 2 – Petition Instructions

**Please read these instructions carefully.**

The following information must accompany all liquor license applications requiring petitions:

1. A map showing the population within:
  - a. the one mile radius with the proposed premises as center (required for REPC applications and for premises within 50 miles of the boundary of a local government)OR
  - b. the five mile radius with the United States post office as center (required for premises 50 miles or more from the boundary of a local government)\*
2. Graphic designation on a map showing the general area where petition signatures were obtained
3. A narrative and mathematical calculation of how population totals were determined
4. A narrative of how signatures were obtained (door to door solicitation; premises solicitation; etc.)

“Permanent resident” means a person 21 years of age or older who has established a permanent place of abode. A person may be a permanent resident of only one place, per **3 AAC 304.115(b)**.

**Signatures must be obtained within the 90-day period immediately before submitting the petition to the board.**

\*If there is no United States post office within a radius of five miles of the proposed licensed premises, the applicant must obtain the signatures of two-thirds of the permanent residents residing within a five mile radius of the proposed licensed premises. The map should show the applicable area.





Alaska Alcoholic Beverage Control Board  
**Form AB-12: Petition**

**Section 3 – Petition**

\*Have a completed copy of this page available for those considering this petition.

This is a petition in support of a

Restaurant/Eating Place for public convenience license application.  
(type of license applied for)

**By signing this petition, you are stating that you are in favor of having a licensed alcohol establishment in your community.**

Each person who has signed this petition states that he or she is a **permanent resident** in the area indicated below; that he or she is 21 years of age or older; and agrees to the issuance of a

Restaurant/Eating Place for public convenience to sell  
(type of license applied for) (manufacture, sell)

alcohol at 1.5 mile Klondike Hwy Steagway, AK 99840  
(location of proposed premises)

in the State of Alaska, and that the physical address of his/her residence is:

- within one (1) mile of proposed premises.**  
(Check one)  
 **within five (5) miles of the nearest post office to the proposed premises.**





Alcohol and Marijuana Control Office  
 550 W 7<sup>th</sup> Avenue, Suite 1600  
 Anchorage, AK 99501  
[marijuana.licensing@alaska.gov](mailto:marijuana.licensing@alaska.gov)  
<https://www.commerce.alaska.gov/web/amco>  
 Phone: 907.269.0350

Alaska Alcoholic Beverage Control Board  
**Form AB-12: Petition**

**Section 4 – Certifications**

This petition is not valid if this page is not complete, signed, and notarized.

I, Max Jewell (proposed licensee), the applicant for a  
Restaurant/Eating Place for <sup>Public</sup> convenience AS04.11.400(g) (type of license applied for) (statutory reference), hereby certify that the

number of permanent residents 21 years of age or older who live within one (one/five) mile(s) of  
1.5 mile Klondike Hwy Skagway, AK (proposed premises or nearest US Post Office address) 99840 totals 514 (total population) and this petition  
 totals 344 (number) signatures, which is 67 (percentage) % of the permanent residents in the area as required by statute.

I declare under penalty of perjury that this form, including all accompanying schedules and statements, is true, correct, and complete.

Max Jewell  
 Signature of licensee  
Max Jewell  
 Printed name of licensee

Ann F. Moore  
 Signature of Notary Public  
 Notary Public in and for the State of Alaska

My commission expires: July 16, 2020

ANN F. MOORE  
 Notary Public  
 State of Alaska  
 My Commission Expires Jul 16, 2020

Subscribed and sworn to before me this 7 day of April, 2018.

ANN F. MOORE  
 Notary Public  
 State of Alaska  
 My Commission Expires Jul 16, 2020

12



**Population Analysis and Calculations:**

Please see attached map and United States census print out for supporting documents.

**Signatures Gathered: 423**

**Total Signatures determined invalid: 79**

(We crossed out all questionable signatures due to Skagway residents either living outside the one –mile radius boundary of Jewell Garden’s, or due to people writing PO boxes instead of a physical address.)

**Total Valid Signatures: 344**

**Total Signatures needed to meet the majority of Skagway’s estimated population within a one-mile radius surrounding Garden City Enterprises: 262**

**How Signatures we’re obtained:** We obtained all our signatures through carrying a clip board around town and asking every resident we came across, until we surpassed to target number of signatures necessary. We did our best to gather signatures of residents ONLY living within this 1-mile radius, however despite our best efforts, I reviewed every single signature, and crossed out all questionable signatures to make sure our report is as accurate as possible.

**Skagway’s population info:**

**Skagway’s population over 21 as according to the US census report (See attached report): 791**

**Percentage of Skagway’s population estimated to live within a 1-mile radius of Garden City Enterprises: 514 people are estimated to live within one mile of Jewell Gardens.**

(Estimated population percentage of Skagway residents living within the 1-mile radius as determined by two separate scaled map and compass readings: 65% or 514 people.

The majority, or 51% of this population is 262. This means we need at least 262 signatures to meet the majority requirement.)

**Calculation formula used:**



In order to calculate the number of signatures needed with-in the 1 mile Radius of Garden City Enterprises I used the following calculations. First, I gathered up the number of citizen's in the town of Skagway as a whole over the age of 21 years as documented on the most recent census report. I used two separate scaled map's, a compass, and various measuring devices to come up with as close of an estimate as possible of the percentage of Skagway's population living within a one-mile radius of Garden City Ent.

**Please take into account the following when reviewing signatures and the population analysis:** Many Skagway resident's leave during the winter months but are still technically considered "year around" residents, even though this is not the case. Also, there are no centralized database where all the physical addresses in Skagway are easily accessible. In future years the fire department will have this, but it is not yet available. This forces us to rely on our local knowledge, and google earth. Google Earth I've discovered is also unfortunately often wrong. See signature page 22, and the highlighted signature and address, and to corresponding screen shot I included from goggle earth to show how they misrepresent addresses. The address on google earth shows the property located on 3<sup>rd</sup> Ave, when in fact this person actually lives on 20<sup>th</sup> Ave, within our 1-mile radius. For confirmation on this fact, I am happy to contact local resident Danielle Authier and ask her to call into the ABMC board to confirm if necessary.

Thanks, for any further questions please reach out to Max Jewell:

(907) 612-0660

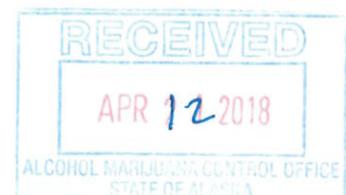
elementsofalaska@gmail.com



# 2010 Census Demographic Profile for Skagway Municipality

## Population by Age and Sex

	Total	Male	Female
Total	968	500	468
Under 5 years	49	27	22
5 to 9 years	33	18	15
10 to 14 years	35	17	18
15 to 19 years	46	20	26
20 to 24 years	39	19	20
25 to 29 years	82	36	46
30 to 34 years	107	47	60
35 to 39 years	66	40	26
40 to 44 years	93	52	41
45 to 49 years	68	36	32
50 to 54 years	88	48	40
55 to 59 years	103	61	42
60 to 64 years	71	41	30
65 to 69 years	41	16	25
70 to 74 years	22	14	8
75 to 79 years	9	2	7
80 to 84 years	10	4	6
85 years and over	6	2	4
<b>Median age and population of selected age groups</b>			
Median age	41.2	42.6	40.1
Population 16 years and over	840	431	409
Population 18 years and over	816	424	392
Population 21 years and over	791	414	377
Population 62 years and over	125	60	65
Population 65 years and over	88	38	50



**Race**

**Population of one race: 929**

**Population of two or more races: 39**

	<b>Race alone</b>	<b>Race alone or in combination with one or more other races</b>
White	885	922
Black or African American	0	2
American Indian and Alaska Native	34	52
Asian	5	22
Pacific Islander	1	2
Other	4	9

**Hispanic or Latino and Race**

Total	21
White alone	13
Black or African American alone	0
American Indian and Alaska Native alone	0
Asian alone	0
Pacific Islander alone	0
Other race alone	4
Two or more races	4

**Hispanic or Latino by Origin**

Total	21
Mexican	10
Puerto Rican	0
Cuban	1
Other	10



## Relationship

Total	968
In households	936
Householder	436
Spouse	196
Child	180
Own child under 18 years	143
Other relatives	28
Under 18 years	7
65 years and over	6
Nonrelatives	96
Under 18 years	2
65 years and over	4
Unmarried partner	47
In group quarters	32
Institutionalized population	0
Male institutionalized population	0
Female institutionalized population	0
Noninstitutionalized population	32
Male noninstitutionalized population	20
Female noninstitutionalized population	12



## Households

Total	436
Family households (families)	234
With own children under 18 years	92
Husband-wife family	196
With own children under 18 years	70
Male householder, no wife present	18
With own children under 18 years	8
Female householder, no husband present	20
With own children under 18 years	14
Nonfamily households	202
Householder living alone	146
Male householder living alone	88
65 years and over	6
Female householder living alone	58
65 years and over	12

### Households with children/elders

Households with individuals under 18 years	98
Households with individuals 65 years and over	66

