



Alaska Alcoholic Beverage Control Board

Beverage Dispensary – Tourism License

Form AB-17d: 2019/2020 Renewal License Application

What is this form?

This renewal license application form is required for all individuals or entities seeking to apply for renewal of an existing beverage dispensary – tourism liquor license that will expire on December 31, 2018. All fields of this form must be complete and correct, or the application will be returned to you in the manner in which it was received, per AS 04.11.270 and 3 AAC 304.105. The Community Council field only should be verified/completed by licensees whose establishments are located within the Municipality of Anchorage or outside of city limits within the Matanuska-Susitna Borough.

This form must be completed correctly and submitted to the Alcohol & Marijuana Control Office (AMCO)'s main office, along with all other required documents and fees, before any renewal license application will be considered complete. Receipt and/or processing of renewal payments by AMCO staff neither indicates nor guarantees that an application will be considered complete, or that a license will be renewed.

Section 1 – Establishment and Contact Information

Enter information for the business seeking to have its license renewed. If any populated information is incorrect, please contact AMCO.

Licensee:	Fred & Kathleen Hosford	License #:	5530
License Type:	Beverage Dispensary - Tourism	Statute:	AS 04.11.400(d)
Doing Business As:	Chilkoot Trail Outpost		
Premises Address:	7 Mile Dyer Road		
Local Governing Body:	Municipality of Skagway Borough		
Community Council:	None		

Mailing Address:	PO Box 286		
City:	Skagway	State:	Alaska
		ZIP:	99840

Enter information for the individual who will be designated as the primary point of contact regarding this application. This individual **must be a licensee** who is required to be listed in and authorized to sign this application.

Contact Licensee:	Kathy Hosford	Contact Phone:	9079833799
Contact Email:	k.hosford@aptalaska.net		

Optional: If you wish for AMCO staff to communicate with individual who is not a licensee named on this form (eg: legal counsel) about this application and other matters pertaining to the license, please provide that person's contact information in the fields below.

Name of Contact:		Contact Phone:	
Contact Email:			





Form AB-17d: 2019/2020 Tourism Renewal License Application

Section 2 – Entity or Community Ownership Information

This top subsection must be completed by any licensee that is a **corporation** or **LLC**. Corporations and LLCs are required to be in good standing with the Alaska Division of Corporations, Business & Professional Licensing (CBPL). This number is neither your EIN/tax ID number, nor your business license number. **You may view your entity's status or find your CBPL entity number by visiting the following site: <https://www.commerce.alaska.gov/cbp/main/search/entities>**

General partnerships and local governments should skip to the second half of this page. Licensees who directly hold a license as an individual or individuals should skip to Section 3.

Alaska CBPL Entity #:

You must ensure that you are able to certify the following statement before signing your initials in the box to the right:

Initials

I certify that this entity is in good standing with CBPL and that all current entity officials and stakeholders (listed below) are also currently and accurately listed with CBPL.

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

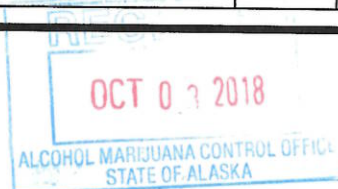
- If the applicant is a **corporation**, the following information must be completed for each **stockholder who owns 10% or more** of the stock in the corporation, and for each **president, vice-president, secretary, and managing officer**.
- If the applicant is a **limited liability organization**, the following information must be completed for each **member with an ownership interest of 10% or more**, and for each **manager**.
- If the applicant is a **partnership**, including a limited partnership, the following information must be completed for each **partner with an interest of 10% or more**, and for each **general partner**.

Important Note: The information provided in the below fields (including spelling of names, specific titles, and percentages held) must match that which is listed with CBPL. If one individual holds multiple titles mentioned in the bullets above, all titles must be listed for that individual on this application and with CBPL. Failure to list all required titles constitutes an incomplete application.

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

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

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





Form AB-17d: 2019/2020 Tourism Renewal License Application

Section 3 – Sole Proprietor Ownership Information

This section must be completed by any licensee who directly holds the license as an **individual or multiple individuals** and is applying for license renewal. If more space is needed, please attach a separate sheet that includes all of the required information. Entities should skip to Section 4. The following information must be completed for each licensee and each affiliate (spouse).

This individual is an: ☒ applicant ☐ affiliate (spouse)

Name:	Kathleen K. Hosford	Contact Phone:	9079833799
Mailing Address:	PO Box 286		
City:	Skagway	State:	Alaska
ZIP:	99840		
Email:	Khosford@aptalaska.net		

This individual is an: ☐ applicant ☒ affiliate (spouse)

Name:	Fred L. Hosford	Contact Phone:	9079833799
Mailing Address:	PO Box 286		
City:	Skagway	State:	Alaska
ZIP:	99840		
Email:	Khosford@aptalaska		

Section 4 – Alcohol Server Education

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

Initials

I certify that all licensees, agents, and employees who sell or serve alcoholic beverages or check identification of a patron have completed an alcohol server education course approved by the ABC Board and keep current, valid copies of their course completion cards on the licensed premises during all working hours, as set forth in AS 04.21.025 and 3 AAC 304.465.

