

RE: Tourism Statement for Totem Enterprises, Inc., dba Denali Totem Inn

We are a year-round tourism business with a restaurant, pub/game room and motel. Denali National Park being just 11.5 miles away is very advantageous to Totem Inn. We have attracted and will attract international travelers as well as "lower 48" guests as well as local Alaskans. Alaskans have come to see us as a long-time landmark location along the Parks Highway here in Healy. The pub is a great part of the attraction as a getaway/sports watching/dining location.

Totem Inn is operated by a long-time family here in Healy. Kevin and Lisa Hamel are the owner/operators. Our restaurant has an alcoholic-free section and a clearly designated food/alcoholic beverage permitted section. Our game room in the pub has two pool tables, foosball table, 4 classic tabletop arcade games, and a snap back shuffle board. The latter two pastimes are free —no tokens required.

Our motel currently is expanding from 42 rooms to 76 rooms. We expect to attract more year-round tourism with the 15-foot by15-foot exercise swimming pool as well as a larger fitness center. We anticipate winter business will increase with weekend Anchorage/Fairbanks travelers once the building is completed in 2019. All rooms have one or two beds with modern foam mattresses, small refrigerator, microwave oven, free wireless access and 24 channels on each TV. No alcohol leaves the Pub/Game Room premises.





Alaska Alcoholic Beverage Control Board

Alcohol and Marijuana Control Office 550 W 7th Avenue, Suite 1600 Anchorage, AK 99501

alcohol.licensing@alaska.gov https://www.commerce.alaska.gov/web/amco

Phone: 907.269.0350

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. **Totem Enterprises Inc** License #: 2694 Licensee: Statute: **License Type:** Beverage Dispensary - Tourism AS 04.11.400(d) **Doing Business As:** Totem Inn **Premises Address:** Mile 248.7 Parks Highway **Local Governing Body:** Denali Borough **Community Council:** None P.O. Box 417 Mailing Address: City: State: ZIP: Enter information for the individual who will be designated as the primary point of contact regarding this application. This individual must be a licensee who is required to be listed in and authorized to sign this application. 907.683-65214 **Contact Licensee: Contact Phone: Contact Email:** 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:



Alaska CBPL Entity #:

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

License #2694 DBA Totem Inn

are also currently and accurately listed with CBPL.

Alaska Alcoholic Beverage Control Board

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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 <u>corporation</u> or <u>LLC</u>. 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 vising 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.

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

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

This subsection must be con	ipieted by any community or entity, in	ciuding a cor	poration, limited liability co	mpany, parl	tnership, or
limited partnership, that is a	pplying for renewal. If more space is ne	eded, please	attach additional complet	ed copies of	this page.
 If the applicant is a <u>corp</u> 	oration, the following information mus	t be complet	ed for each stockholder w	ho owns 109	% or more of
the stock in the corpora	tion, and for each president, vice-presi	dent, secreta	ry, and managing officer.		
 If the applicant is a <u>limit</u> 	ed liability organization, the following	information	must be completed for each	h <i>member</i> v	vith an
ownership interest of 10	0% or more, and for each manager.				
 If the applicant is a <u>part</u> 	nership , including a limited partnership	, the following	ng information must be cor	npleted for e	each <i>partner</i>
with an interest of 10%	or more, and for each general partner.				
Important Note: The information	ation provided in the below fields (inclu	iding spelling	of names, specific titles, a	nd percentag	ges held) must
match that which is listed wi	th CBPL. If one individual holds multiple	titles menti	oned in the bullets above,	all titles mus	t be listed for
that individual on this applica	ation and with CBPL. Failure to list all re	equired titles	constitutes an incomplete	application.	
Name of Official:	Kevin Hamel				
Title(s):	Director, President	Phone:	907-683-6500	% Owned	1: 50
Mailing Address:	P.B. Box 417				
City:	Healin.	State:	AK	ZIP:	39743
Name of Official:	Lisa Hamel				
Title(s):	Director Vico President	Phone:	907.683-6500	% Owned	: 50
Mailing Address:	P.O. Box 4/7				
City:	Heals	State:	AK	ZIP:	39743
		30 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Name of Official:					
Title(s):		Phone:		% Owned	:
Mailing Address:					
City:		State:		ZIP:	

Page 2 of 4



Alaska Alcoholic Beverage Control Board

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: affiliate (spouse) applicant Name: **Contact Phone: Mailing Address:** City: State: ZIP: Email: This individual is an: applicant affiliate (spouse) Name: **Contact Phone:** Mailing Address: City: State: ZIP: Email: 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. **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. The license was regularly operated during a specific season each year. 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. 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. 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.

DEC 3 1 2018



Alaska Alcoholic Beverage Control Board

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

Section 6 – Violatio	ons and Convi	ictions		
Applicant violations and convictions in calendar years 2017 and 20	018:		Yes	No
Have any notices of violation (NOVs) been issued to this licensee in	the calendar years 20	017 or 2018?		
Has any person or entity named in this application been convicted ordinance adopted under AS 04.21.010 in the calendar years 2017 or		04, of 3 AAC 304, or a l	ocal	
If "Yes" to either of the previous two questions, attach a separate	page to this applicat	ion listing all NOVs an	d/or conviction	ons.
Section 7 – C	ertifications			
Read each line below, and then sign your initials in the box to the	right of each stateme	ent:		Initials
I certify that all current licensees (as defined in AS 04.11.260) and a in accordance with AS 04.11.450, no one other than the licensee(s) licensed business.	affiliates have been li) has a direct or indire	sted on this application	n, and that the	JH
I certify that I have not altered the functional floor plan or reduced and I have not changed the business name or the ownership (includ stakeholders) from what is currently approved and on file with the A	ling officers, manager	s, general partners, or		gy .
I certify on behalf of myself or of the organized entity that I understany other form provided by AMCO is grounds for rejection or denial	and that providing a lof this application or	false statement on this revocation of any lice	form or nse issued.	LH
I am submitting as part of this application a written statement that review by the Alcoholic Beverage Control Board.	meets the attached T	ourism Statement Guid	delines, for	SH
As an applicant for a liquor license renewal, I declare under penalty 3 AAC 304, and that this application, including all accompanying schiprovide all information required by the Alcoholic Beverage Control E that failure to do so by any deadline given to me by AMCO staffing Signature of licensee Printed name of licensee Subscribed and sworting by AMCO staffing Subscribed and sworting Subscribed and sworting by AMCO staffing Subscribed and sworting Subscribed and sworting Subscribed Subscribed and sworting Subscribed	edules and statemen Board or AMCO staff result in this applicat Sign	ts, is true, correct, and in support of this application being returned to return of Notary Publication State of Alcohomers of Notary Publication expires:	complete. I agcation and uncome as incompled to the complete t	gree to derstand ete.
Seasonal License? No If "Yes", write your six	x-month operating	period:		
License Fee: \$ 2500.00 Application Fee:	\$ 300.00	TOTAL:	\$ 2800.00	
Miscellaneous Fees:	****			
GRAND TOTAL (if different than TOTAL):				

[Form AB-17d] (rev 09/17/2018) License #2694 DBA Totem Inn

Page 4 of 4

DEC 3 1 2018