### Averages

Average household size	2.2
Average family size	2.7

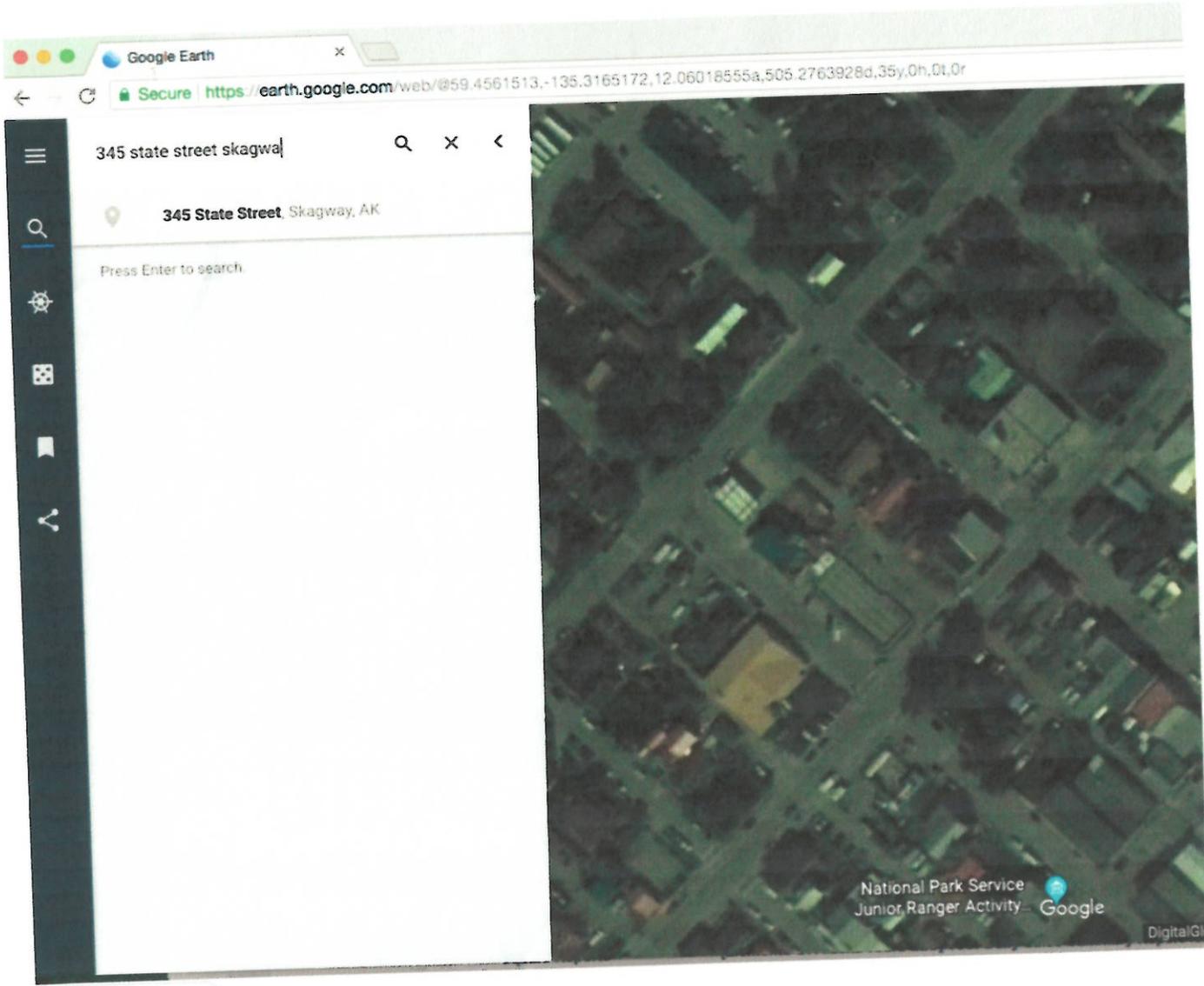


## Housing Occupancy

Total	636
Occupied housing units	436
Vacant housing units	200
For rent	15
Rented, not occupied	2
For sale only	4
Sold, not occupied	0
For seasonal, recreational, or occasional use	48
All other vacants	131
<b>Vacancy rates</b>	
Homeowner vacancy rate (percent)	1.6
Rental vacancy rate (percent)	7.1
<b>Housing tenure</b>	
Owner-occupied housing units	241
Renter-occupied housing units	195
Population in owner-occupied housing units	573
Population in renter-occupied housing units	363
Average household size in owner-occupied housing units	2.4
Average household size in renter-occupied housing units	1.9

Department of Labor and Workforce Development, Research and Analysis Section  
P.O. Box 115501  
Juneau, Alaska 99811-5501  
Phone: 907.465.4500, Fax: 907.523.9654  
November 15, 2013





Tap to  
Download

ATT53413.pdf  
88.6 KB

RECEIVED  
APR 21 2018  
ALCOHOL & MARIJUANA CONTROL OFFICE  
STATE OF ALASKA

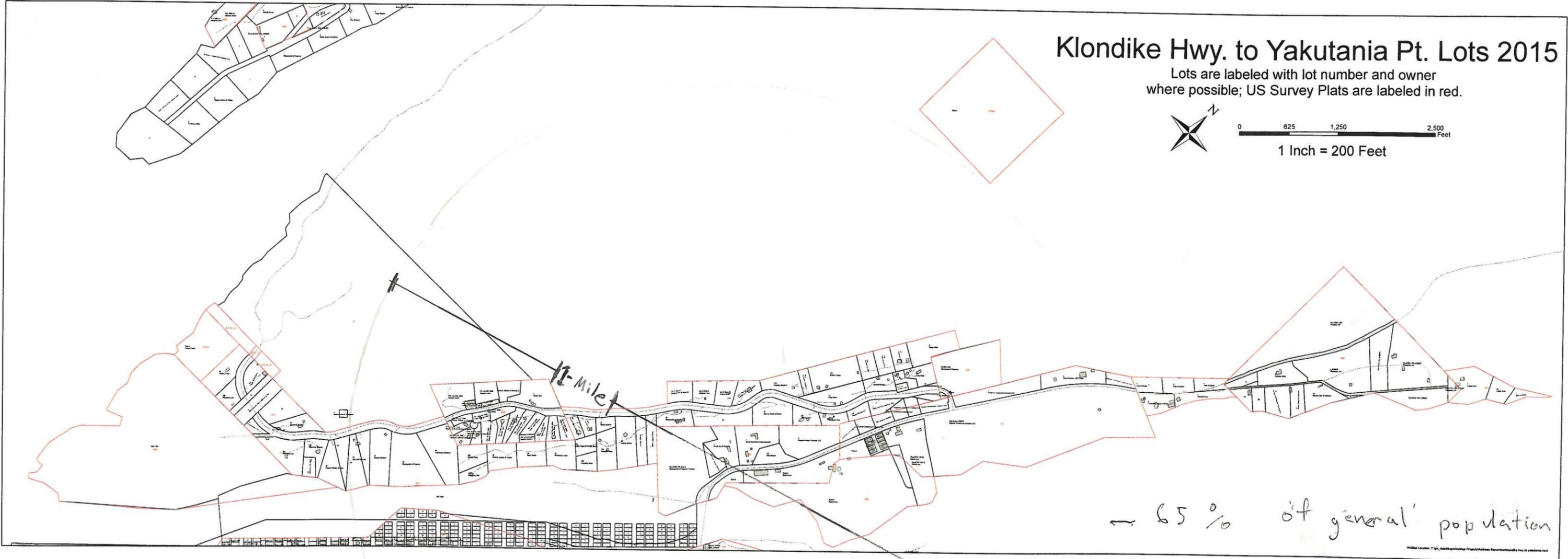
# Klondike Hwy. to Yakutania Pt. Lots 2015

Lots are labeled with lot number and owner where possible; US Survey Plats are labeled in red.



0 625 1,250 2,500 Feet

1 Inch = 200 Feet



→ 65% of general population

# Skagway Zoning Industrial District

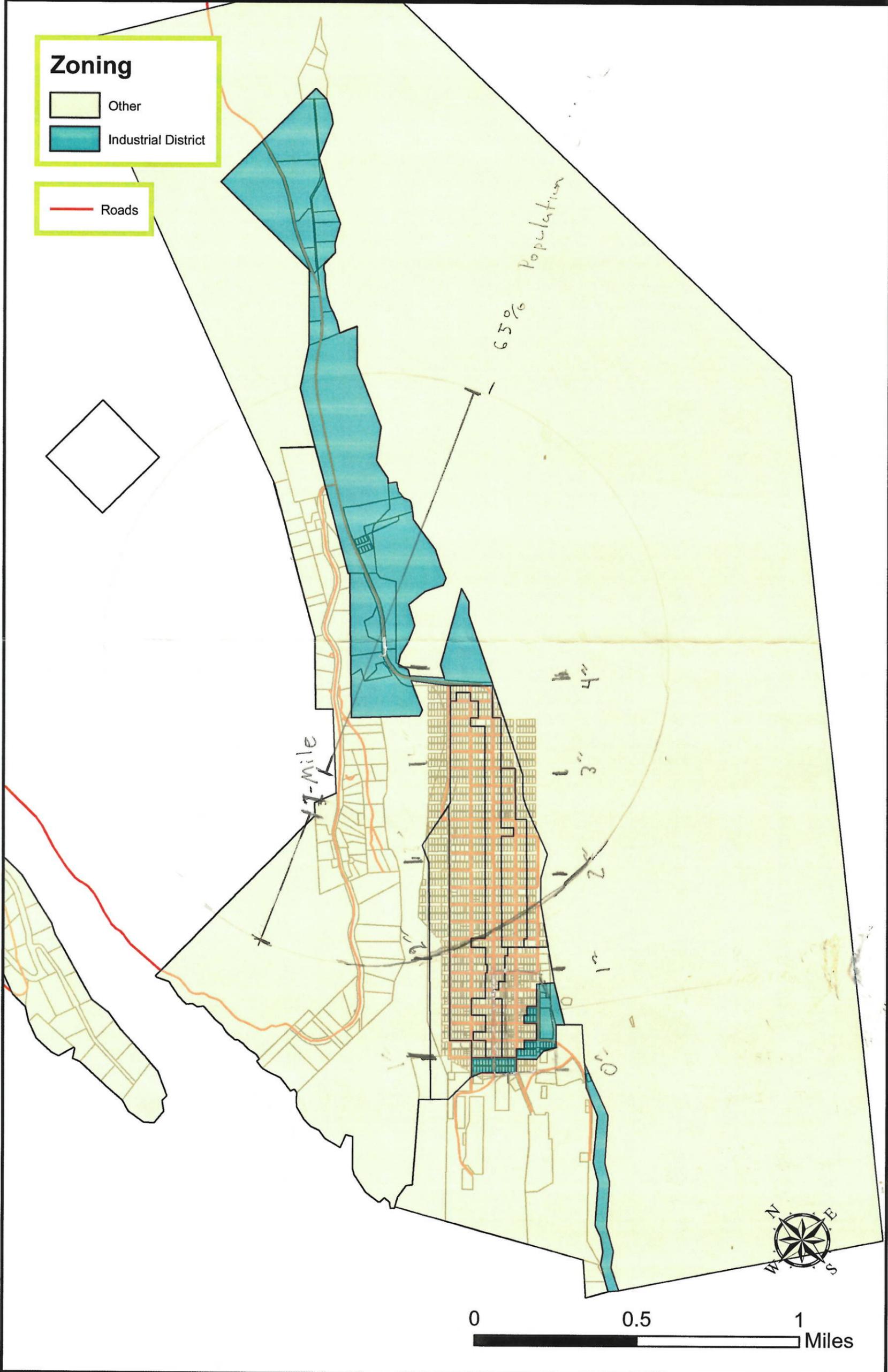
Municipality of Skagway



## Zoning

- Other
- Industrial District

Roads



\* Amco copy 1997 21 yrs  
11/2/18 90 days

260 good signatures

Please provide your printed name, signature, birthdate, the physical location of your residence, date, and check the appropriate box.  
By signing this petition, you are stating that you are in favor of having a licensed alcohol establishment in your community.

Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Do you understand this petition?
Robert MacNeill	Robert MacNeill	4-16-58	20 <sup>th</sup> + Main	Skagway	3-15-18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Wayne Ames	Wayne Ames	5-21-56	21 <sup>st</sup> + Main	Skagway	3-15-18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Ken Malove	Ken Malove	8-21-49	21 - Main	Skagway	3-15-18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Justin Colby	Justin Colby	10-19-74	7 mile dyer rd	Skagway	3-15-18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
JACQUELIN SCHAFFER	Jacqueline Schaffer	12-16-56	3.2 mi Klondike	Skagway	3-15-18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
EMILY BEACH	Emily Beach	6/11/78	1085 Broadway	Skagway	3/15/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<del>BOB LEAVERTON</del>	<del>Bob Leaverton</del>	<del>12/1/93</del>	<del>PO BOX 1111</del>	<del>Skagway</del>	<del>3/15/18</del>	<del>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></del>
<del>Debbie Ackerman</del>	<del>Debbie Ackerman</del>	<del>12/1/68</del>	<del>PO Box 77 3rd</del>	<del>Skagway</del>	<del>03/15/18</del>	<del>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></del>
<del>Kimber Daniel</del>	<del>Kimber Daniel</del>	<del>9/21/1993</del>	<del>PO Box 1111</del>	<del>Skagway</del>	<del>3/15/18</del>	<del>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></del>
<del>PAUL KOWAL</del>	<del>Paul Kowal</del>	<del>8/20/1974</del>	<del>PO BOX 704 320 15th</del>	<del>SKAGWAY</del>	<del>3/15/18</del>	<del>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></del>
Mary Hole	Mary Hole	11-17-75	2.5 Dyer Rd.	Skagway	3-15-18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Shane Koppert	Shane Koppert	2-3-84	701 Main St	Skagway	3-15-18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<del>ANNA LAUSON</del>	<del>Anna Lawson</del>	<del>10/18/84</del>	<del>410 2<sup>nd</sup> Ave.</del>	<del>Skagway</del>	<del>3/15/18</del>	<del>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></del>
JUDITH GORDON	Judith Gordon	5/18/60	781 MAIN ST	SKAGWAY	3/15/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<del>Sara Hahn</del>	<del>Sara Hahn</del>	<del>6/14/58</del>	<del>410 5<sup>th</sup> ST</del>	<del>Skagway</del>	<del>3/15/18</del>	<del>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></del>
Deborah Knorr	Deborah Knorr	5/4/53	450 6 <sup>th</sup> St	Skagway	3/15/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
BOB CARLSON	Bob Carlson	01/22/53	MILE 1.5 DYER ROAD	SKAGWAY	3/15/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Tyson Ames	Tyson Ames	3-5-84	356 12 <sup>th</sup> Ave	Skagway	3-15-18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>

PA

8





Please provide your printed name, signature, birthdate, the physical location of your residence, date, and check the appropriate box.  
 By signing this petition, you are stating that you are in favor of having a licensed alcohol establishment in your community.

Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Do you understand this petition? Yes <input type="checkbox"/> No <input type="checkbox"/>
Josh Himmel	[Signature]	2/13/87	707 STATE STREET	Skagway	3-14-18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Sean Layton	[Signature]	12/30/1971	218 10TH AVE	Skagway	3-14-18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Stephanie Larson	[Signature]	8/20/1986	401 1/2 Main Street	Skagway	3-14-18	Yes <input type="checkbox"/> No <input type="checkbox"/>
VOSETTE DESCHAMBEAULT	[Signature]	4/14/1993	SMILE DREAM ROAD	SKAGWAY	3/14/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
James HANCLAND	[Signature]	2/2/1955	480 20TH AVE,	SKAGWAY	3/14/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Bill Jones	[Signature]	5/6/82	6th And AK	Skagway	3/14/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Tamar Hamson	[Signature]	5/22/78	530 8th Ave	Skagway	3/14/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Sam Palmersten	[Signature]	07/21/77	500 8th Ave	Skagway	03/14/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
KEVIN FOWLER	[Signature]	04/27/86	567 15TH AVE	Skagway	3/14/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Annyssa Herrera	[Signature]	04/07/95	567 15TH AVE	Skagway	3/14/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Valerie Zamboni	[Signature]	01/21/75	814 8th Ave 1st B	Skagway	3/15/18	Yes <input type="checkbox"/> No <input type="checkbox"/>
<del>John Sullivan</del>	<del>[Signature]</del>	<del>10/05/1990</del>	<del>400 Spruce 4th</del>	<del>Skagway</del>	<del>3/15/18</del>	<del>Yes <input type="checkbox"/> No <input type="checkbox"/></del>
John Hischer	[Signature]	02/20/1974	2143 Main Street	Skagway	3/15/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Daniel S Rossi	[Signature]	9/4/67	21st + State	Skagway	3/15/18	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Tammy D Nabb	[Signature]	6/7/60	Mila 24 Dyan?	Skagway	3/15/17	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
PETER LUCERKETT	[Signature]	12-31-60	465 19th AVE SKAGWAY, AK 99840	SKAGWAY	3/15/18	Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>

APR 12 2018



Please provide your printed name, signature, birthdate, the physical location of your residence, date, and check the appropriate box.  
 By signing this petition, you are stating that you are in favor of having a licensed alcohol establishment in your community.

Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Do you understand this petition? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
✓ Tyler Anderson	[Signature]	06/20/1980	.5 mile Dyer Rd	Skagway	03/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
✓ Emily Willis	[Signature]	7-9-1978	.25 mile Dyer Rd	Skagway	3-13-18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
✓ [Signature]	[Signature]	4-17-1992	2075 State Street	Skagway	3-13-18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
✓ Asia [Signature]	[Signature]	12/21/90	10th & State	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
✓ S. [Signature]	[Signature]	1/25/40	840 MAIN ST	" "	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
✓ [Signature]	[Signature]	3/13/18	11th & Main St.	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
<del>✓ Sterling Moore</del>	<del>[Signature]</del>	<del>08/11/97</del>	<del>4th and main</del>	<del>Skagway</del>	<del>3/13/18</del>	<del>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></del>
✓ [Signature]	[Signature]	08/2/04	13th and Broadway	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
✓ [Signature]	[Signature]	7/25/69	59 Dyer Road	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
✓ [Signature]	[Signature]	2/9/87	727 Alaska St	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
<del>✓ [Signature]</del>	<del>[Signature]</del>	<del>06/17/65</del>	<del>870 6th Ave</del>	<del>Skagway</del>	<del>03/13/18</del>	<del>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></del>
<del>✓ Carol Bourcy</del>	<del>[Signature]</del>	<del>03/02/57</del>	<del>540 6th Ave</del>	<del>Skagway</del>	<del>03/13/18</del>	<del>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></del>
✓ [Signature]	[Signature]	08/13/1983	907 6th 1189	Skagway	03/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
✓ [Signature]	[Signature]	10/11/49	5.9 mile Dyer Rd	Skagway	03/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
✓ [Signature]	[Signature]	01/24/91	1 Dairy Dr.	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
✓ [Signature]	[Signature]	10-18-74	230 9th Ave	Skagway	3-13-18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
✓ [Signature]	[Signature]	6-6-57	100 Congress Way	Skagway	3-14-18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
✓ [Signature]	[Signature]	1/21/86	555 7th Ave	Skagway	3/14/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
✓ [Signature]	[Signature]	12/16/79	325 10th Ave	Skagway	3/14/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
<del>✓ [Signature]</del>	<del>[Signature]</del>	<del>10/16/19</del>	<del>570 2nd &amp; AK</del>	<del>Skagway</del>	<del>3/14/18</del>	<del>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></del>

ALCOHOL MARKET CONTROL BOARD  
STATE OF ALASKA

[Handwritten initials]

Please provide your printed name, signature, birthdate, the physical location of your residence, date, and check the appropriate box.  
 By signing this petition, you are stating that you are in favor of having a licensed alcohol establishment in your community.

Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Do you understand this petition?
Shawn Overstreet	<i>[Signature]</i>	9/5/77	930 9th Ave	Skagway	3/13	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Michaela Thomas	M Thomas	2/23/81	420 19th Ave	Skagway	3/13	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
RUSS FULLMER	Russ Fullmer	12/25/55	20th + MAIN	SKAGWAY	3/13	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Morgan Higgins	<i>[Signature]</i>	06/30/79	7th + State	Skagway	3/13	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
JESSICA BAKER	<i>[Signature]</i>	09/24/76	560 9th Ave	Skagway	3/13	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
William F. Lockette II	<i>[Signature]</i>	5/28/82	10th + State	Skagway	3/13	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Jessica Ward	<i>[Signature]</i>	7/14/80	20th and Alaska	Skagway	3/13	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Haylie Whitaker	<i>[Signature]</i>	5/3/84	20th + Alaska	Skagway	3/13	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
GARY NISMAN	<i>[Signature]</i>	1/31/51	560 20th Ave.	SKAGWAY	3/13	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
ISRAEL ROG	<i>[Signature]</i>	12/6/89	22nd + State	Skagway	3/13	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Brandie Bounds	<i>[Signature]</i>	01/18/79	Lot 1 B Vonnie Bertha Sub.	Skagway	3/13	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Henry Burnham	<i>[Signature]</i>	03/25/86	175 Main St.	"	"	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
John Huel	<i>[Signature]</i>	1-8-47	358 Second Ave.	"	"	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
WAYLAND Ferreira	<i>[Signature]</i>	4/15/55	25 Klondike Hwy	Skagway	3/13	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Jean Ferreira	<i>[Signature]</i>	7/5/61	25 Klondike Hi	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Olivia Ferreira	<i>[Signature]</i>	3/12/66	25 Klondike Hwy	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Brynn Taylor	<i>[Signature]</i>	10/9/83	Mile 4 Nye Rd	Skagway	3/13/18	Yes <input type="checkbox"/> No <input type="checkbox"/>
Sam Best	<i>[Signature]</i>	06/04/87	965 Broadway St	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Lee Thompson	<i>[Signature]</i>	9/1/89	8th St + Sonny	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Maryan Nelson	<i>[Signature]</i>	5/15/91	" "	" "	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

APR 12 2018

*[Handwritten marks]*

Please provide your printed name, signature, birthdate, the physical location of your residence, date, and check the appropriate box.  
 By signing this petition, you are stating that you are in favor of having a licensed alcohol establishment in your community.

Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Do you understand this petition?
BIBB BRODESEN	<i>[Signature]</i>	8/14/35	Mt 1 <sup>st</sup> Dyer Rd	SKAGWAY	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Howard Mallory	<i>[Signature]</i>	8/13	1077 Alaska	SKAGWAY	3-13-18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
STEVE MOORE	<i>[Signature]</i>	6/29/63	250 SPRING ST	SKAGWAY	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
DENNIS COOPER	<i>[Signature]</i>	11/17/61	10 <sup>th</sup> + STATE	SKAGWAY	3-13-18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Stanislawa Fairbanks	<i>[Signature]</i>	05/26/87	10 <sup>th</sup> and State	Skagway	3-13-18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
DANN JASON	<i>[Signature]</i>	05/15/75	14 <sup>th</sup> + Main	SKAGWAY	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Jennifer Sasselli	<i>[Signature]</i>	09/23/79	7 <sup>th</sup> + State	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<del>Mark Desmond</del>	<del><i>[Signature]</i></del>	<del>4/19/70</del>	<del>5<sup>th</sup> + State</del>	<del>Skagway</del>	<del>3-13-18</del>	<del>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></del>
<del>Clare Coudane</del>	<del><i>[Signature]</i></del>	<del>7/4/81</del>	<del>5<sup>th</sup> + State</del>	<del>Skagway</del>	<del>3-13-18</del>	<del>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></del>
Catherine Stewart	<i>[Signature]</i>	7/23/83	1025 State St	Skagway	3-13-18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Robert Mattle	<i>[Signature]</i>	10/17/57	9 <sup>th</sup> + Broadway	SKAGWAY	3-13-18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Jocann Arnold	<i>[Signature]</i>	03/07/60	12 <sup>th</sup> + State	SKAGWAY	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Mari K. Schwab	<i>[Signature]</i>	12/27/62	231 main st.	SKAGWAY	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Rod Fairbanks	<i>[Signature]</i>	2/4/65	10 <sup>th</sup> + State	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Jon Larson	<i>[Signature]</i>	1/30/84	17 <sup>th</sup> and Main	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
CRYSTAL ACKERMAN	<i>[Signature]</i>	11/08/83	10 <sup>th</sup> + ALASKA	SKAGWAY	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Holley Drake	<i>[Signature]</i>	6/18/82	1070 Alaska St.	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Sheryl Dennis	<i>[Signature]</i>	6/13/55	1340 main st.	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Kay Ackerman	<i>[Signature]</i>	5/5/70	510 13 <sup>th</sup> AVE	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Conor O'Donnel	<i>[Signature]</i>	8/21/93	101 Main St	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

APR 12 2018

Please provide your printed name, signature, birthdate, the physical location of your residence, date, and check the appropriate box.  
 By signing this petition, you are stating that you are in favor of having a licensed alcohol establishment in your community.

Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Do you understand this petition? Yes <input type="checkbox"/> No <input type="checkbox"/>
Kurt Hartman	<i>[Signature]</i>	11/14/1989	14th and Broadway	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
<del>TAMMY GREENBRIGHT</del>	<del><i>[Signature]</i></del>	<del>3/8/1968</del>	<del>5th STATE, PORTLAND HOUSE</del>	<del>SKAGWAY</del>	<del>3/13/18</del>	<del>Yes <input type="checkbox"/> No <input type="checkbox"/></del>
Michelle Wallis	<i>[Signature]</i>	11/17/64	19th + Main	Skagway	3-13-18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
✓ Cynthia Tronrud	<i>[Signature]</i>	11/04/79	3 mile Dyer Rd #6	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
✓ Helga Davis	<i>[Signature]</i>		1457 Broadway I3	Skagway	3.13.18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
REBECCA JENSEN	<i>[Signature]</i>	3/4/1970	380 8th Ave	Skagway	3-13-18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Jame Bricker	<i>[Signature]</i>	7/7/1979	1322 State Street	Skagway	3-13-18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
✓ Lauren Taylor	<i>[Signature]</i>	9.5.85	1 Lois Lane	SKAGWAY	3-13-18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Tegan Baldwin	<i>[Signature]</i>	05/25/1982	#4 Dairy Drive	Skagway	3/13/2018	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Laura Mober	<i>[Signature]</i>	11/7/1985	701 Main Buraham <sup>UP</sup>	SKAGWAY	3/13/2018	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
LeAnne Deane	<i>[Signature]</i>	7/2/71	8 Dairy Dr.	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
✓ DANIEL PAPKE	<i>[Signature]</i>	5/28/95	3.5 MILE DYER RD	SKAGWAY	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
✓ Bryce Jones	<i>[Signature]</i>	12/01/92	550 THIRD AVE	SKAGWAY	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Ken Russo	<i>[Signature]</i>	8/2/46	1 Mile Dyer Rd.	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Parvati McGillivray	<i>[Signature]</i>	48-21-70	1496 State St.	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
JAY Kern	<i>[Signature]</i>	5/10/89	243 9.5 St.	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
✓ Joanne Korsmo	<i>[Signature]</i>	5/17/58	#2 Lois Lane	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>

APR 12 2018

10

Please provide your printed name, signature, birthdate, the physical location of your residence, date, and check the appropriate box.  
 By signing this petition, you are stating that you are in favor of having a licensed alcohol establishment in your community.

Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Do you understand this petition? Yes <input type="checkbox"/> No <input type="checkbox"/>
Jordan Frost	[Signature]	10/7/94	570 22nd Ave	Skagway	3/13	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Rebecca Radey	[Signature]	12/19/95	580 12th Avenue	Skagway	3/13/2018	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Megan Lamb	[Signature]	9/16/81	SAB Creek Rd	Skagway	3/13/2018	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
DANIEL J. HENRY	[Signature]	4/2/55	560 11th Ave	SKAGWAY	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Miranda Schultz	[Signature]	5/26/92	410 10th Ave	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
ESTE FIELDING	[Signature]	5/20/72	420 22ND AVE	SKAGWAY	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Georgia Cochran	[Signature]	3/1/84	1387 14th Ave	Skagway	3/13/18	Yes <input type="checkbox"/> No <input type="checkbox"/> *
<del>Michael Caprey</del>	<del>[Signature]</del>	<del>12/13/81</del>	<del>44 Main St</del>	<del>Skagway</del>	<del>3/13/18</del>	<del>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></del>
<del>KENDAN BERRY</del>	<del>[Signature]</del>	<del>12/17/79</del>	<del>5th &amp; State</del>	<del>Skagway</del>	<del>3/13/18</del>	<del>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></del>
<del>Stephen R. Lyles</del>	<del>[Signature]</del>	<del>04/24/70</del>	<del>594 3rd Street</del>	<del>Skagway</del>	<del>3/13/18</del>	<del>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></del>
Wendy Anderson	[Signature]	7/1/68	535 13th Ave	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Susannah Dawds	[Signature]	2/25/86	#2 Dairy Dr.	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Anlea Callies	[Signature]	7/20/99	410 10th Street	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
KELLY HEALY	[Signature]	6-17-85	15+MAIN	SKAGWAY	3-13-18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Christy Murphy	[Signature]	2-6-74	259 10th Ave	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Robert Murphy	[Signature]	11/29/70	259 10th Ave	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Carri O'Daniel	[Signature]	7/6/70	101 Main Street	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<del>[Signature]</del>						Yes <input type="checkbox"/> No <input type="checkbox"/>
Kolin O'Daniel	[Signature]	08/14/70	101 Main Street	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Martha Clumb	[Signature]	8/13/49	105 mi. Dyer Rd.	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Jean M. Wendell-Vogel	[Signature]	<del>8-22-52</del>	584 11th	Skagway	3-13-18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Emily Rauscher	[Signature]	10-7-1981	555 11th	Skagway	3-14-18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *

APR 12 2018

15

Please provide your printed name, signature, birthdate, the physical location of your residence, date, and check the appropriate box.  
 By signing this petition, you are stating that you are in favor of having a licensed alcohol establishment in your community.