KKH

Section 5 – License Operation

Check a **single box** for each calendar year that best describes how this liquor license was operated:

2017 2018

The license was regularly operated continuously throughout each year.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

The license was regularly operated during a specific season each year.

<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
-------------------------------------	-------------------------------------

The license was only operated to meet the minimum requirement of 240 total hours each calendar year.

If this box is checked, a complete copy of Form AB-30: Proof of Minimum Operation Checklist, and all necessary documentation must be provided with this application.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

The license was not operated at all or was not operated for at least the minimum requirement of 240 total hours each year, during one or both of the calendar years.

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

If this box is checked, a complete copy of Form AB-29: Waiver of Operation Application and corresponding fees must be submitted with this application for each calendar year during which the license was not operated for at least the minimum requirement, unless a complete copy of the form (including fees) has already been submitted for that year.



Have any notices of violation (NOVs) been issued to this licensee in the calendar years 2017 or 2018?

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

Has any person or entity named in this application been convicted of a violation of Title 04, of 3 AAC 304, or a local ordinance adopted under AS 04.21.010 in the calendar years 2017 or 2018?

If "Yes" to either of the previous two questions, attach a separate page to this application listing all NOVs and/or convictions.

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 current licensees (as defined in AS 04.11.260) and affiliates have been listed on this application, and that in accordance with AS 04.11.450, no one other than the licensee(s) has a direct or indirect financial interest in the licensed business.

KCH

I certify that I have not altered the functional floor plan or reduced or expanded the area of the licensed premises, and I have not changed the business name or the ownership (including officers, managers, general partners, or stakeholders) from what is currently approved and on file with the Alcoholic Beverage Control (ABC) Board.

KCH

I certify on behalf of myself or of the organized entity that I understand that providing a false statement on this form or any other form provided by AMCO is grounds for rejection or denial of this application or revocation of any license issued.

KCH

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

KCH

As an applicant for a liquor license renewal, I declare under penalty of perjury that I have read and am familiar with AS 04 and 3 AAC 304, and that this application, including all accompanying schedules and statements, is true, correct, and complete. I agree to provide all information required by the Alcoholic Beverage Control Board or AMCO staff in support of this application and understand that failure to do so by any deadline given to me by AMCO staff will result in this application being returned to me as incomplete.

Signature of licensee

Printed name of licensee

Kathleen K. Hasford
Kathleen K. Hasford

State of Alaska

Notary Public

Michelle Gihl

April 23, 2021

Signature of Notary Public

Alaska

My commission expires: 04-23-2021

Subscribed and sworn to before me this 1 day of September, 2018.

Seasonal License? ☒ Yes ☐ No

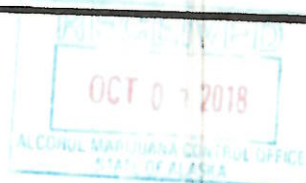
If "Yes", write your six-month operating period: Apr. 10 - Oct 10

License Fee:	\$ 2500.00	Application Fee:	\$ 300.00	TOTAL:	\$ 2800.00
Miscellaneous Fees:	1250	300			
GRAND TOTAL (if different than TOTAL):					1550 -

[Form AB-17d] (rev 09/17/2018)

License #5530 DBA Chilkoot Trail Outpost

Page 4 of 4



KATHY HOSFORD
Proprietor

7 Mile Dyea Road
PO Box 286
Skagway, AK 99840



FRED HOSFORD
Proprietor

Phone: 907-983-3799
Fax: 907-983-3599
www.chilkoottrailoutpost.com

September 28, 2018

AMCO
550 W 7th Avenue, Suite 1600
Anchorage, Ak 99501
907- 269-0350

Tourism Statement

The presence of the Chilkoot Trail Outpost at the head of the famous Chilkoot Trail in Dyea has been a tremendous asset to the tourism industry in the Skagway/Dyea area. The tourism traffic has increased 10 fold in just the past couple of years due to the Klondike National Park's improvements to the goldrush historical sites here. We are located 8 miles from Skagway and we are the only public services in this area. Dyea boasted 48 hotels, 47 restaurants and 39 bars during the gold rush of 1898. We are the first restaurant, bar and hotel in 117 years. And the first legal one I believe.

Our establishment has received the prestigious 'Hall of Fame' award from TripAdvisor. This can only be acquired by receiving their Certificate of excellence 5 consecutive years. The Outpost has been a recipient of this award 7 years and expect to receive it again in 2019.

We have no plans to change anything at this time. Our patrons are our guests and visiting tourists along with a few locals. We have a menu that has been well received by the traveling public and our guests. We have 10 cabins that have a microwave, fridge and coffee pot. We offer a few in room snacks. We do not stock any alcohol in cabins. We do have a complimentary gazebo with a grill for our guests to use, however, most opt to be served in the lodge.

We do offer complimentary bicycles and a nightly campfire with smores for our lodging guests. This year we extended our insurance to include renting our bicycles to visiting tourists. We are an agent for many of the tours in the Dyea and Skagway areas. We also have a small gift shop and sell 'I hiked the Chilkoot' shirts and cups along with a few other things. We also sell candies, chips and bottled water to bikers and tourists stopping in.

Our facility is operated and managed exclusively by us, Fred and Kathy Hosford.

I hope this statement meets AMCO's criteria as required for our license renewal.

Fred and Kathy Hosford

