

2019/2020 Tourism Statement

#2791 dba Fort Seward Lodge Renewal Application

- 1. Explain how the issuance of a liquor license at your establishment has/will encourage tourism.**

The central focus of the business plan for the Fort Seward Lodge involves catering to out of town tourists, local, and regional guests. The licensees will continue to run advertising in travel/tourism publications and directories as well as through electronic methods, including an online presence via property specific website and other relevant platforms.

Explain how the facility was/will be constructed or improved in accordance with this application.

This facility is located at 39 Mud Bay Road in Haines. As such it is ideal for travelers who want an overnight stay in a beautiful location conveniently located in Haines.

- 2. Who operates the facility for which a liquor license is being applied?**

Nicholas Trimble, and Vivian Trimble operate the facility, restaurant and liquor license as sole proprietors.

- 3. Do you offer room rentals to the traveling public? Yes.**

- 4. If so, how many of these rooms are available? Do any of the rental rooms have kitchen facilities (defined as: a separate sink for food preparation along with refrigeration and cooking appliance devices, including a microwave)? If yes, how many of the rental rooms have kitchen facilities that meet this definition? Do you stock alcoholic beverages in guest rooms?**

There are 10 rooms for rent at the Fort Seward Lodge. 3 of the rooms are equipped with kitchen facilities. We do not stock alcoholic beverages in the rooms.



5. Does your establishment include a dining facility?

Yes. The Fort Seward Lodge offers breakfast, lunch, dinner, and snacks daily in a comfortable setting.

6. Are additional amenities available to your guests through your establishment (eg: guided tours or trips, rental equipment for guests, other activities that attract tourists)?

Yes, Fort Seward Lodge does provide tourist type amenities to its guests such as hiking, river rafting. We also recommend other tours, and have a list on our website of close by tours, trips, and rentals, for our guests. The Fort Seward Lodge will continue to operate the facility as a tourist facility. In short, all of those things, which are routinely done by businesses in Alaska to encourage tourism, will continue to be done by the operators of the facility.





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

Alaska Alcoholic Beverage Control Board

Beverage Dispensary – Tourism License

Form AB-17d: 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:	Vivian Trimble & Nicholas Trimble	License #:	2791
License Type:	Beverage Dispensary - Tourism	Statute:	AS 04.11.400(d)
Doing Business As:	Fort Seward Lodge		
Premises Address:	39 Mud Bay Rd.		
Local Governing Body:	City & Borough of Haines		
Community Council:	None		

Mailing Address:	PO Box 307				
City:	Haines	State:	Alaska	ZIP:	99827

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

Contact Licensee:	Nicholas Trimble	Contact Phone:	406-396-9665
Contact Email:	nick@seadac-heli.com		

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:			





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

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

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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:		





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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:	Nicholas Trimble	Contact Phone:	406-396-9665		
Mailing Address:	PO Box 309				
City:	Haines	State:	Alaska	ZIP:	99827
Email:	nick@seabra-heli.com				

This individual is an: applicant affiliate (spouse)

Name:	Viviane Trimble	Contact Phone:	609-497-0715		
Mailing Address:	523 Patton Ave				
City:	Princeton	State:	NJ	ZIP:	08540
Email:	vivimas@aol.com				

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.

NMT

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.





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Section 6 – Violations and Convictions

Applicant violations and convictions in calendar years 2017 and 2018: Yes No

- Have any notices of violation (NOVs) been issued to this licensee in the calendar years 2017 or 2018? Yes No
- 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? Yes No

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. NMT

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. NMT

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. NMT

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. NMT

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.

Nicholas M. Tumble
 Signature of licensee

[Signature]
 Signature of Notary Public

Nicholas M. Tumble
 Printed name of licensee

Notary Public in and for the State of MONTANA



LENKA KNUTSON
 NOTARY PUBLIC for the
 State of Montana
 Residing at Whitefish, Montana
 My Commission Expires
 July 30, 2020

My commission expires: JULY 30 2020

Subscribed and sworn to before me this 26TH day of DECEMBER, 20 18.

Seasonal License? Yes No If "Yes", write your six-month operating period: _____

License Fee:	\$ 2500.00	Application Fee:	\$ 300.00	TOTAL:	\$ 2800.00
Miscellaneous Fees:					
GRAND TOTAL (if different than TOTAL):	<u>\$2800</u>				