R/

Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Do you understand this petition? Yes <input type="checkbox"/> No <input type="checkbox"/>
✓ Kristin Wagner	<i>[Signature]</i>	2/1/82	92 Nahku Rd	Skagway	3/13	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
MARK LARSEN	<i>[Signature]</i>	11/5/67	1140 BROADWAY	SKAGWAY	3/13	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
✓ David A. Howell	<i>[Signature]</i>	1-22-55	3.5 MILE DYEA Rd	SKAGWAY	3/13	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
✓ Cindy O Daniel	<i>[Signature]</i>	3-17-71	#3 LOIS Lane	SKAGWAY	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<del>Kathryn Carr</del>	<del><i>[Signature]</i></del>	<del>9/6/03</del>	<del>PO 803 99810</del>	<del>Skagway</del>	<del>3/13/18</del>	<del>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></del>
<del>Jim J...</del>	<del><i>[Signature]</i></del>	<del>03-10-86</del>	<del>0489 99810</del>	<del>Skagway</del>	<del>3-13-18</del>	<del>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></del>
Billi Clem	<i>[Signature]</i>	4/20/67	543 12th St.	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
JESSE DOMINICK	<i>[Signature]</i>	11-20-82	7th STATE 99840	SKAGWAY	3-13-18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Cindy L. Rowe	<i>[Signature]</i>	10/5/61	567 10th Ave St	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
<del>Shannon Foster</del>	<del><i>[Signature]</i></del>	<del>03/17/80</del>	<del>351 5th ave</del>	<del>Skagway</del>	<del>3/13/18</del>	<del>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></del>
<del>Brian Jones</del>	<del><i>[Signature]</i></del>	<del>1-25-71</del>	<del>351 5th ave</del>	<del>Skagway</del>	<del>3-13-18</del>	<del>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></del>
Jim Roberts	<i>[Signature]</i>	3-8-00	19th main	Skagway	3-13-2018	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Rebecca Belisle	<i>[Signature]</i>	5-13-93	870 Alaska St.	Skagway	3-13-18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
✓ Nan Sald.	<i>[Signature]</i>	12-17-55	Dyea Rd	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
✓ Elena Sald.	<i>[Signature]</i>	05-13-95	Dyea RD	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Shawn Jones	<i>[Signature]</i>	6-26-78	1.5 mile Dyea Rd	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
✓ Mike Haffner	<i>[Signature]</i>	1-11-66	8 mile Dyea Rd	SKAGWAY	3-13-18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Breanna Tomes	<i>[Signature]</i>	1-20-95	18th State Street	Skagway	3/13	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
<del>Samuel madden</del>	<del><i>[Signature]</i></del>	<del>9-21-92</del>	<del>4th Alaska</del>	<del>Skagway</del>	<del>3-13</del>	<del>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></del>
<del>Katie Miller</del>	<del><i>[Signature]</i></del>	<del>6/10/90</del>	<del>2nd State</del>	<del>Skagway</del>	<del>3/13</del>	<del>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></del>
Keith Knorr	<i>[Signature]</i>	8-31-53	450 6th Ave	Skagway	3/13	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

APR 12 2018

8

Please provide your printed name, signature, birthdate, the physical location of your residence, date, and check the appropriate box.  
 By signing this petition, you are stating that you are in favor of having a licensed alcohol establishment in your community.

Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Do you understand this petition? Yes <input type="checkbox"/> No <input type="checkbox"/>
Samuel Cornman	[Signature]	10-5-81	850 Main St	Skagway	3-12-18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Mikethe Cornman	[Signature]	07/06/1990	850 Main St	Skagway	3-12-18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Alicia Tumbleston	[Signature]	10-29-1979	581 20th St	Skagway	3-12-18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
James Code	[Signature]	9-5-25	581 20th St	Skagway	3-7-18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Chris Suggs	[Signature]	8-23-72	1198 State St	SKAGWAY	3-12-18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
<del>DAVID BLAIR LEHMAN</del>	<del>[Signature]</del>	<del>5-3-61</del>	<del>5TH STATE</del>	<del>SKAGWAY</del>	<del>3-12-18</del>	<del>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></del>
Pamela Sartasco	[Signature]	8/14/91	12th state	skagway	3/12/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Monica Wilcox	[Signature]	5/6/74	780 A state St	Skagway	3/12/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Tobias Parsons	[Signature]	8/28/77	20th And main	SKAGWAY	3/12/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Sneyl Gadden	[Signature]	12/17/59	490 17th Ave	Skagway	3/12/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Elizabeth Cochran	[Signature]	07/10/11	4th BAK ONE	SKAGWAY	3/12/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
AARON R. JOHNSON	[Signature]	12-15-81	8th AND ALASKA	SKAGWAY	3-12-18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Albert Burnham	[Signature]	5/26/60	10th 965 Broadway	Skagway	3/12/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
<del>KATHRYN KOHLHAUSEN</del>	<del>[Signature]</del>	<del>7-3-49</del>	<del>435 5th AVE.</del>	<del>"</del>	<del>"</del>	<del>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></del>
HOWARD MALLORY	[Signature]	1-11-40	1077 Alaska	Skagway	3/12/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Anne Stephenson	[Signature]	04-15-66	965 Broadway	skagway	3/12/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Kenneth C. May III	[Signature]	8-2-67	1920 AK Street	Skagway	3/12/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
MARVIN WILSON	[Signature]	11/6/82	285 8th St	Skagway	3/12/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
David Andrews	[Signature]	9-24-81	1702 Main	Skagway	3/12/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Doug Gordon	[Signature]	7-24-60	362 ALASKA	SKAGWAY	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *

APR 12 2018  
 CLERK OFFICE

Please provide your printed name, signature, birthdate, the physical location of your residence, date, and check the appropriate box.  
 By signing this petition, you are stating that you are in favor of having a licensed alcohol establishment in your community.

should not be crossed off can be used

Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Do you understand this petition? Yes <input type="checkbox"/> No <input type="checkbox"/>
Trisha Callies	<i>[Signature]</i>	05/05/97	10th + State	Skagway	3/13	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<del>Jessica Callies</del>	<del><i>[Signature]</i></del>	<del>01/27/83</del>	<del>mile 10 Dyea Road</del>	<del>Skagway</del>	<del>3/13</del>	<del>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></del>
<del>Brandy Rinnick</del>	<del><i>[Signature]</i></del>	<del>3/20/90</del>	<del>6th + State</del>	<del>Skagway</del>	<del>3/13</del>	<del>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></del>
<del>Jack Leonard</del>	<del><i>[Signature]</i></del>	<del>10/01/1991</del>	<del>6th + Main</del>	<del>Skagway</del>	<del>3/13</del>	<del>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></del>
<del>Erica P...</del>	<del><i>[Signature]</i></del>	<del>5/31/1991</del>	<del>3rd St</del>	<del>Skagway</del>	<del>3/13</del>	<del>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></del>
CHARLES DOLAN	<i>[Signature]</i>	1/11/66	1.5 MILE HEARD	SKAGWAY	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
✓ Jeff Clawson	<i>[Signature]</i>	6-4-84	263 <sup>rd</sup> Ave	Skagway	3-13-18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
✓ Tony Chudant	<i>[Signature]</i>	8-12-91	263 <sup>rd</sup> Ave	Skagway	3-13-18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
✓ Ryan O'Malley	<i>[Signature]</i>	3/12/87	20th + Alaska St	Skagway	3-13-18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
✓ Mike Korsum	<i>[Signature]</i>	4/13/59	162 Loishorn	Skagway	3-13-18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
✓ Katherine Moseley	<i>[Signature]</i>	12/03/1979	3 mile Larsville Rd	Skagway	3-13-18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
✓ ANDREW TRONRUD	<i>[Signature]</i>	9/22/1976	Mile 2 Dyea Rd #6	SKAGWAY	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
✓ Melanie Lawrence	<i>[Signature]</i>	10/12/1981	Mile Post 10 Dyea Rd	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Robert J Bassett	<i>[Signature]</i>	10/16/1982	7th + Alaska	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Kew Guranan	<i>[Signature]</i>	12/12/60	465 19th	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Mike Konstler	<i>[Signature]</i>	6/29/55	Mile 1.45 DYEARD.	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
DAVID GERLACH	<i>[Signature]</i>	5/4/85	562 10th Ave	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
✓ MARK Schaefer	<i>[Signature]</i>	9/11/62	3.2 m Klavdine Highway	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Scott Runman	<i>[Signature]</i>	9/22/80	328 State St.	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Cory Nelson	<i>[Signature]</i>	8/19/1978	2 <sup>nd</sup> St.	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *

APR 12 2018

Please provide your printed name, signature, birthdate, the physical location of your residence, date, and check the appropriate box.  
 By signing this petition, you are stating that you are in favor of having a licensed alcohol establishment in your community.

YOU'RE FINE!

Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Do you understand this petition? Yes <input type="checkbox"/> No <input type="checkbox"/>
Eric Hanson	[Signature]	02/21/70	1 Nahku Rd	Skagway	3/12/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Jeff Blaw	[Signature]	15/23/73	430 8th St	Skagway	03/12/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Walter Johns	[Signature]	04/21/77	1525 State #1	"	03/12/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
<del>Alesia Pearson</del>	<del>[Signature]</del>	<del>12/10/80</del>	<del>2nd's Broadway</del>	<del>Skagway</del>	<del>3-12-18</del>	<del>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></del>
<del>Beth Knopf</del>	<del>[Signature]</del>	<del>10/21/81</del>	<del>3rd &amp; Main</del>	<del>Skagway</del>	<del>3-12-18</del>	<del>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></del>
ERIK HANSON	[Signature]	01/01/89	4th mile Dyer Rd	Skagway	3-12-18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Whitney Brown	[Signature]	8/22/87	7th & Alaska St.	Skagway	3/12/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Michael Fuller	[Signature]	9/9/73	7th & Alaska	Skagway	3/12/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Richelle Lytton	[Signature]	06-12-88	7th & Alaska	Skagway	3/12/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Lucas Heger	[Signature]	04/10/1988	458 5th Ave	Skagway	3/12/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Max Jewell	[Signature]	01/27/96	570 7th Ave	Skagway	3/12/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Timothy Sisto	[Signature]	02/16/93	mile 2 Klondike	Skagway	3/12/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Tan Hamilton	[Signature]	10/29/76	777 Alaska St	Skagway	3/12/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Eric Emery	[Signature]	12/31/77	17th & Alaska St.	Skagway	3/12/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Chris Stanford	[Signature]	06/15/82	197th & Ad State	Skagway	3/12/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
GARRETT HENRY	[Signature]	03/01/86	560th 11th Ave	SKAGWAY	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Tim Heckman	[Signature]	12-19-68	12th and AK	SKAGWAY	3-13-18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Bob Kim	[Signature]	12/23/62	567 10th Ave	SKAGWAY	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Regina Magowan	[Signature]	10-24-1966	2.1 mile Dyer	Skagway	3-13-18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Bob Gibson	[Signature]	9-3-45	601 MAIN ST	SKAGWAY	3-13-18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *

MAY 15 2018 10:00 AM  
 ALASKA MUNICIPAL GOVERNMENT OFFICE  
 1000 W. 10TH AVENUE, SUITE 100  
 ANCHORAGE, ALASKA 99501

Please provide your printed name, signature, birthdate, the physical location of your residence, date, and check the appropriate box.  
 By signing this petition, you are stating that you are in favor of having a licensed alcohol establishment in your community.

Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Do you understand this petition?
Juniya Heger	<i>[Signature]</i>	11/10/56	488 8th Ave	Skagway	2/2/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<del>Chris Williams</del>	<del><i>[Signature]</i></del>	<del>05/21/70</del>	<del>539 3rd Ave</del>	<del>Skagway</del>	<del>3/13/18</del>	<del>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></del>
CRAIG FRANKIE	<i>[Signature]</i>	04/08/1961	1.9 mile KIGONIKZ TRAIL	Skagway	03/13/18	Yes <input type="checkbox"/> No <input type="checkbox"/>
Kira Pontius	<i>[Signature]</i>	1/10/83	#2 Dining Drive	Skagway	3/13/18	Yes <input type="checkbox"/> No <input type="checkbox"/>
Tim Fairbanks	<i>[Signature]</i>	12/1/62	1922 MAIN ST	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Melanie Hampton	<i>[Signature]</i>	1/28/85	432 4th & Alaska	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Nancy Hansen	<i>[Signature]</i>	1/18/69	471 7th Ave	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<del>John Sasser</del>	<del><i>[Signature]</i></del>	<del>3/23/70</del>	<del>7th &amp; STATE</del>	<del>Skagway</del>	<del>3/13/18</del>	<del>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></del>
EARL A. STOWELL JR	<i>[Signature]</i>	11-20-60	555 4th	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<del>Paul H Davis</del>	<del><i>[Signature]</i></del>	<del>11/27/61</del>	<del>555 4th Ave</del>	<del>Skagway</del>	<del>3-13-18</del>	<del>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></del>
Tekla Helgeson	<i>[Signature]</i>	2-24-69	7th & Broadway	Skagway	3-13-18	Yes <input type="checkbox"/> No <input type="checkbox"/>
John Kellerman	<i>[Signature]</i>	<del>3-15-85</del>	<del>572 2nd St.</del>	<del>Skagway</del>	<del>3-13-18</del>	<del>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></del>
JACK INHOPE	<i>[Signature]</i>	3/3/44	3/13/18 580 20th	Skagway	3-13-18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Michelle Harris	<i>[Signature]</i>	<del>5/13/1978</del>	<del>9th &amp; Alaska</del>	<del>Skagway</del>	<del>3/13/18</del>	<del>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></del>
Tiffany Reynolds	<i>[Signature]</i>	3/6/73	9th & Spruce	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Elizabeth Lavore	<i>[Signature]</i>	10/20/74	1.8 Mile Dyea Rd	Skagway	3/13/18	Yes <input type="checkbox"/> No <input type="checkbox"/>
Kenneth Burnham	<i>[Signature]</i>	3-24-63	4.30 7th Ave	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Savannah Ames	<i>[Signature]</i>	02/16/87	8th & State St.	Skagway	3-13-18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Kelly Calver	<i>[Signature]</i>	2/20/80	1 mile Dyea	Skagway	3/13/18	Yes <input type="checkbox"/> No <input type="checkbox"/>
Aaron Thomas	<i>[Signature]</i>	<del>3-4-1979</del>	420 19th Ave	Skagway	3/13/18	Yes <input type="checkbox"/> No <input type="checkbox"/>

APR 12 2018

Please provide your printed name, signature, birthdate, the physical location of your residence, date, and check the appropriate box.  
 By signing this petition, you are stating that you are in favor of having a licensed alcohol establishment in your community.

Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Do you understand this petition? Yes <input type="checkbox"/> No <input type="checkbox"/>
Nichelle Rotier	<i>Nichelle Rotier</i>	01/20/72	19th Main	SKAGWAY	03/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Cindy Gabel	<i>Cindy Gabel</i>	8/20/88	560 12th St	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Ranivak	<i>Ranivak</i>	9/2/82	1458 Main St	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
LARURA BOORMAN	<i>Larura Boorman</i>	5/15/53	AOSPINE 9TH	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
<del>Nail King</del>	<del><i>Nail King</i></del>	<del>2/10/82</del>	<del>3rd Alaska</del>	<del>Skagway</del>	<del>3/13/18</del>	<del>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></del>
✓ Allan Reed	<i>Allan Reed</i>	3-16-54	3 mile Dyea Rd	Skagway	3-13-18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Brittney Thomas	<i>Brittney Thomas</i>	10/16/77	827 Alaska St	Skagway	3-13-18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Sara King-Hirsch	<i>Sara King-Hirsch</i>	8/8/77	2143 Main St	Skagway	3-13-18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
✓ Susan Reed	<i>Susan Reed</i>	9/2/58	3.3 mile Dyea Rd	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<del>JoAnne Worley</del>	<del><i>JoAnne Worley</i></del>	<del>09/19/68</del>	<del>550 Third Ave</del>	<del>Skagway</del>	<del>03/13/18</del>	<del>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></del>
ZAC HUDSON	<i>Zac Hudson</i>	9/12/90	730 7th Ave	SKAGWAY	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Andrew Gennert	<i>Andrew Gennert</i>	9/22/70	827 Alaska St.	SKAGWAY	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Trevor Clifford	<i>Trevor Clifford</i>	2/19/70	590 13 Ave	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Lori Healy	<i>Lori Healy</i>	8/19/76	410 Skotsun Alley	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Amy Love	<i>Amy Love</i>	02-27-92	730 7th Ave	Skagway	03/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
✓ Ysabelle	<i>Ysabelle</i>	4/28/79	215 16th Ave	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Bree Schindler	<i>Bree Schindler</i>	07-17-68	Lot 23/A Dyea Rd	Skagway	3-13-18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Dora Lopez	<i>Dora Lopez</i>	15 FEB 1950	384 11th Ave	Skagway	13 APR 18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
<del>Meredith Coen</del>	<del><i>Meredith Coen</i></del>	<del>3/26/51</del>	<del>440 Third Ave</del>	<del>Skagway</del>	<del>3/13/18</del>	<del>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></del>
<del>Nichelle Chandler</del>	<del><i>Nichelle Chandler</i></del>	<del>10/21/76</del>	<del>401 Spring St</del>	<del>Skagway</del>	<del>3/13/18</del>	<del>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></del>

APR 22 2019  
 COMMUNITY DEVELOPMENT OFFICE

Please provide your printed name, signature, birthdate, the physical location of your residence, date, and check the appropriate box.  
 By signing this petition, you are stating that you are in favor of having a licensed alcohol establishment in your community.

Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Do you understand this petition? Yes <input type="checkbox"/> No <input type="checkbox"/>
Annemarie Hasskamp	<i>[Signature]</i>	1-21-77	475 11th Ave	Skagway	3-13-18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
<del>Rich Vander</del>	<del><i>[Signature]</i></del>	<del>5-4-64</del>	<del>456 5th St</del>	<del>Skagway</del>	<del>3-13-18</del>	<del>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></del>
Monica Carlson	<i>[Signature]</i>	3-28-57	1.5 Mile Dyea Rd	Skagway	3-13-18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
<del>Charles Hartland</del>	<del><i>[Signature]</i></del>	<del>01/14/74</del>	<del>555 21st St</del>	<del>Skagway</del>	<del>3/13/18</del>	<del>Yes <input type="checkbox"/> No <input type="checkbox"/></del>
CHARLES HARTLAND	<i>[Signature]</i>	01/14/74	555 21st St	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
MATTHEW SMITH	<i>[Signature]</i>	12/21/73	444 4th St	SKAGWAY	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
MARK J. SMITH	<i>[Signature]</i>	12-21-73	1725 MAIN ST.	Skagway	3-13-18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Michael Dwyer	<i>[Signature]</i>	2/24/78	9th Shotgun Alley	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Josh Hunter	<i>[Signature]</i>	12/21/81	471 11th Ave	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Fred Hosford	<i>[Signature]</i>	5-4-49	Mile 7 Dyea Rd	Skagway	3-13-18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Robert Dietrick	<i>[Signature]</i>	8-10-53	429 Third Ave.	Skagway	3-14-18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<del>BEA LINGLE</del>	<del><i>[Signature]</i></del>	<del>7/12/1978</del>	<del>429 3rd Ave</del>	<del>Skagway</del>	<del>3/14/18</del>	<del>Yes <input type="checkbox"/> No <input type="checkbox"/></del>
BRUCE ODANK	<i>[Signature]</i>	9/10/65	44 3rd Parkway	Skagway	3/14/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
William J. Brady	<i>[Signature]</i>	3/22/56	7th + Ninsk St	Skagway	3/14/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Henry Sakalinski	<i>[Signature]</i>	05/11/85	10th + Broadway	Skagway	3/14/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Rauscher	<i>[Signature]</i>	04/10/81	10th + Broadway	Skagway	3/14/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Mik Fisser	<i>[Signature]</i>	4/24/90	Next to Robert	Skagway	3/14/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
David Mosby	<i>[Signature]</i>	8/8/72	22nd + Main	Skagway	3/14/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
MATT RODA	<i>[Signature]</i>	11/20/1985	11205 GOAT HILL	JUNEAU	3/14/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
EMILY SMITH	<i>[Signature]</i>	7/15/1948	4 MILE DYE RD	SKAGWAY	3/14/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

APR 12 2018

Please provide your printed name, signature, birthdate, the physical location of your residence, date, and check the appropriate box.  
 By signing this petition, you are stating that you are in favor of having a licensed alcohol establishment in your community.

Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Do you understand this petition? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<del>JASON O'DONNELL</del>	<del>[Signature]</del>	<del>03/24/87</del>	<del>3<sup>RD</sup> + Main</del>	<del>Skagway</del>	<del>03/12/18</del>	<del>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></del>
<del>DEWIS HARDY</del>	<del>[Signature]</del>	<del>7/24/02</del>	<del>4<sup>TH</sup> + Broadway</del>	<del>SKAGWAY</del>	<del>3/12/18</del>	<del>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></del>
<del>Tiffany Metz</del>	<del>[Signature]</del>	<del>12/17/88</del>	<del>100 Eno Four Lake (Lizoresville)</del>	<del>Skagway</del>	<del>3/12/18</del>	<del>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></del>
Nola E Lamken	Nola E Lamken	01/21/49	503 18 <sup>th</sup> Ave	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
<del>Joe Moore</del>	<del>[Signature]</del>	<del>6-22-91</del>	<del>4<sup>th</sup> Alaska</del>	<del>Skagway</del>	<del>3/13/18</del>	<del>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></del>
<del>DAMIAN OLIVATO</del>	<del>[Signature]</del>	<del>05-11-1978</del>	<del>525 Main St</del>	<del>Skagway</del>	<del>3/13/18</del>	<del>Yes <input type="checkbox"/> No <input type="checkbox"/></del>
<del>Tom Hall</del>	<del>[Signature]</del>	<del>12/24/52</del>	<del>Alaska Street</del>	<del>Skagway</del>	<del>3/16/18</del>	<del>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></del> *
Betsy Albecher	Betsy Albecher	12/15/44	252 State St.	Skagway	3/16/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>

would not be processed if not signed

APR 12 2018

Please provide your printed name, signature, birthdate, the physical location of your residence, date, and check the appropriate box.  
 By signing this petition, you are stating that you are in favor of having a licensed alcohol establishment in your community.

Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Do you understand this petition?
Samuel Sammon		3-30-86	7th And Alaska St	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Stewart Brown		12-15-57	6 Nahku Road	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Julene Brown		08/22/1961	6 Nahku Road	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Blair Thomas		10-22-89	303 16th Ave	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
STEPHANIE PALMER		12-30-85	303 16th Ave.	SKAGWAY	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
<del>Vincent Schreiner</del>	<del></del>	<del>7-1-67</del>	<del>5th + State</del>	<del>Skagway</del>	<del>3/15/18</del>	<del>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></del>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>

MUNICIPAL CLERK'S OFFICE  
 3/12/18

Please provide your printed name, signature, birthdate, the physical location of your residence, date, and check the appropriate box.  
 By signing this petition, you are stating that you are in favor of having a licensed alcohol establishment in your community.

Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Do you understand this petition? Yes <input type="checkbox"/> No <input type="checkbox"/>
<del>James Williams</del>	<del>[Signature]</del>	<del>0/21/70</del>	<del>591 3rd Ave</del>	<del>Skagway</del>	<del>3/13/18</del>	<del>Yes <input type="checkbox"/> No <input type="checkbox"/></del>
Judd Davis	[Signature]	3/9/70	420 10th ST	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
<del>Bob Warner</del>	<del>[Signature]</del>	<del>11/30/80</del>	<del>391 3rd ave</del>	<del>Skagway</del>	<del>5/13/18</del>	<del>Yes <input type="checkbox"/> No <input type="checkbox"/></del>
Josh Debrge	[Signature]	2/7/93	14th st. and State St.	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Elijah Lowes	[Signature]	5/6/83	727 Alaska.	Skagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
<del>SEAN APINS</del>	<del>[Signature]</del>	<del>2/17/75</del>	<del>392 Alaska st</del>	<del>SKAGWAY</del>	<del>3/13/18</del>	<del>Yes <input type="checkbox"/> No <input type="checkbox"/></del>
Tony Koters	[Signature]	12-24-65	815 MAIN ST	SKAGWAY	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Morgan Higgins	[Signature]	10-30-79	7th & State	SKAGWAY	3.13.18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>

APR 12 2018

Please provide your printed name, signature, birthdate, the physical location of your residence, date, and check the appropriate box.  
 By signing this petition, you are stating that you are in favor of having a licensed alcohol establishment in your community.

and not  
 crossed  
 used

Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Do you understand this petition?
<del>Bethany Moxter</del>	<del>Bethany Moxter</del>	<del>11/06/92</del>	<del>550 3rd Ave.</del>	<del>Skagway</del>	<del>3/15/18</del>	<del>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></del>
<del>John Harris</del>	<del>John Harris</del>	<del>6/27/52</del>	<del>595 13th Ave</del>	<del>Skagway</del>	<del>3/15/18</del>	<del>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></del> *
<del>Margaret D Harris</del>	<del>Margaret D Harris</del>	<del>5-6-57</del>	<del>525 13th AVE</del>	<del>SKAGWAY</del>	<del>3-15-18</del>	<del>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></del> *
<del>Pammy</del>	<del>Pammy</del>	<del>1-31-65</del>	<del>10 mile Dyer Rd</del>	<del>SKAGWAY</del>	<del>3-15-18</del>	<del>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></del>
<del>Wayne Greenstreet</del>	<del>Wayne Greenstreet</del>	<del>9/24/52</del>	<del>10 mile Dyer Rd</del>	<del>SUMMIT</del>	<del>3-15-18</del>	<del>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></del>
<del>Tony Mak</del>	<del>Tony Mak</del>	<del>3/11/90</del>	<del>623 4th Ave</del>	<del>Skagway</del>	<del>3-15-18</del>	<del>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></del>
Tracy Sullivan	[Signature]	9/6/69	2.2 mi Klondike Hwy	Skagway	3-15-18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Tyler Geist	[Signature]	9/2/85	19th + Main	Skagway	3-16-18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
C. Z. FURBISH	[Signature]	5/11/57	7th + ALASKA	SKAGWAY	3-16-18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Brandon Arnold	[Signature]	4/11/81	1198 state street	Skagway	3-1-18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Julienne miles	[Signature]	5/29/82	1111 State St	Skagway	3/16/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Mara Hagge	[Signature]	10/27/93	10th + State	Skagway	3/16/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Jim Sager	[Signature]	10/26/70	35 mile Dyer Rd.	"	3/16/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Cory THOLE	[Signature]	11/18/76	1 mile 25 Dyer Rd	"	3/16/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
<del>Cardace Cahill</del>	<del>Cardace Cahill</del>	<del>7/12/68</del>	<del>245 4th Ave</del>	<del>"</del>	<del>3/16/18</del>	<del>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></del>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>

APR 12 2018



Please provide your printed name, signature, birthdate, the physical location of your residence, date, and check the appropriate box.  
 By signing this petition, you are stating that you are in favor of having a licensed alcohol establishment in your community.

Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Do you understand this petition?
Justin Stone	<i>[Signature]</i>	5/22/84	475 8th Ave.	Shagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Chelsey Stone	<i>[Signature]</i>	2/20/83	475 8th Ave	Shagway	3/13/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
<del>Anthony Ryan</del>	<del><i>[Signature]</i></del>	<del>06/23/94</del>	<del>6th and State</del>	<del>Shagway</del>	<del>3/13/18</del>	<del>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></del>
LENN HESS	<i>[Signature]</i>	10/16/60	35 MILE DYER RD	SHAGWAY	3/10/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
✓ DANIEL SCOTT WEDDIE	<i>[Signature]</i>	11/19/77	MILE 8 DYER RD	SHAGWAY	3/19/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>

APR 12 2018  
 FILE RECEIVED  
 ALCOHOL CONTROL DIVISION





Please provide your printed name, signature, birthdate, the physical location of your residence, date, and check the appropriate box.  
 By signing this petition, you are stating that you are in favor of having a licensed alcohol establishment in your community.

Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Do you understand this petition? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
ELIZABETH KELTNER	<i>Elizabeth Keltner</i>	4/3/81	320 15th	SKAGWAY	3/14/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Rebecca Hultun	<i>Rebecca Hultun</i>	10/22/68	440 17th	SKAGWAY	3/15/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Simon VAWSTAD	<i>Simon Vawstad</i>	02/25/88	455 W 14th St	SKAGWAY	3/14/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
David L. Atje	<i>David L. Atje</i>	10-06-88	MP2	Skagway	3-14-18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Jonah Graves	<i>Jonah Graves</i>	7-15-95	MP2	Skagway	3/14/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Andre Bykowski	<i>Bykowski</i>	2-10-93	7th and main	Skagway	3/14/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>

RECEIVED  
 APR 12 2018  
 CIVIL & MATRIMONY COURT OFFICE

Please provide your printed name, signature, birthdate, the physical location of your residence, date, and check the appropriate box.  
 By signing this petition, you are stating that you are in favor of having a licensed alcohol establishment in your community.

Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Do you understand this petition? Yes <input type="checkbox"/> No <input type="checkbox"/>
<del>Amy Farlin</del>	<del>[Signature]</del>	<del>2/3/74</del>	<del>Coon &amp; Alaska</del>	<del>Skagway</del>	<del>3/18/18</del>	<del>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></del>
<del>Murka Kozel</del>	<del>[Signature]</del>	<del>3/1/90</del>	<del>Coon &amp; Alaska</del>	<del>Skagway</del>	<del>3/14/18</del>	<del>Yes <input type="checkbox"/> No <input type="checkbox"/></del>
✓ Hana Schindler	[Signature]	11/22/79	LOT 23A, Dyea Road	Skagway	3/15/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
✓ Courtney Ellington	[Signature]	10/26/74	10 mile Dyea Road	Skagway	3/15/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>

RECEIVED  
 APR 12 2018  
 ALASKA STATE GOVERNMENT

Ⓟ

Please provide your printed name, signature, birthdate, the physical location of your residence, date, and check the appropriate box.  
 By signing this petition, you are stating that you are in favor of having a licensed alcohol establishment in your community.

Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Do you understand this petition? Yes <input type="checkbox"/> No <input type="checkbox"/>
Tami Scime	<i>Tami Scime</i>	6/18/75	780 state St Apt.	Skogway	3/14/18	Yes <input type="checkbox"/> No <input type="checkbox"/> *
Mark Van Houten	<i>Mark Van Houten</i>	10/26/53	590 10th	Skogway	3/14/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
<del>Michael Walsh</del>	<del><i>Michael Walsh</i></del>	<del>12/12/1944</del>	<del>544 2nd Ave</del>	<del>Skogway</del>	<del>3/14/18</del>	<del>Yes <input type="checkbox"/> No <input type="checkbox"/></del>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>

APR 12 2018



Please provide your printed name, signature, birthdate, the physical location of your residence, date, and check the appropriate box.  
 By signing this petition, you are stating that you are in favor of having a licensed alcohol establishment in your community.

Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Do you understand this petition? Yes <input type="checkbox"/> No <input type="checkbox"/>
Jessica Callies		1/27/83	11th & Main	Skagway	4/7/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Jeff Mull		1/25/61	796 Alaska St.	Skagway	4/9/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Mike Capossey		12/13/81	11th & State	Skagway	4/9/18	Yes <input type="checkbox"/> No <input type="checkbox"/> *
Haley Corriell		11/13/90	13th & Main	Skagway	4/9/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Tom Hall (Floyd)		12/26/57	26th + Alaska	Skagway	4/10/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Christy Murphy		2/6/74	10th + Broadway	Skagway	4/9/18	Yes <input type="checkbox"/> No <input type="checkbox"/> *
Robert Murphy		11/29/70	10th + Broadway	Skagway	4/9/18	Yes <input type="checkbox"/> No <input type="checkbox"/> *
JUAN CASTANEDA		09/28/1965	19th & MAIN ST.	SKAGWAY	4/9/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Dominic R		84-08-90	19th & AK ST.	Skagway	4/9/18	Yes <input type="checkbox"/> No <input type="checkbox"/> *
Kendra Williams		12/22/83	2 mile Dyea Rd, Ste.	Skagway	4/9/18	Yes <input type="checkbox"/> No <input type="checkbox"/> *
Traus T		03/17/1987	506 W. 14th	Skagway	4/9/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Kate Hubbs		1/14/92	506 W. 14th	Skagway	4/9/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Cory THOLE		11/18/76	Mile 2.5 Dyea Road	Skagway	4/9/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Cody Jennings		12.16.75	1060 Alaska St	Skagway	4.9.18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Marska Columb		8/13/49	15mi Dyea Rd.	Skagway	4/9/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
KEN GRADHAM		12/12/60	465 19th	Skagway	4/9/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Elena Saldi		05/13/95	1.5 Dyea road	Skagway	4/10/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>

might be table

APR 12 2018

6 (A) (B) (C) (D)

Please provide your printed name, signature, birthdate, the physical location of your residence, date, and check the appropriate box.  
 By signing this petition, you are stating that you are in favor of having a licensed alcohol establishment in your community.

Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Do you understand this petition? Yes <input type="checkbox"/> No <input type="checkbox"/>
MARIA CAROLINA CASTELLO	<i>[Signature]</i>	7-MAR-77	15th + State	Skagway	4/08	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Matt Bannon	<i>[Signature]</i>	9/30/89	15th + State	Skagway	4/8	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Hailey Kruse	<i>[Signature]</i>	11/21/1990	15th + State	Skagway	4/8	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
<del>Nick Kling</del>	<del><i>[Signature]</i></del>	<del>02/10/1965</del>	<del>341 Main</del>	<del>Skagway</del>	<del>4/8</del>	<del>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></del>
<del>Kathryn Kling</del>	<del><i>[Signature]</i></del>	<del>12/02/1985</del>	<del>341 Main</del>	<del>Skagway</del>	<del>4/8</del>	<del>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></del>
Orion Hanson	<i>[Signature]</i>	02/21/1978	560 B 9th Ave	Skagway	4/8	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Doraa Cirones	<i>[Signature]</i>	11/17/45	303 16th St	Skagway	4/8	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Christy Mod	<i>[Signature]</i>	10/09/87	Apt 10 7th St	Skagway	4/8	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
Brandon Frenkel	<i>[Signature]</i>	4/11/81	1193 State Street	Skagway	4/8	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
<del>Recheal Hall</del>	<del><i>[Signature]</i></del>	<del>4/2/94</del>	<del>15th + State St</del>	<del>Skagway</del>	<del>4/8/18</del>	<del>Yes <input type="checkbox"/> No <input type="checkbox"/></del> *
Christian Wallace	<i>[Signature]</i>	11/3/74	500 12th Ave	Skagway	4/8/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Deborah Porter	<i>[Signature]</i>	12/2/1971	1751 STATE ST.	Skagway	4/8/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>

APR 12 2018

9



Please provide your printed name, signature, birthdate, the physical location of your residence, date, and check the appropriate box.  
 By signing this petition, you are stating that you are in favor of having a licensed alcohol establishment in your community.

Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Do you understand this petition? Yes <input type="checkbox"/> No <input type="checkbox"/>
Janilyn Hege	<i>[Signature]</i>	11/10/56	482 8th	Skagway	4/8/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Sam Best	<i>[Signature]</i>	6/4/87	965 Broadway st	Skagway	4/7/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
Joe Haage	<i>[Signature]</i>	10/31/89	7th + Alaska	Skagway	4/7/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
MARY HEGER	<i>[Signature]</i>	2/5/48	482 8th	Skagway	4/7/18	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
<del>Pete Griffin</del>	<del><i>[Signature]</i></del>	<del>4/23/62</del>	<del>590 6th Ave</del>	<del>Skagway</del>	<del>4/8/18</del>	<del>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></del>
<del>Donna Griffard</del>	<del><i>[Signature]</i></del>	<del>7/5/62</del>	<del>590 6th Ave</del>	<del>Skagway</del>	<del>4/8/18</del>	<del>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></del>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>

APR 12 2018

(4)

Please provide your printed name, signature, birthdate, the physical location of your residence, date, and check the appropriate box.  
 By signing this petition, you are stating that you are in favor of having a licensed alcohol establishment in your community.

Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Do you understand this petition?
THOMAS PICKEREL	<i>Thomas Pickerele</i>	4-16-60	1997 State St	SCAGWAY	4-9	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>

RECEIVED  
 APR 12 2018  
 ALCOHOL & LIQUOR CONTROL  
 DIVISION  
 STATE OF MAINE





Please provide your printed name, signature, birthdate, the physical location of your residence, date, and check the appropriate box.  
 By signing this petition, you are stating that you are in favor of having a licensed alcohol establishment in your community.

Printed Name (Please print legibly)	Signature	Birthdate	Physical address of your residence (PO Boxes will not be accepted)	City	Date Signed	Do you understand this petition? Yes <input type="checkbox"/> No <input type="checkbox"/>
<del>Stephanie Knight</del>	<del>Stephanie Knight</del>	<del>11/30/1982</del>	<del>590 State</del>	<del>Skagway</del>	<del>4/8/18</del>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<del>BEATRICE LINGLE</del>	<del>Beatrice Lingle</del>	<del>7/20/27</del>	<del>357 3rd Ave</del>	<del>Skagway</del>	<del>4/5/18</del>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<del>Peter Deane</del>	<del>Peter Deane</del>	<del>06/27/1977</del>	<del>8 Dairy Dr</del>	<del>Skagway</del>	<del>4/8/18</del>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
<del>Angelina Embury</del>	<del>Angelina Embury</del>	<del>04/02/1982</del>	<del>P.O. Box 493</del>	<del>Skagway</del>	<del>4/8/18</del>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<del>D. Scott Western</del>	<del>D. Scott Western</del>	<del>11/19/77</del>	<del>3rd + ALASKA</del>	<del>Skagway</del>	<del>4/8/18</del>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<del>Jason Wiley</del>	<del>J Wiley</del>	<del>10/19/74</del>	<del>Toad circle lot 28B</del>	<del>Skagway</del>	<del>4/9/18</del>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<del>Bradley Kingst</del>	<del>Bradley Kingst</del>	<del>10/09/82</del>	<del>PO Box 1134</del>	<del>Skagway</del>	<del>4/8/18</del>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<del>Jeffrey Blank</del>	<del>Jeffrey Blank</del>	<del>11/5/23/78</del>	<del>488 8th St</del>	<del>Skagway</del>	<del>4/8/18</del>	Yes <input type="checkbox"/> No <input type="checkbox"/> *
<del>Pam Joy</del>	<del>Pam Joy</del>	<del>1-31-65</del>	<del>2nd + State</del>	<del>Skagway</del>	<del>4-8-18</del>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<del>Wayne Greenstreet</del>	<del>Wayne Greenstreet</del>	<del>9-29-52</del>	<del>2nd + State</del>	<del>Skagway</del>	<del>4-8-18</del>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<del>JESSE DOMINICK</del>	<del>Jesse Dominick</del>	<del>11-20-82</del>	<del>502 11th AVE</del>	<del>SKAGWAY</del>	<del>4-8-18</del>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
<del>Jennifer Sussell</del>	<del>Jennifer Sussell</del>	<del>9/23/79</del>	<del>502 11th Ave</del>	<del>Skagway</del>	<del>4/8/18</del>	Yes <input type="checkbox"/> No <input type="checkbox"/> *
<del>Michaela Stidham</del>	<del>Michaela Stidham</del>	<del>7-2-83</del>	<del>325 10th Ave</del>	<del>SKAGWAY</del>	<del>4/8/18</del>	Yes <input type="checkbox"/> No <input type="checkbox"/> *
<del>Nicki Bunting</del>	<del>Nicki Bunting</del>	<del>7-19-65</del>	<del>375 4th St</del>	<del>Skagway</del>	<del>4/8/18</del>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
<del>Nicole Goodrich</del>	<del>Nicole Goodrich</del>	<del>11/15/74</del>	<del>MP 3 Klondike Hwy</del>	<del>Skagway</del>	<del>4/8/18</del>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<del>Gene Burt</del>	<del>Gene Burt</del>	<del>10/03/76</del>	<del>MP 3 Klondike Hwy</del>	<del>Skagway</del>	<del>4/8/18</del>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<del>Haden Becker</del>	<del>Haden Becker</del>	<del>03/09/94</del>	<del>453 5th St</del>	<del>Skagway</del>	<del>4/8/18</del>	Yes <input type="checkbox"/> No <input type="checkbox"/> *
<del>Sean Daniels</del>	<del>Sean Daniels</del>	<del>06/26/39</del>	<del>130 State St</del>	<del>Skagway</del>	<del>4/8/18</del>	Yes <input type="checkbox"/> No <input type="checkbox"/>
<del>JONATHAN Keane</del>	<del>Jonathan Keane</del>	<del>03/23/87</del>	<del>15th + State</del>	<del>SKAGWAY</del>	<del>4/08/18</del>	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> *
<del>Sarah Ammons</del>	<del>Sarah Ammons</del>	<del>03/27/93</del>	<del>1st + State</del>	<del>Skagway</del>	<del>4/8/18</del>	Yes <input type="checkbox"/> No <input type="checkbox"/>

RECEIVED  
 APR 12 2018